

Which Cities are Most, and Least, Prepared for Disaster?

Disasters come in all shapes and sizes. Tornadoes and tsunamis, hurricanes and hail storms. The list of natural disasters is long, but the list of non-natural disasters is probably longer, or at the least, more frightening: nuclear meltdowns, terrorist attacks, biological weapons, and pandemic flus.

In 2004, the US Center for Disease Control and Prevention (CDC) launched the “Cities Readiness Initiative,” (CRI) a federally funded program designed to enhance preparedness in the nation’s largest cities and metropolitan statistical areas (MSAs) in which more than 50% of the US population resides. At that time, funding was provided to 21 cities. The program expanded to a total of 36 MSAs in 2005 and grew to its current total of 72 MSAs in 2006.

In particular, through CRI, state and large metropolitan public health departments have developed plans to respond to a large-scale bioterrorist event by dispensing antibiotics to the entire population of an identified MSA within 48 hours. By contemplating an extreme scenario, the CRI considers the full gamut of response capabilities considered critical to managing a crisis.

In the US, some cities are more equipped than others to survive the full spectrum of worst-case scenarios. As part of the CRI, the CDC and state public health personnel assess local emergency-management plans, protocols, and capabilities for the 72 cities and MSAs it funds. Based on this assessment, the CRI calculates a score for each MSA that ranges from zero to



New York City was rated the city most prepared to distribute assistance to its residents based on research done by the CDC of 72 cities and MSAs.

100. According to the CDC, a score of 69 or higher indicates that the city has established acceptable plans to receive and distribute medical supplies within the

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government established “Strategic National Stockpile.”

Here are the 8 least prepared and 9 most prepared cities in the US, based on the CRI disaster readiness scores.

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Hoffmann External Fixation System

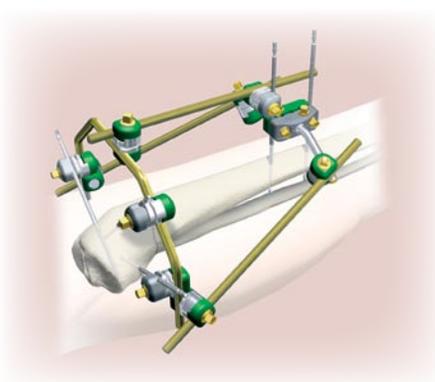
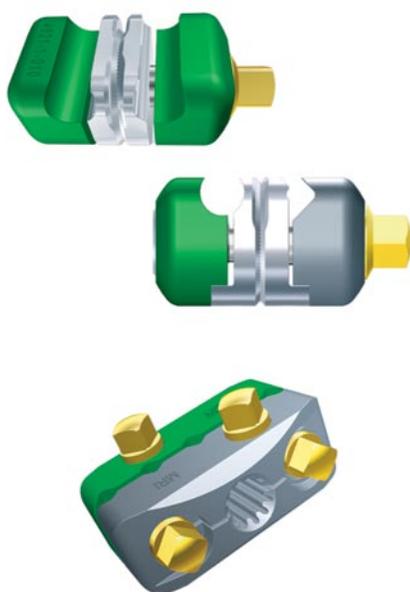
In 1938, Raoul Hoffmann, a surgeon from Geneva, Switzerland, devised a revolutionary External Fixation System. The basic features of this system were its modular design and the ability to reduce fractures or make post-operative corrections to the alignment of fragments in three planes with the frame in situ.

Today's completely modular Hoffmann family of Systems remains faithful to the ingenuity of its inventor. Versatility and ease-of-use are the keys to an effective external fixator. Comprising just five key elements that work in agreement, each Hoffmann device enables surgeons to create a wide variety of frames that allows unhindered access to damaged tissue.

This flexibility enables fast and precise aid to both high velocity and conventional injuries, giving the surgeon the right tools to resolve even the most difficult cases.

Easy to Use and Modular

With just five core components you can build nearly any frame.



Designed to Adapt to Anatomy

Fully articulating pin and rod couplings give you freedom in frame building and pin placement, while the wide range of available pin trajectories lets you fix in multiple planes.

