



LLRS

Limb Lengthening and Reconstruction Society

ASAMI NORTH AMERICA

LLRS WINTER NEWSLETTER

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Presidential Update

LLRS Members and Friends,

There has been a lot happening at LLRS over the past few months, much of which is outlined nicely in this newsletter. Our society continues to grow in exciting new directions. Here are just a few pertinent reminders:

- The second edition of our journal, Journal of Limb Lengthening and Reconstruction (JLLR), has been published. Thank you to all that have been involved in making this a success. We continue to ask you to think about submitting original scientific manuscripts, case reports, current concept reviews and editorials to JLLR.
- Our LLRS Specialty Day titled “Rehab Strategies in Limb Lengthening and Reconstruction” is scheduled for Friday, March 14 as part of the 2025 AAOS Annual Meeting. The Limb Deformity section will also have poster presentations scheduled for Monday, March 10 and Wednesday, March 12. The VIPER Limb Deformity Paper presentation session is scheduled for Wednesday, March 12 and there are 3 different ICLs covering Limb Deformity topics scheduled for Thursday, March 13. Please support our Limb Deformity category while attending the meeting. Hope to see you there.
- The annual meeting is fast approaching. The abstract submission portal is open and through the website (LLRS.org) you can submit your abstract as well as register for the meeting. The meeting is scheduled for July 17-19, 2025 in Philadelphia. There will be a social event for members Thursday evening, the Presidential Dinner on Friday



Christopher A Iobst, MD

evening, and a group outing to the Phillies game Saturday night for anyone interested. Please contact Karen Syzdek at info@LLRS.org if you have any questions.

- Since the pre-course material is not necessarily LLRS specific but potentially valuable to anyone in healthcare, please encourage any colleagues that might be interested in attending to register for the course. It has the potential to be life and career changing for everyone involved.
- Personal thanks to Jill Flanagan and Dave Frumberg for making this newsletter such a fantastic resource for our membership. Hope to see many of you in person at AAOS. Take care,

- Chris

2025 LLRS SPECIALTY DAY AT AAOS

Rehab Strategies in Limb Lengthening and Reconstruction

March 14, 2025 | San Diego, CA

- Come learn from a multidisciplinary group of orthopaedic surgeons, physiatrists, prosthetists, orthotists, and physical therapists in this in depth education on post-operative rehabilitation strategies
- Sessions include:
 - Session 1—Post-Traumatic Rehabilitation Strategies
 - Session 2—Special Topics in Limb Lengthening
 - Session 3—Collaborations for Working with Children
 - Session 4—Rehabilitation for Amputations
 - Session 5—Ask the Experts – Anything and Everything You Need to Know about Rehabilitation

[See Full Agenda Here](#)

CODING UPDATE—*Dr Jill Flanagan*

It is with great pride that I provide you this update. Starting three years ago, several members of the LLRS board embarked on a journey to benchmark coding for internal limb lengthening procedures. Through diligent research, which was presented at the [2023 AAOS Scientific Meeting](#), we discovered that our work, especially in comparison to other procedures, was highly undervalued with regards to RVU per procedure in the units of RVU/hr. This led to our collaboration with Dr Kevin Neal—the POSNA representative on the AAOS' Coding Coverage and Reimbursement (CCR) Committee. With the work of the LLRS board and the AAOS CCR Committee, two new Category 1 CPT codes were submitted to the AMA RUC and were approved. These will take affect in January 2026.

The new codes are written as follows:

- **Femur Internal Limb Lengthening:**
Osteotomy (ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device
- **Tibia Internal Limb Lengthening:**
Osteotomy (ies), tibia, including fibula when performed, unilateral, with insertion of externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device

While we considered numerous other procedures and codes to modify, the two above were the ones most agreed upon to submit. Please reach out to the LLRS with feedback and suggestions for additional future coding changes.

COMMUNICATIONS COMMITTEE UPDATE

- *Dr Jill Flanagan*

At the LLRS Business Meeting at the 2024 Annual Scientific Meeting, the Communications Committee sought feedback with what LLRS members wanted regarding updates on the LLRS website. We would like to report what the suggestions were and what updates have been completed per date.

