

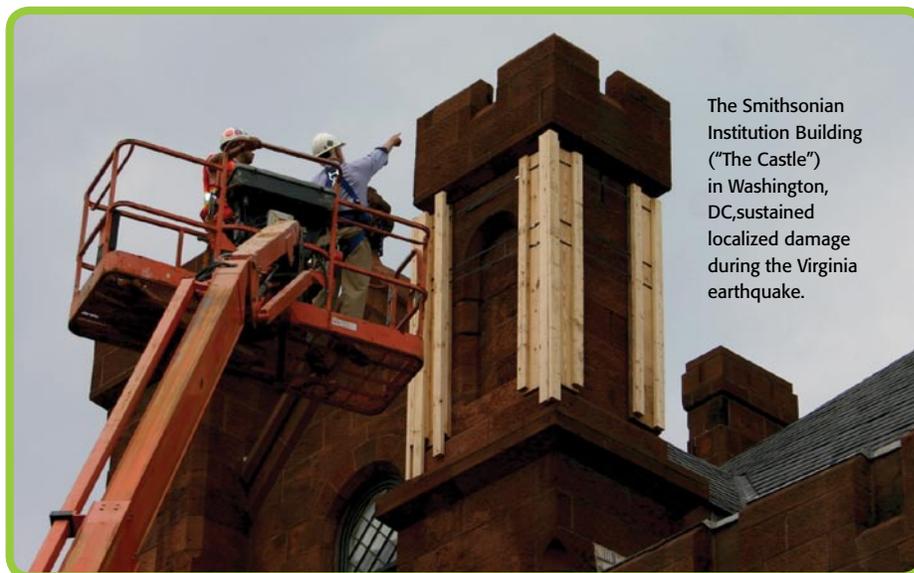
What Do You Mean **THAT** was an Earthquake?!

The publisher of this newsletter is based in Towson, Maryland. A not-so-little town outside of Baltimore, MD and about 50 miles north of Washington, DC. Here in Maryland, we're accustomed to blizzards, the great "Nor'easter." We manage the occasional tropical storm that works its way up the coast and pelts us with rain and more wind than is comfortable.

We are not, however, accustomed to earthquakes. On August 23, 2011, at 1:52pm, while sitting quietly at our desks, the rumble began. Ironically, it seemed to come from above, not from below. If you've ever been in a store or warehouse where they move items on large carts, you know the rumble I'm referring to, like someone is rolling a tanker across the poorly insulated ceiling above you. Or as a parent, you know the sound of a heard of children stampeding across a second floor room while you quietly try to read a book on the sofa in the room below. Except, we are in a two story building with our office on the second floor. There is nothing above.

Looking around in confusion for the origin of the noise, we rose from our desks just as the shaking began. It takes a few moments to understand the movement. Your brain doesn't quite process the feeling right away; entire buildings just don't shake, walls don't wobble, and the floor certainly does not feel like the surface of a waterbed under your feet.

But then your brain does process the inevitable, though unlikely, information;



The Smithsonian Institution Building ("The Castle") in Washington, DC, sustained localized damage during the Virginia earthquake.

Photo courtesy of The Smithsonian Institution

the ceiling, walls, floor beneath your feet are not quite as solid as you'd once believed. That rattling sound you hear are the books and knick-knacks bouncing on

"Your brain doesn't quite process the feeling right away..."

the shelves next to you. It only lasts a few moments, but the length of time it seems to take your brain to comprehend makes the experience last exponentially longer.

"Did a truck just hit the building?" someone asks, going to the window, as a woman from the other end of the office comes down the hall asking what

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The Gamma3 Locking Nail System is based on more than 20 years of Gamma Nail experience and is the third generation of intramedullary short and long Gamma fixation nails. This evolution is based on the experience and clinical outcomes from surgeons all over the world.

The Trochanteric Gamma3 Nail is indicated* for:

- Intertrochanteric fractures;
- Pertrochanteric fractures;
- Non-unions and malunions.

The anatomical shape of the nail is universal for all indications involving the treatment of intertrochanteric fractures.

The Long Gamma3 Nail is indicated** for:

- Subtrochanteric fractures;
- Pertrochanteric fractures associated with shaft fractures;
- Pathological fractures (including prophylactic use) in both trochanteric and diaphyseal areas;
- Non-unions and malunions.