Designed to Enable Fast and Precise Aid to Patients

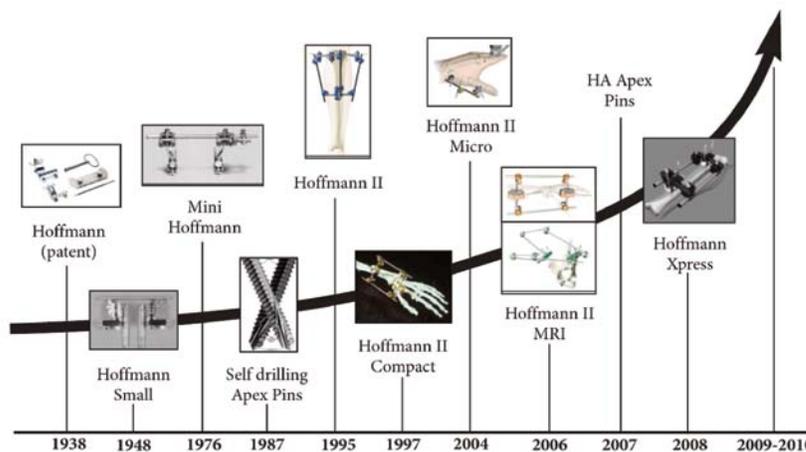
Hoffmann is a modular, multi-planar External Fixation System with independent pin/wire placement capabilities, patented*, rapid assembly Snap-Fit couplings and MR Conditional frame options. MRI features will assist you with Damage Control Orthopaedic situations and post-operative diagnostics.

Fits Patients of Many Sizes

Hoffmann covers a wide variety of patient sizes and conditions and you can cover extremity, pelvic, distal radius and hand indications. ❖

*U.S. Patent Number 5,752,954

“...each Hoffmann device enables surgeons to create a wide variety of frames that allow unhindered access to damaged tissue.”



5 Credit Card Tricks and Tips

While credit cards pose a risk to many who amass insurmountable debt, if you play your cards right, so to speak, you can use your cards to your advantage.

1. Maximizing Your Statement Cycle

Any charge made *the day before* your statement closes will need to be paid off 20-25 days later to avoid interest. But if you make the charge *the day after* your statement closes, then you have an extra 30 days to pay it without incurring interest!

2. Bonus Bumping

Have you ever applied for a credit card only to find out later that there was a better sign-up bonus offer available? Contact your bank and ask them to apply the other offer to your account. Some people prefer to log into their bank's website and send a secure message. By doing this, you'll have the bank's response in writing, so there will be no dispute over how many points or miles you should receive.

3. Threaten a Chargeback

How long have you spent on the phone arguing with a merchant to get a refund on a faulty or misrepresented product? If you paid with your credit

card, don't waste time with a representative. Ask immediately for a supervisor at the merchant's office. If that person is unwilling to refund your money, indicate that you will request a chargeback from your credit card company.

The increased merchant fees that result from a chargeback will often prompt a merchant to reconsider.

4. Reconsideration

You have good credit, but somehow your card application is rejected. What most people don't realize is that you can call your bank and ask a representative to reconsider. Remind the representative of your excellent payment history and you can offer to reduce your credit line or close other accounts you may have with them. Banks desperately want your business and they are anxiously waiting for you to give them a reason to approve you.