Special thanks to the entire communications committee and Karen Syzdek, LLRS executive director, for their diligent efforts into making this possible.

- **Add a feature in the member portal that alerts a member when he/she is “due” to come to a meeting**
 - members are encouraged to [log-in to the member portal](#) on the website, where current and prior registrations are now easily found; LLRS members are required to attend one scientific meeting every five years
- **Automated confirmations after abstract submissions**
 - this should now occur after abstract submissions
- **Access to JLLR through our website**
 - A tab for JLLR is now located on our [home page](#)
- **Consider ALL abstracts from annual meeting be stored on our website**
 - review abstracts from prior meetings in the research and physician education tab, or [click here](#)
- **Ensure Deformity Education is up to date**
 - current deformity fellowships are also in the research and physician education tab, or [click here](#), we are building international deformity education as well. More to come .
- **Allow Donation Button to be more visible, and perhaps special recognition for those whom have donated**
 - there is currently a donation button at the bottom of the [home page](#); however, the LLRS board is working on additional incentives for the future. Stay tuned.

Additional Communications updates—

- **Social Media:** follow up on Twitter/X and Instagram—more information regarding key dates, LLRS members in the news, and research will be delivered in this fashion
- **Newsletters:** continuing on a quarterly basis
- **Podcasts:** starting at our 2205 Annual Meeting in Philadelphia

UPCOMING EVENTS

Controversies in Pediatric Limb Reconstruction (CPLR)

Feb 7-8, 2025

Dallas, TX

[learn more](#) information

LLRS Specialty Day at AAOS Annual Meeting Rehab Strategies in Limb Lengthening and Recon- struction

March 14, 2025

San Diego, CA

[learn more](#) information

[Register](#) today

4th Annual UCSF/IGOT Pediatric Limb Differences Webinar Post Traumatic Limb Deformities in Children and Young Adults: A Global Perspective

June 13, 2025

[learn more](#) information

LLRS Pediatric Traveling Fellowship

Jun 16 - July 19, 2025

[learn more](#) information

LLRS 34th Scientific Meet- ing and Pre-course

The Logan Hotel

Philadelphia, PA

Pre-course: July 17

Annual Meeting: July 18 & 19

[learn more](#) information

Members must register through the
[member portal](#)

LLRS Adult Traveling Fel- lowship

Aug 4 - 29, 2025

[learn more](#) information

LLRS Member Spotlight - Dr Anthony “Tony” Cooper

Q: Can you describe your current practice?

A: I work at BC Children’s hospital, the only dedicated pediatric facility for the province of British Columbia, with a population of 6M, of which there are almost 1M children. My practice is primarily limb deformity, with a bit of pediatric hip and trauma thrown in for good measure. In addition, I run a research and innovation program with a team of 6, including 2 PhD scientists, with a focus on quality of life outcome measures, prospective registry development and artificial intelligence integration. I am also the head of Orthopedics at BC Children’s, a department of 18 providers.



Q: What are your hobbies?

A: In the winter time I head up to Whistler for some downhill skiing although I’m going to try cross-country this year. It does rain a lot here so on those damp weekends I like to tinker with my 1977 Porsche 911. In the summer I try to get out on my 1989 fishing boat (when it works) and I love watching my kids play soccer and rugby.

Q: What is your #1 favorite condition to treat, and what is your #1 favorite surgical case?

A: My favourite condition is probably fibular hemimelia, we seem to have a disproportionate amount of it here in BC, and I love that each case is slightly different and one must tailor treatment to each patient.

We have an in-house digital lab and I find using patient specific 3d printed cutting jigs for complex deformities is one of the most satisfying procedures I do now. I love the fact that we go into the case knowing that we have planned everything meticulously and when that jig fits onto the bone it’s a great feeling, because I know we are going to be able to get the correction we want.



Q: What is the best advice you were even given and what is the best advice you give mentees?

A: Best advice: If you give expecting something in return you'll build short-term transactional relationships. If you give selflessly you will build long-lasting transformational relationships that grow stronger over time.

Advice to mentees: Know your value; It is important to self-advocate and don't undersell yourself. It is easy to say yes and difficult to say no, know your limitations and set boundaries. You can't look after your patients unless you look after yourself. Schedule self-care into your week, make sure that you can make time for the things that recharge you and above all make time for your family.