This nail incorporates several important mechanical design features. The nail is unslotted and cannulated for Guide-Wire controlled insertion. To facilitate conformity with the human anatomy, the Long Nail is supplied in a left and right version. The three neck-shaft angles accommodate variations in femoral neck anatomy.

Distal Targeting System

A major advantage of the Gamma3 System is the instrument platform. In response to the request of surgeons around the world, Stryker Osteosynthesis has created a dedicated Distal Targeting System for the Gamma3 Long Nails. While still allowing a less invasive surgical technique, the Distal Targeting System may improve OR efficiency for a Gamma3 Long Nail surgery.

The Gamma3 Distal Targeting System offers the following competitive advantages:¹

- Using the Gamma3 Distal Targeting System may reduce X-Ray exposure and may improve OR efficiency due to the correct adjustment of the locking hole.
- Guided distal locking may allow the surgeon to find the correct entry point for the locking screw with the first approach.

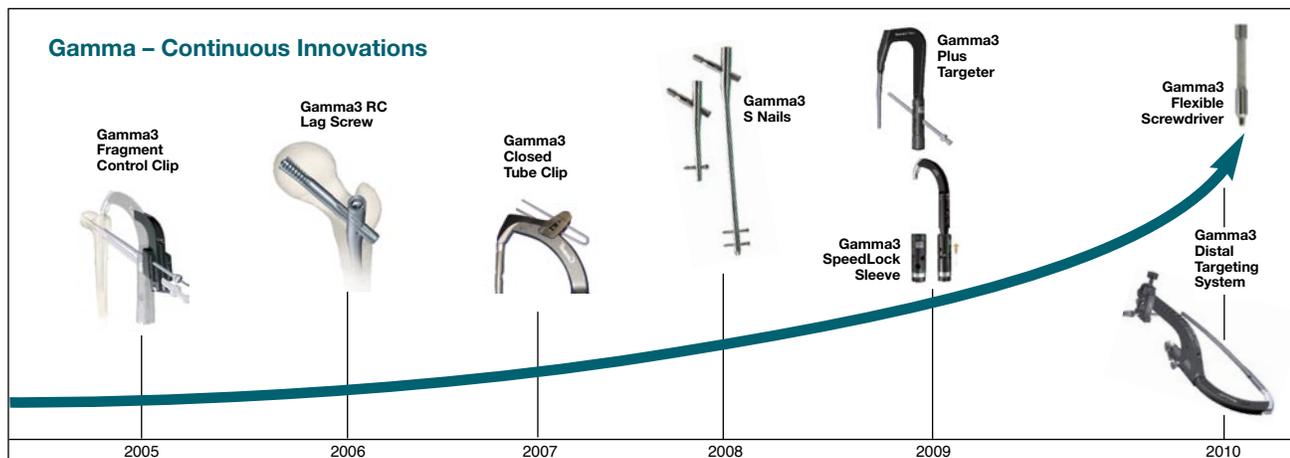


Gamma3 RC Lag Screw Set

The Gamma3 RC U-clip spreads at the end of the Gamma3 RC Lag screw thread, a useful feature for treating unstable fracture situations of the proximal femur. The spreading effect also increases the surface in the cranial-caudal direction, which results in even higher resistance to failure in order to improve cut-out resistance that can particularly occur in osteoporotic bone. In the literature, rotational stability and cut out with single lag screws are reported in 2-8% of all cases.^{2,3,4}



Gamma3 RC Lag Screw Set assembled and spread



A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery. The information presented is intended to demonstrate the breadth of Stryker product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any Stryker product. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area.

¹Yokoyama M. The evolution of distal targeting device for femoral fractures. Abstract from JFsR 2007: s41.
²Failure of femoral head fixation: a cadaveric analysis of lag screw cut-out with the Gamma locking nail and AO dynamic hip screw. Haynes RC, Poll RG, Miles AW, Weston RB, Injury. 1997 Jun-Jul; 28 (5-6): 337-341.
³Cutting-out of the lag screw after internal fixation with the Asiatic Gamma nail. Kawaguchi S, Sawada K, Nabetani Y. Injury. 1998 Jan; 29 (1): 47-53.
⁴The standard Gamma nail: A critical Analysis of 1000 cases. Kukla C, Heinz T, Gaebler C, Heinze G, Vecsei V., J Trauma 2001 Jul; 51 (1): 77-83.
 *Contraindications for the Trochanteric Gamma3 Nail are: Medial neck fracture; Subtrochanteric fracture. **Contraindications for the Long Gamma3 Nail: Medial neck fracture NL10-PP-CR-3435

Hospital Preparation for Mass Casualty Incidents

A range of studies have been done to examine the mass casualty and disaster responses of hospitals and hospital staff. Nearly all these studies report the same findings — there are several factors that greatly influence a hospital’s ability to effectively deal with the influx of patients related to a mass casualty or disaster incident. The following are key points highlighted by these studies that can make or break a hospital’s response to these events.