5. Taking Advantage of Gift Cards

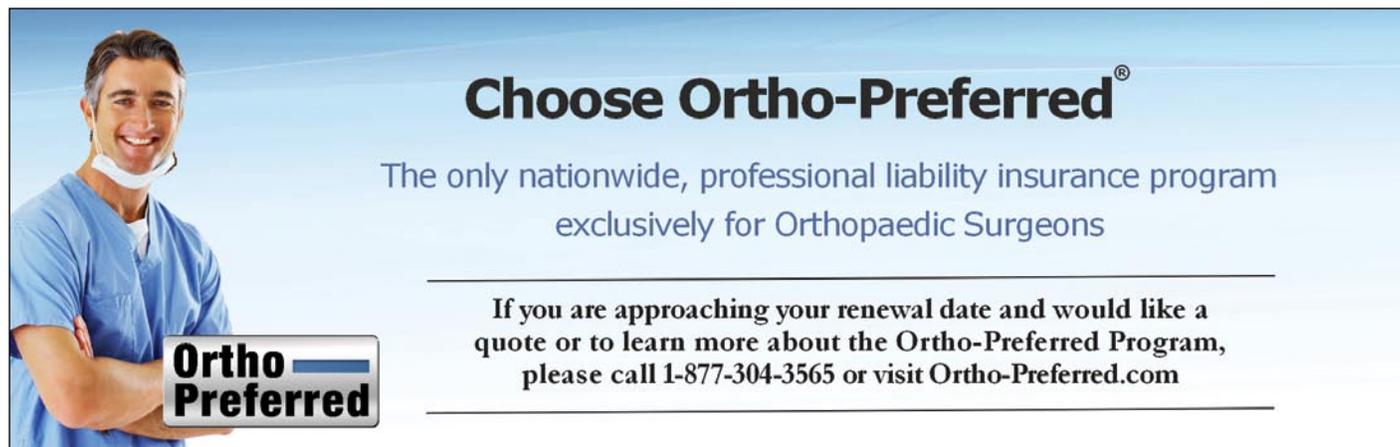
These days, the terms of many reward cards contain all sorts of stipulations. Some only offer their deals after you spend a particular amount or within a certain time frame. However, the worst thing that you can do is to spend more money on things you may not need just to earn a reward.

In order to reach the minimum spending threshold for a perk, use your credit card to purchase gift cards for merchants you visit often, or cash cards from Visa or American Express. This way, you are essentially using your credit card to buy money that you will use at a later date. Some credit cards give customers extra cash back from supermarkets. Purchase gift cards at the grocery store and earn that extra cash back for a supermarket purchase while getting your gift cards at the same time.

Did You Know?

Each year an average of 105 snow producing storms sweep the United States.

weather.com



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Winter Advisory: How to Be Prepared for Black Ice

- Understand that black ice is like regular ice. Black ice forms without creating bubbles, which allows it to blend in with any surface it forms over. Black ice is dangerous precisely because it's hard to detect in advance.
- Know where to expect black ice. Black ice usually forms at just about the freezing point. Sometimes in frigid weather conditions on highways, black ice will form due to the heat of tires coupled with re-freezing.
 - Black ice tends to form on parts of the road without much sunshine, such as along a tree-lined route or a tunnel. It will also form more often on roads that are less traveled.
 - Black ice forms readily on bridges, overpasses and the road beneath overpasses.
- Know when to expect black ice. Black ice tends to form in the early morning and evening. But always be prepared for the possibility of encountering black ice.
- Know how to see black ice—sometimes. Black ice almost always forms in very smooth, very glossy sheets. This glossy surface is your indication of potential black ice. If the majority of the road you're driving on appears a dull black color, but the patch just ahead of you appears shiny, you may be about to drive onto black ice.
- Practice driving on slippery surfaces. Find a large, empty parking lot with ice on it. Drive on ice. Practice braking on ice. Understand how your car feels and handles in these conditions.
- Deal with a black ice encounter. If you do hit black ice, the general rule is to do as little as possible and allow the car to pass over the ice. Try to keep the steering wheel straight and do not hit the brakes. If you feel the back end of your car sliding left or right, make a very gentle turn of the steering wheel in the same direction.
- Slow down by de-accelerating. Lift your foot off the accelerator completely and keep your steering wheel fixed in the position it's in. Slowing down will give you more control and prevent needless damage. Do not touch the brakes. The idea is to slide over the ice in the direction the steering wheel is facing; usually black ice patches aren't longer than 20 feet.
- Check your tire tread. Worn tread causes accidents in any conditions, and will ensure you lack traction when needed on black ice. In addition, consider snow tires.
- NEVER drive in potentially icy conditions with your cruise control on.