Q: How has the LLRS helped you throughout your career?

A: Along with Natasha O'Malley, I was in the first LLRS travelling fellowship cohort. This was (still to this day) one of the best professional experiences of my life. I was one year into practice and it allowed me to meet some of my limb reconstruction heroes. I had different questions for each of them, it was such an enriching experience and I now count many of them as my friends. The LLRS meeting is my favourite meeting of the year, I think the community is unique because it is so open and welcoming. I love that it is often in a slightly quirky location, and I always look forward to catching up with everyone.



LLRS ANNUAL PRECOURSE AGENDA*

8:00-8:05 Introduction: Putting Burnout into Perspective

Christopher A. Iobst MD

8:05-8:45 Courage to Speak Out

Carrie Cunningham MD MPH, Christopher A. Iobst MD, Jan Klamar MD, Julie Wei MD

8:45-9:15 Panel Discussion and Q + A

Alfred Atanda MD, Nana Coleman MD, Carrie Cunningham MD MPH, Christopher A. Iobst MD
Jan Klamar MD, Julie Wei MD, Kandi Wiens EdD

9:15-9:30 Refreshment Break

9:30-12:30 Emotional Intelligence/Hurry Sickness

Kandi Wiens, EdD

12:30-1:15 Lunch

1:15-1:45 Alternative Lifestyle Medicine

Sarah S. Jones MD

1:45-2:30 Coaching/Mentor/Peer Support

Alfred Atanda MD, Nana Coleman MD, Julie Wei MD

2:30-3:00 Panel Discussion: When do I Need a Therapist?

Alfred Atanda MD, Nana Coleman MD, Sarah S. Jones MD, Jan Klamar MD, John Kelly MD
Julie Wei MD, Kandi Wiens, EdD

3:00-3:20 Refreshment Break

3:20-3:40 What They Never Taught Me in Medical School

Nana Coleman MD

3:40-4:15 Panel Discussion: LLRS Topics – Complications, Imposter Syndrome, Exhaustion, Logistics, On-call

Moderator: Christopher A. Iobst MD

Panel: Marie Gdalevitch MD, Soren Kold MD PhD, Raymond W. Liu MD, David Podeszwa MD
Sanjeev Sabharwal MD, Jill Flanagan MD

4:15-4:45 Solutions to Surgical Stress

Panel: Alfred Atanda MD, Christopher A. Iobst MD, Emeka Izuagba MD, John Kelly MD
Julie Wei, MD, Raymond W. Liu MD

4:45-5:00 Discussion, Action Items, and Wrap Up

* agenda subject to change

**“A pre-course designed
for every surgeon’s self-
improvement. This is a
can’t miss opportunity”
- Spence Reid, MD
(Former LLRS President)**

LLRS
Limb Lengthening and
Reconstruction Society
ASAMI NORTH AMERICA

**34th Annual
Scientific Meeting**

July 18 & 19, 2025

**The Logan Hotel
Philadelphia, PA**

**Pre-course: Become a Better Human, Become a Better Surgeon
July 17**



LLRS ANNUAL MEETING | PHILADELPHIA, PA JULY 18-19, 2025

General Information

The 34th Annual Scientific Meeting of the Limb Lengthening and Reconstruction Society: ASAMI–North America, will be held at The Logan Philadelphia's Hotel on Friday and Saturday, July 18 & 19, 2025.

Meeting Location

Guest rooms have been blocked at [The Logan Hotel](#) for meeting participants. We strongly urge you to stay at The Logan as it is the site of all meetings of the 34th Annual Scientific Meeting and the hotel offers the discounted rate of \$239.00 plus tax, per night, for a standard hotel room. Other types of rooms may be available at higher room rates. To make your reservation, [click here](#).

New for 2025

Observe the induction of the first LLRS “Hall of Fame” Class. One-of-a-kind pre-course focused on you, the surgeon.