Alternative Communication

One of the first systems to go down in an MCI (mass casualty incident) are phone and internet connections. Have access to backup communication – satellite phones, HAM radios, CB radios, and 800 mHz radio. This applies not only to communications between hospital staff and responders on the ground, but to internal hospital communications as well.

Emergency Action Plan

All hospitals should have an emergency plan and key members of the staff should periodically review and make changes to the plan as necessary. Being a part of the planning can make leaders calmer and more effective when putting that plan into action. A plan that looks great on paper, may fall apart in practice so drills are essential. The most effective drills are mandatory, unannounced, and do not take schedules or convenience into account. A disaster will not happen at the most convenient time — neither should a hospital’s emergency drills.

Patient Flow and Influx

Have a plan for a patient flow that moves the incoming into exams and on to diagnostic tests — with a different waiting area for after test results — then on to treatment. Often patients cannot be sent back to their original exam area as a new patient will have been moved into that space. Hospital staff must understand the

overwhelming volume of wounded will quickly create a chaotic and jammed situation if a unidirectional flow is not created immediately. Additionally, in most MCI events, the first wave of individuals to arrive at the hospital are not the most severely wounded. A quick and efficient patient flow is necessary to move these pa-

The most effective drills are mandatory, unannounced, and do not take schedules or convenience into account.

tients out of the hospital to make way for the more traumatic cases that will come in the next wave. Any cases that are surgical but do not require immediate treatment should be held to avoid tying up OR rooms for those cases that will come in and need immediate surgical treatment.

Security

A hospital, particularly one not directly hit by the MCI can expect to become a draw for may worried-well, family members, and shelter seekers. A hospital is viewed as a safe place and can quickly be overwhelmed. Hospital staff and hospital

security should be trained to deal with the large, and often panicked, mass of people. Additionally, some situations will require a hospital to initiate a “lockdown” situation, which can be particularly challenging for urban hospitals with many entry points. Training is essential.

Triage Procedures

In an MCI, supplies, surgeons, and time all become a commodity. The standard goal of providing the greatest good for each individual patient must change in a mass casualty setting to providing *the greatest good for the greatest number*. “In the routine practice of trauma care, those who are most severely injured are typically the first priority for treatment. However, it is impossible in this setting to devote the extensive time and resources necessary to the most severely injured with the lowest chance of survival without jeopardizing the lives of many more with less severe injuries and a better chance of surviving with less time and resources. The abandonment of those casualties who normally would undergo heroic and resource-intensive interventions, regardless of their chances of survival, is the hardest principle for medical providers to learn. Nonetheless, this principle must be applied in these circumstances if salvage of the population is to be maximized. This is the essence of the principle of the greatest good for the greatest number.” (E.R. Frykberg)

For additional information, see the special Disaster Response issue of the *Scandinavian Journal of Surgery*, Volume 94, Issue 4.

Did You Know?

Flash floods are the #1 weather-related killers in the US. They can roll boulders, tear out trees, and destroy buildings and bridges.

floodsmart.gov

Hurricane Irene and the Complications of Flood Damage

The much hyped Hurricane Irene steadily made her way up the East Coast of the United States in late August. While the storm damage was underwhelming compared to the expected catastrophic results for this rarely affected area of the country, Irene made quite a mark.

Among power outages and wind damage, many felt the effect of Hurricane Irene when their homes and businesses suffered extensive flood damage, particularly in upstate New York, Vermont and North Carolina. Along with the pain of losing family mementos, furniture, electronics, business files, computer systems; flood damage comes with another major headache – rebuilding and repairs.

Not the rebuilding of bridges or roads; not the repairs of dams or power lines, but the rebuilding of homes and private businesses. Many home and business owners assume their insurance will cover them in the event of extensive damage, however, in the case of a hurricane, this may not be true.