*NEVER drive
in potentially icy
conditions with your
cruise control on.*

The National Center for Disaster Preparedness

Interested in an academic look into Disaster Preparedness? Check out the ongoing research and discussion about domestic disaster preparedness at The National Center for Disaster Preparedness at Columbia University. The NCDP keeps tabs on events and policies around the country and evaluates our preparedness measures. They are one of 14 Preparedness and Emergency Response Learning Centers designated by the CDC and offer many free training classes and videos for the public health workforce.



Check out the NCDPs website at ncdp.mailman.columbia.edu or use your smart phone to scan this quick code to take you directly to the website!

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Disaster Prepared?

continued from page 1

LEAST PREPARED

8. Charleston, WV (Score: 64.6)
7. Little Rock, AR (Score: 60)
6. Hartford, CT (Score: 59)
5. Portland, ME (Score: 58)
4. Pittsburgh, PA (Score: 57)
3. Fresno, CA (Score: 56)
2. Birmingham, AL (Score: 54)
1. Albuquerque, NM (Score: 50.6)

MOST PREPARED

9. Miami, FL (Score: 91.6)
8. Orlando, FL (Score: 93)
7. Dallas, TX (Score: 93.3)
6. Buffalo, NY (Score: 93.6)
5. Washington, DC (Score: 94.6)
4. Albany-Schenectady-Troy, NY (Score: 96.6)
3. Chicago, IL (Score: 97.3)
2. Dover, DE (Score: 97.6)
1. New York, NY (Score: 99.6)

From www.CDC.gov



Albuquerque was rated the city least prepared for disaster out of 72 ranked by the CDC.

How Well Do You Know Winter Hazards?

Try our quiz below and check page 6 for answers.

1. Which of the following is not effected by wind chill?
 - a. person
 - b. dog
 - c. car radiator
 - d. bird
2. True or False: It must be 32°F or colder for it to snow.
3. On average, one inch of rain is equivalent to how many inches of snow?
 - a. 10 inches
 - b. 1 inch
 - c. 5 inches
 - d. a foot
4. Which of the following impacts can be expected from a “Great Nor’easter”?
 - a. Heavy snow
 - b. High winds
 - c. Coastal Flooding
 - d. Blizzard
 - e. All of the above
5. What is more hazardous to trees and power lines?
 - a. One inch of wet snow
 - b. One inch of ice
6. How is a “severe winter storm” defined?
 - a. a storm which produces a foot or more of snow in 48 hours or less,



- c. or damaging ice over 3,000 square miles
- b. a storm which produces six inches or more of snow in 48 hours or less, or damaging ice over 5,000 square miles

- c. a storm which produces six inches or more of snow in 24 hours or less, or damaging ice over 2,500 square miles
- d. any winter storm outside the normal average weather for a particular area and time of year
7. If it is 35°F outside, what wind speed is necessary to create a wind chill below freezing?
 - a. 5 mph
 - b. 15 mph
 - c. 25 mph
 - d. 35 mph
8. Vehicular accidents account for what percentage of winter storm deaths?
 - a. 20%
 - b. 30%
 - c. 50%
 - d. 70%

Did You Know?

Road conditions during a snow storm can change in a matter of seconds. On March 16, 2008, a snow squall just west of Flagstaff, AZ resulted in a 139 vehicle pile-up which injured 53 and killed two. Little more than 1 inch of slushy snow had fallen at the time of the accident.

weather.com

Be on the Lookout for These 8 Often Missed Tax Deductions

With the tax season roaring upon us, many self-filers miss potentially big deductions. Be sure to check and see if you qualify for these often-overlooked deductions.

1. Non-Monetary Charitable Contributions – When donating clothing, furniture and other goods to charities like Goodwill, be sure to get a receipt. Clothes and other goods must be in good or better condition to get a deduction.