Social Events

- On Thursday, July 17, after the pre-course, we'll gather to enjoy a variety of cheesesteak sandwiches and other Philly iconic foods. We anticipate a fun, relaxed evening. The event will be at [Pyramid Club](#) which is within walking distance of the hotel.
- The President's Reception will be held on Friday, July 18, at [Barnes Foundation Art Museum](#). View the world's most important impressionist, post-impressionist, and modern paintings, collected by Dr. Albert C. Barnes, while relaxing and mingling with fellow meeting participants. Significant others/families are invited.
- Please note space is limited for each of the above social events and submitting an RSVP for each is required. Those who register for the educational

Abstract Submission

You are invited to submit a maximum of three abstracts for the 2025 meeting. The abstract form is available online [here](#). Only electronic submission of abstracts via the LLRS website will be accepted. Abstracts and disclosure forms must be received by April 4, 2025. This deadline will be adhered to without exception.

Top 5

Reasons to Attend

1. *Learn about the latest advances and clinical research in the exciting field of limb deformity and lengthening*
2. *Collaborate with fellow LLRS members from near and abroad*
3. *Learn about the exciting new changes at LLRS*
4. *Earn CME credits*
5. *Catch a Phillies game in Philadelphia (yes they are in town)*



Limb Lengthening &
Reconstruction Society
PHILADELPHIA 2025

3rd Annual Essentials of Lower Extremity and Reconstruction Course (ELER)

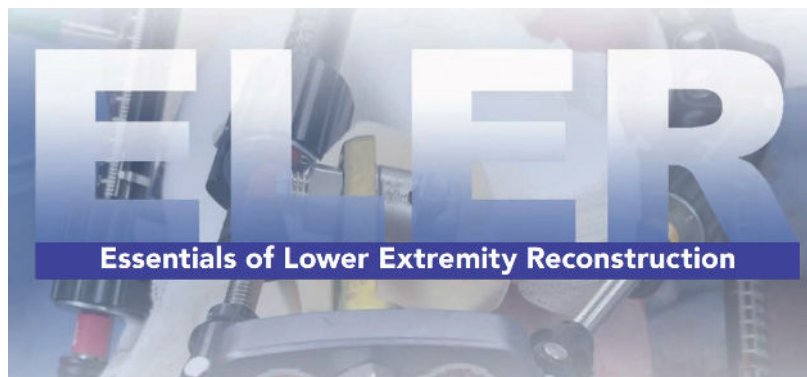
January 24-25 | Dallas, TX

- *Dr David Podeszwa*

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ELER 2025 was a huge success! The third edition of the resident/fellow hands-on course co-directed by the Baltimore Limb Deformity Course (BLDC) and the Limb Lengthening and Reconstruction Society (LLRS) was held January 24-25, 2025, in Dallas at Scottish Rite for Children. There were 35 participants representing all levels of training and coming from every corner of the US (and a couple of international participants). Lectures focused on the basics of limb deformity analysis and its application to all specialties within orthopedics, and understanding the basics of applying a circular external fixator. Hands-on labs gave the attendees an opportunity to work with various circular fixators in a variety of deformity and traumatic cases. Feedback from the attendees was overwhelmingly positive!

The LLRS sincerely appreciates our partnership with the BLDC and we look forward to ELER 2026. Please keep a look out for a “save the date” coming soon so that you can spread the word to your residents and fellows.



Congratulations to our 2025 Traveling Fellows



Michael Russell
Pediatric Track



Asanka Wijendra
Adult Track



Elizabeth Wellings
Adult Track



Ashley Startzman
Pediatric Track

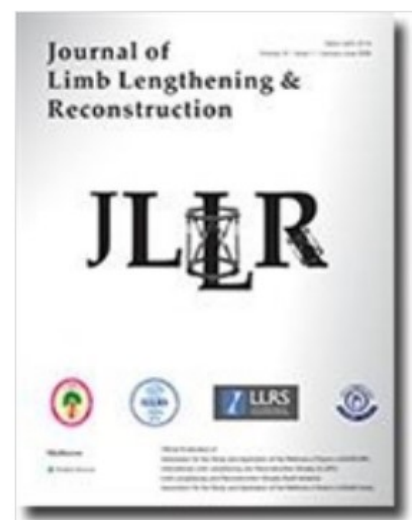


Bicheng Young
Pediatric Track

JLLR UPDATE

The LLRS successfully published its first journal as the new editors of the journal. Congratulations on this major milestone event

[**Review JLLR Table of Contents**](#)
[**Volume 10—Issue 1**](#)
[**Jan-Jun 2024**](#)



Physician Wellness (continued)

sponses occur even in someone who witnesses someone else performing an act of kindness. You don't even have to be the actual performer of the act to gain the same benefits (another reason to make kindness contagious).