What many individuals do not realize is that their homeowners insurance does not cover flooding; most hurricane damage is caused by wind and water – flood water. Even if the flood water is ultimately the result of a hurricane, the flood damage is still not covered by an insurance policy unless a policy holder specifically carries flood insurance.

Insurance companies often act in their own best interests too, when examining a property for signs of flood damage that will negate their responsibility. If there is damage to the living room furniture and carpet because of rain pouring through a wind-torn hole in the roof, that's not flood damage and the insurance company should be responsible. If there are signs of water damage throughout the room that indicate the water entered through the floor/ground AND the rain poured through that hole in the roof, the insur-



A large tree was uprooted during the intense winds from Hurricane Irene in Maryland. (Photo courtesy of Baltimore Gas and Electric)

ance company will fight the claim on the grounds of flood damage.

It is difficult to safeguard all possessions against the risk of flood damage; it's not like everything can permanently be kept 2 feet off the floor. One of the simplest ways to protect a home is to purchase flood insurance; even if the homeowner believes they live in a flood-free area. Hurricane Irene has proved that flooding can happen anywhere.

As for business owners, steps need to be taken to safeguard not only property but information. Even with flood insurance, a claim for damages can only result in a payment for replacement of equipment or the cost of rebuilding. An insurance claim cannot bring back patient records, accounting information or other files necessary to resume the normal course of business. 70% of small businesses that experience a loss of data go out of business within a year*, 40% go out of business within two years**, and 25% don't even reopen after a disaster***.

With the recent advent of “cloud” business management, it is possible to keep all important data backed up and out of harm's way in the event of any disaster—hurricane, flood, tornado, earthquake, fire. The cost of implementing such a backup system may seem daunting to start, but consider the cost to your business of losing everything down the line.

*Contingency Planning, Strategic Research Corp and DTI.PWC, 2004

**Managing Business Continuity Part 1 KPMG 2004

***Open for Business, the Institute for Business & Home Safety

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Are You Taking Risks With Your Personal Information?

We all make sure we've got our keys, wallet, and phone before we head out the door, but some items we carry on a daily basis can be virtually impossible to replace, and others may leave us at risk for identity theft.

Social Security Card

If your Social Security card gets in the wrong hands, someone could open a credit card, apply for a loan, or even buy a car with the information. It's nine digits; memorize it.

Your Passport

If you're traveling internationally, of course you can't leave your passport at home, but you can leave it in the hotel safe. When you are abroad, make a photocopy of your passport to have in your wallet for identification along with your driver's license. If you're traveling in the US, use your driver's license instead.

Passwords/Pass Codes

Although most PIN numbers are only four digits long, some people still write them down so they don't forget. If you absolutely can't remember important pass codes, store them digitally on a password-protected phone, but never leave them in your wallet.

A Non-Password Protected Phone

Today, many people have smart phones that allow them instant access to bank accounts, PayPal accounts, medical records, and more. Even if your phone only accesses e-mail, a thief could easily search for banking or ATM passwords or addresses. Always password protect your phone. A thief could reset the phone to wipe out the password — but would wipe out all the sensitive data in the process as well.

Too Many Credit Cards

A lot of people put all their cards in their wallet, but if your wallet is lost or

stolen, that means you're going to have to cancel every single one and wait a week to receive replacements. Only carry the one or two cards you use on a daily basis and leave others at home as a backup. Also make sure you keep photocopies of the front and back of each card at home.

Your Social Security card...it's nine digits; memorize it.

Gift Cards

A lot of people carry gift cards around thinking, 'I never know when I'm going to be passing this store,' but chances are, you're going to forget about the gift card in your wallet anyway, and, if your wallet gets stolen, it's one of the first things thieves will use. Gift cards are just like cash — they don't require ID for use. Take gift cards with you only when you are consciously going to shop at that store.

Receipts

Sometimes receipts can have your credit card information on them, as well as your signature, which thieves could use to do a lot of damage. Additionally, if you've just purchased a big-ticket item like a new computer or jewelry, you may need that receipt down the line for warranty purposes.

Virginia Earthquake

continued from page 1

happened. No, a truck wouldn't have moved the whole building like that, not without making any catastrophic sounds.

"Earthquake?" someone else asks.

"No, we don't get earthquakes here!" a voice scoffs in reply.