2. Points on Refinancing – With interest rates remaining so low over the past several years, many residents have refinanced their home. Any points you paid to refinance your home are deductible. For example if you refinanced your mortgage on March 1, 2011, for a 20-year term, ten out of 240 months will have passed before December 31, 2011. If you paid a total of \$2,400 in points, you can write off \$100 (\$10 a month for ten months) for 2011. You can write off \$120 for 2012 and each year after until the points have been fully deducted.

3. Old Points on Refinancing – Unamortized points on a previous mortgage refinancing can be deducted in the year of a new refinancing. Using the example above, you refinanced on March 1, 2011, but prior to that you also refinanced on March 1, 2010 and paid \$2,400 in points. For 2011, you can deduct all the remaining points on the 2010 mortgage on your 2011 return.

4. Health Insurance Premiums – Medical expenses have to exceed 7.5% of your adjusted gross income before you receive any tax benefit. However, if you are self-employed and not covered by an employer-paid plan, you can deduct 100% of your health insurance premiums (to the extent of your net income) “above the line.” Above the line means the expense is included in your adjusted gross income and isn’t added in with

itemized deductions.

5. Higher Education Expenses – You can take an above the line deduction for up to \$4,000 for any higher education expenses you paid if your adjusted gross income is no more than \$65,000. Sim-

If the area where you live was declared a disaster area by the President, you could claim your losses on your 2011 return.

ilarly, you may qualify for the American Opportunity Tax Credit for undergraduate work or the Lifetime Learning Credit which includes postgraduate education. If you qualify for the credit(s) and the deduction, take the one that gives you the bigger benefit. You can’t take both the deduction and the credit.

6. Investment and Tax Expenses – Tax-planning and investment expenses must exceed 2% of your adjusted gross income before they can be deducted, but many of us forget how many expenses we incur. Don’t forget to track employee business expenses, tax preparation fees, the portions of your legal and accounting fees related to tax planning, annual broker or IRA fees, subscriptions to investment publications, and mileage to see your broker and/or investment advisor.

7. Casualty Deductions – 2011 brought quite a range of disasters through the US, from forest fires to floods, hurricanes and blizzards. If the area where you live was declared a disaster area by the President, you could claim your losses on your 2011 return.

8. Energy Savings Home Improvement Credit – So it’s not a deduction, but worth mentioning. The credit for 2009

and 2010 was capped at \$1,500 for energy saving improvements installed in your primary residence. For 2011, the credit cap is reduced to \$500 (less any credit claimed since 2006), with additional caps on specific items. However, the installation of alternative energy equipment such as solar water heaters, geothermal heat pumps, and wind turbines earns a credit of 30% of the total cost, with no cap through 2016.

Winter Hazard Answers

See quiz on page 5

- 1. Answer: c.** Wind chill is the combination of wind and temperature and is based on the rate of heat loss from exposed skin such as that of a person or animal. As the wind increases, heat is carried away from the body at an accelerated rate, driving the body temperature down. Wind chill has no effect on cars or other objects.
- 2. Answer: False.** It has been known to snow with temperatures in the mid 40’s. Temperatures are below 32°F up in the clouds where the snow is forming.
- 3. Answer: a.** 10 inches of snow melts down to about an inch of liquid rain.
- 4. Answer: e.** Nor’easters cause high winds and flooding along the coast and heavy snow and sometimes blizzard conditions inland. Nor’easters are responsible for the Northeast’s most hazardous winter weather.
- 5. Answer: b.** An inch of ice is heavier than wet snow and is hazardous enough to cause power lines and trees to come down.
- 6. Answer: b.** A severe storm is defined as one that produces six inches or more of snow in 48 hours or less, or that produces damaging ice over 5,000 square miles.
- 7. Answer: a.** Temperatures of 35°F, with a wind speed of just 5 mph will equate to 31°F. A wind speed of 35mph would equate to just 21°F.
- 8. Answer: d.** It is estimated that 70% of deaths occurring in winter storms are a result of automobile accidents caused by poor driving conditions including ice and low visibility.