If you need more proof, there is a concept in psychology called the self-determination theory which states that all humans require the same three basic motivations: 1) connectedness 2) competency and 3) autonomy. In other words, people need to feel connected to one another, they want to demonstrate that they are capable of performing well and they want to make their own decisions. When you perform an act of kindness, you hit all three of these targets: 1) the act connects us with others, 2) it shows your competency by demonstrating that you are able to do something really powerful for someone else, and 3) because you decided to initiate this action, it represents your autonomy (you are responsible for it). Consequently, in addition to the brain and health boost, acts of kindness fulfill our deepest human psychological impulses.

If acts of kindness are so great for us, why don't we just walk around being kind to everyone all the time? There are several reasons that may explain this reluctance. First, there may be some hesitation to commit to an act of kindness because you feel awkward or weird about it. You may also have some concerns about whether you are doing it right or that the act has to be perfectly engineered before you commit to delivering it. This initial friction may prevent you from acting on your intentions but remember, everyone thinks more about themselves than they do about anyone else. The recipient of your act of kindness isn't going to think about how long you perseverated over the act before you did it, they are just going to enjoy the warmth and good feelings of the act of kindness from you. Therefore, don't over think it, just do it. If you are having trouble getting started, just telling someone that you have been thinking about them is a good start. Second, we often underestimate the value of the act of kindness. Your act is going to make someone feel great about themselves. It might change their entire outlook for the next few hours or even all day. You know how good it feels to receive kindness so remember that it will feel just as good to your recipient no matter how big or how small your act is. Finally, we might hold back because we misjudge how good we are going to feel after performing an act of kindness. As outlined earlier, the benefits are equally potent for both the giver and the receiver. The joy you will capture as a result of the "helper's high" is both powerful and addictive. Once you commit to kindness, the internal response that is activated should motivate you to want to continue performing future acts of kindness.

You may be thinking, how do I perform an act of kindness? These acts can have a wide range of size, scope and commitment but they don't have to be time-consuming to be impactful. It can be as simple as micro-expressions. Smiling at someone, actively listening, or asking about someone's life are all small acts that take little to no time to implement but can have a major positive impact on the patient-doctor relationship and treatment plan. Other small acts can be incorporated into your daily life without taking any extra time or energy. For example, paying a compliment to someone, texting or calling someone, holding the door for someone, paying for the order of the person in line behind you, or leaving an anonymous note on someone's desk are all examples of simple but effective acts of kindness. It has been estimated that one third of all compliments that we think in our heads are not voiced out loud. Why not let them all go? If you are walking by someone and notice that their shoes or sweater looks cool, it won't interrupt your flow at all to simply make that comment on the way past them. A drive-by compliment will still feel good to both parties and accomplish the goal of spreading kindness. Larger and more dedicated acts of kindness, such as donating money to charity, volunteering your time with an organization, or making a meal for someone, take more time and effort but have an equally large payback. If you are struggling with finding the right act of kindness for you, there are endless lists of suggestions on the internet. Spend a few minutes reviewing some of the ideas and find the one (s) that resonate the most with your personality, bandwidth, and resources.

In summary, it is cool to be kind. Start performing acts of kindness and make someone's day a little brighter while also making yourself feel better at the same time. As outlined, acts of kindness are able to improve your mental and physical health but they need to be repeated in order to take full effect. A single act will not provide long lasting benefits. Think of it like strengthening a muscle. Just as you need repetitions of an exercise to gain strength, performing acts of kindness need to be repeated until they start to become a habit. As you begin to practice doing nice things for others on a regular basis, it will eventually become second nature to you. Ask yourself, "How can I practice kindness today?" Once you start looking for opportunities, you will find that it is easier to discover more of them. Just remember, your act of kindness doesn't need to be perfect, it just needs to be performed. It will have much more impact than you think.

