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Active players in the orthopedic field know the importance of the AAOS Political Action Committee (PAC). On the cusp of hot topics affecting physicians and patients, the AAOS PAC works diligently to provide data to members of Congress and improve the present and future of orthopedics.

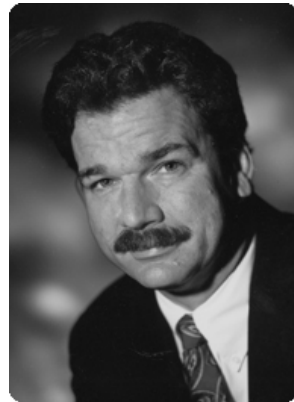
[Who ARE These Guys?](#)

Every 60 seconds or so a surgeon tears the cover off an Integra LifeSciences package. Quietly, this company has become the seventh largest medical

The Picture of Success: Dr. Paul McAfee

By Elizabeth Hofheinz, MEd, MPH

October 9, 2007



Dr. Paul McAfee belongs to the “Spine and Wine Society.” With little to complain about in his illustrious career, that would never be confused with the “Spine and Whine Society.” Laughs Dr. McAfee, chief of Spinal Reconstructive Surgery at St. Joseph Medical Center in Towson, Maryland, “Everyone who trained with the incredible Dr. Henry Bohlman was exposed to his love of wine. Rick Delamarter, Paul Anderson, Scott Boden, and Dan Riew, among others—all are part of the Bohlman wine clan. Our reunions have actually been written up in the one of the wine journals. It’s a unique group.”

Even years before he could differentiate a white zinfandel from a syrah, Paul McAfee was surrounded by great minds. “My dad was a famous physician who started the field of nuclear medicine at Johns Hopkins University. He is particularly known for the discovery of Technetium-99m, a tracer used for bone scanning. I had an intense exposure to medicine early on, with our annual New Year’s Eve parties routinely including all the deans from Hopkins. In medical school, whenever I walked into a room and the discussion at hand was related to radiology, people would say, ‘Oh, McAfee’s son is here, let’s ask him.’ You can imagine the pressure. No radiology for me, thank you. There were too many expectations attached to it.”

As an active teenager, Paul McAfee observed and was involved in numerous sacks, takedowns, and ice-pack situations. Meaning, of course, that he was a natural fit for orthopedics, and for spine in particular. “After completing medical school at State University of New York–Upstate Medical Center in Syracuse, I remained there for my residency. Part of the joy of those years was training with Hansen Yuan, who successfully launched numerous physicians bound for work in China, Korea, and Japan. When I went on to my fellowship at Case Western Reserve University in Cleveland, I struck gold with Dr. Henry Bohlman and his training. He imbued the fellows he directed with a sense of the importance of publishing and peer review. One week while Dr. Bohlman was away I wrote three papers on his patients; then during the year he allowed me to review a large series of interesting surgical patients. An impressive man, he was the first surgeon to use an anterior approach to the spine on an incompletely paralyzed patient in order to gain maximum potential neurologic recovery. Dr. Bohlman was also known for allowing trainees to be first authors on publications. When I wrote up a case for the *Journal of Bone and Joint Surgery* on the retroperitoneal approach to the thoracolumbar spine for burst fractures, he insisted, despite some flak from his colleagues, that my name appear first. All of us Bohlman fellows follow in his footsteps and have our trainees put their names first on publications if they do the bulk of the follow-up work. Dr. Bohlman is a gracious and impressive physician, and his fellows are pretty loyal to him. In fact, we raised over \$1 million to create the Henry Bohlman Endowed Chair for Spine Research at Case Western. He is now 71 years old, but he continues to operate and teach others the art and science of orthopedics.”

Procedure of the Month

This is the case of a 68 year-old male suffering from severe back pain for 3 months. Patient failed conservative treatment with high doses of analgesics.

MRI was performed, as shown in Figure 1 below. This T2-weighted image clearly revealed evidence of acute fracture with bone marrow edema at the L1 level. **Which choice do you think best describes the patient's treatment options (click on the x-ray below to take the multiple choice/guess test)?**

Figure 1: Preoperative T2-weighted sagittal MRI showed evidence of bone marrow edema indicative of acute fracture at the L1 level (arrow).



Case review and x-rays courtesy of
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