Then, as if in answer, the knee weakening waterbed floor is back. The rattling resumes, only this time with louder bangs as objects tumble to the floor instead of just bouncing in place. A hand placed on the wall to steady yourself doesn't steady you at all when the wall moves as much as the floor. It is unsettling to be able to see out the window to trees, bushes, cars, parking lot signs, lamp posts — all moving, swaying, shaking with you.

As the tremor stops, it seems undeniable now. Earthquake. In Maryland. Or, as we soon learn, to be precise, in Virginia, about 40 miles from Richmond; a 5.9M tremor felt as far north as New England and as far south as South Carolina.

When all was said and done, there was little damage to our part of the world. Just a few moments of heart-racing confusion and a few toppled picture frames. Yet, what if it had been worse. Every one of us stood, frozen and confused. Should we have evacuated? Should we have gotten under desks? Under doorways? One thing is certain, we should have had a plan. And so should you.

Did You Know?

The Great Midwestern Flood of 1993 lasted over 4 months, ruined 49,000 homes and caused at least \$16 billion in property damage (not adjusted for inflation).

floodsmart.gov

Personal Preparation for Disaster Situations

After a major disaster the usual services we take for granted, such as running water, refrigeration, and telephones, may be unavailable. Experts recommend that you should be prepared to be self-sufficient for at least three days. Create and store a household disaster kit in an easily accessible location. Put contents in a large, watertight container that you can move easily.

Your basic emergency kit should include:

- Water – one gallon per person per day
- Food – ready to eat or requiring minimal water or cooking
- Manual can opener and other cooking supplies
- Plates, utensils, and other feeding supplies
- First Aid kit & instructions
- A copy of important documents & phone numbers
- Warm clothes and rain gear for each family member
- Heavy work gloves
- Disposable camera
- Unscented liquid household bleach and an eyedropper for water purification
- Personal hygiene items (toothpaste, soap, deodorant, feminine supplies)
- Plastic sheeting, duct tape, and utility knife for covering broken windows
- Tools such as a crowbar, hammer & nails, staple gun, adjustable wrench, and bungee cords
- Blankets or sleeping bags
- Large heavy duty plastic bags and a plastic bucket for waste and sanitation
- Any special-needs items for children, seniors, or people with disabilities

A component of your disaster kit is also your Go-bag. Put the following items together in a backpack or another easy to carry container in case you must evacuate quickly. Prepare one Go-bag for each family member and make sure each has an I.D. tag. You may not be at home when an emergency strikes so keep some additional supplies in your car and at work, considering what you would need for your immediate safety.

- Flashlight
- Radio – battery operated
- Batteries
- Whistle
- Dust mask
- Pocket knife
- Emergency cash in small denominations and quarters for phone calls
- Sturdy shoes, a change of clothes, and a warm hat
- Local map

- Some water and food
- Permanent marker, paper, and tape
- Photos of family members and pets for re-identification purposes
- List of emergency point-of -contact phone numbers
- List of allergies to any drug (especially antibiotics) or food
- Copy of health insurance and identification cards
- Extra prescription eye glasses, hearing aids, or other vital personal items
- Prescription medications and first aid supplies
- Toothbrush and toothpaste
- Extra keys to your house and vehicle
- Any special-needs items for children, seniors or people with disabilities and don't forget to make a Go-bag for your pets!

Who Says You Have to See New England in Fall?

Tired of vacation advice that directs you to New England for the best fall vacation locations? Try a few of these equally lovely spots instead:

Great Smoky Mountains

Any fan of autumn foliage who is tired of trips to Vermont and New Hampshire will revel in the 500,000 acres of pristine forest, valleys, rivers, streams and waterfalls nestled between North Carolina and Tennessee.

San Francisco, California

While summer days in San Fran are often chilly and foggy, with bone-chilling nights, fall brings with it sunny days, mild evenings and rare rainfall; perfect for shopping and sight-seeing. Fall also offers one of the few times of the year when the infamous Bay fog lifts from



Lavender fields of Provence, France.

the Golden Gate Bridge, offering a superb view of this iconic landmark.

Provence, France

Settle in for relaxing days in the warm Mediterranean sun in the fall off-season. Not only are the seats free in the outdoor cafes, but the countryside is alive with oleander and lavender fields. Need more convincing? The

grape harvest begins each September in this oldest wine-producing area in all of France.

Shanghai, China

The largest city in China can be oppressively hot and crowded in summer, but in late October the weather becomes more agreeable just as the last of the crowds disappear. You'll be free to explore this ancient city and its blend of East meets West and Ancient meets Modern.

Florence, Italy

Known for its art and culture, Florence may not be an unusual destination, but you can't beat Florence in the fall. The days are mild and sunny and the summer throng of tourists have moved on for now.

Cell Phone Sense – Numbers You'll Need with Speed

In Case of Emergency — Emergency Responder Alert

The In Case of Emergency (ICE) program is an effort to get people to list their emergency contacts in their cell phones under the label ICE. Then, if you're in an accident, police or hospital staff can use your cell phone to identify and notify your family quickly. Simply input the phone numbers and store them with "ICE-" preceding each name, such as ICE-wife, ICE-dad, etc. It also helps to put a small red sticker on the phone to let emergency services know it contains ICE numbers.

U.S. Department of State Bureau of Consular Affairs' Overseas Citizens Services (202-501-4444)

If you do ANY travel overseas, be sure to save this number. Hopefully, you'll never need it, but if you do you'll be glad you kept it. Their case officers can assist in handling robberies, medical emergencies, missing passports, and pretty much any other sort of calam-

ity that could befall you away from home.

800-TAXI-CAB (800-829-4222)

The name and number say it all. This taxi referral service will connect you with a local, independently owned cab company in any metro area in the country, as well as some non-metro areas. The can also offer limo services and airport shuttles.

Language Line Services (800-752-6096)

Another number for the international traveler, this number offers 24-7 emer-

gency translations of more than 170 languages. Just enter a credit-card number—it's \$3.95 a minute—and within a few seconds, a translator will be on the line.

Lost or Stolen Credit Card Hotline

The number for your credit card issuer is conveniently located on the back of your credit card...until the card gets lost or stolen. It's nice to be able to cancel a credit card the minute you realize it's missing rather than having to find a computer to Google the number.

Did You Know?

Federal disaster assistance is usually a loan that must be paid back with interest. For a \$50,000 loan at 4% interest, your monthly payment would be around \$240 (\$2,880 a year) for 30 years. Compare that to a \$100,000 flood insurance premium, which is about \$33 a month (\$400 a year).

floodsmart.gov

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Editorial Strategic Planning and Implementation Preparedness for disaster



As surgeons, we must be concerned about disaster preparedness. While strategic planning may be, in part, the job of the government and the government

should support the creation of the plans, set the standards, and maintain support materials; it is health professionals who must implement the plan. Strategic planning without the capability for strategic implementation is meaningless.

Although we are trained to manage trauma and injuries, few surgeons are prepared for mass casualties, functioning in austere environments, and providing care under altered standards. Let us not delude ourselves! Medical school, residencies, and fellowships have taught us how to evaluate patients and provide care in life-or-death, high pressure situations, but they have not prepared us for disasters.

Triage, to most of us, is the order in which 100% care is received. In a disaster, it is determines who receives care and who does not. We have medical knowledge, but few are prepared for disaster.

Ask the surgeons on duty during Sept. 11th, Hurricane Katrina, or the Haiti and Japan Earthquakes if they were prepared. Ask them if their years of medical training taught them how do deal with such unique situations. Ask them if they ever expected to find themselves at the center of such an event.

Disasters happen world-wide, without discrimination. We are all vulnerable. We cannot allow the unlikeliness of an event to lull us into complacency. We continue to be caught by surprise and then make plans to deal with the most recent disaster, rather than proactively preparing a plan that can be easily adjusted to fit any mass casualty event.

Disasters are extremely different than

daily medical management. The nature of injuries caused by disasters may be out of our realm of experience. More significantly, shortages or absence of diagnostic equipment and implants may be hard and, for some, an unnerving compromise. Many of my colleagues are horror-struck by the thought of an unlocked IM nail and the possibility that we might have rotation or shortening. However, the alternative may be death. Expectant care is palliative only and death is the sequela.

As surgeons, we must be concerned about disaster preparedness as our hospitals become safe-havens for not only the injured, but the worried well.

We have a responsibility to preemptively prepare not only ourselves but our hospitals and institutions. When was the last drill at your hospital? Do you know your hospital's emergency preparedness plan? Do you think it is accurate? Talk to your administrators today. Do not wait.