Beating the Challenges of a Natural Disaster

Floods in the Midwest and fires throughout the Southwest have been prominent in the news this past year. Communities have been devastated and individuals and businesses have suffered extensive financial losses. Medical practices in the affected areas have suffered, too.

Every medical facility and practice should assume that a natural disaster will affect them at some point in the future and plan accordingly. One way to ensure that your practice will survive a natural disaster with minimal damage is to have a disaster plan in place. An effective disaster plan will cover several critical areas, including personnel safety, data preservation, communications, and insurance.

Ensure the Safety of Staff

Your disaster plan should identify and designate safety areas for employees as well as an evacuation route, critical in case of tornadoes and fires. It should include a list of emergency phone numbers and the home phone numbers of all employees in case injuries occur during the event. It's also important that you establish procedures to ensure that your practice's key personnel can continue working after a disaster.

Back Up Essential Records

If you don't do so already, you should systematically create daily backup records and store them offsite where they are well protected from fire, water, or other damage. A sudden natural disaster can damage or destroy your primary records, so access to copies of your patient and personnel records, receivables, contracts, and other operating data can make the difference between your practice's survival as a going concern or its failure. Consult with an IT professional regarding the most effective way to backup your data.

Decide on Communications

In the period following a natural disaster, you'll need to be able to quickly contact your partners, staff, insurance agent,



Cars deserted on Chicago's northbound Lake Shore Drive after accidents and drifting snow stranded drivers during a blizzard February 2, 2011. The storm shut down areas of the city and closed businesses for days.

Photo by Scott Olson/Getty Images

suppliers, etc. Decide how you plan to communicate with each other, but be aware that land lines and cell towers may be damaged during a natural disaster. Use your cell phone, PDA, or laptop to maintain a current list of phone numbers and e-mail addresses.

Lay Out a Management Succession Plan

The unimaginable does happen occasionally. Your disaster plan should address what happens if one of your practice's partners, shareholders, or senior managers dies or is seriously injured. In relevant, controlling documents, you should have a clearly defined line of succession and guidelines for communicating any management changes to your employees, vendors, and patients.

Outline Recovery Steps

Consider making action lists that lay out the steps you and your staff would follow when operating in a temporary location or returning to your offices after a forced closure.

Review Insurance Coverage

You may have property and casualty insurance that would cover much of the cost of repairing and replacing practice property damaged in a natural disaster. However, check with your insurance agent about what coverage you have in force and whether—and how much—you'd be reimbursed for a business interruption. It may be necessary to change your coverage or add a policy to obtain more complete protection.

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Did You Know?

The worst US winter storm was the Blizzard of 1888, also known as the Great White Hurricane. From March 11-14, 1888, snowfalls of 40 to 50 inches were recorded over New Jersey, New York, Massachusetts, and Connecticut as sustained winds created drifts as high as 50 feet tall. Total deaths are thought to have exceeded 400.

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Editorial: Above and Beyond



In over 20 years as the Editor-in-Chief for the *Journal of Surgical Orthopaedic Advances*, I have overseen the publication of countless, noteworthy research articles. Yet the collaboration between JSOA, Stryker, and the Society of Military Orthopaedic Surgeons (SOMOS) to create special issues of JSOA has brought about a particularly unique opportunity to review unusual work. These special issues feature articles by the brave men and women who have not only taken up the mantle of the medical profession but whom have also enlisted in our armed forces. These military orthopaedic surgeons deal, on a daily basis, with trauma the likes of which most of us can only imagine. Your worst-mangled car-crash victim has nothing over the single-limbed survivor of an IED.

We are not often enough reminded of the sacrifices our heroic men and women in uniform make in the name of freedom: lost nerves, lost limbs, lost lives. And we are scarcely reminded of the surgeons working behind the lines, performing extraordinary procedures in astonishing circumstances. Not only do these men and women go above and beyond simply in the line of duty, but they are able to take what many of us would find to be traumatic and scarring experiences and turn them into cohesive and usable research that the rest of us can learn from.

Many of you receiving this newsletter likely received a copy of the 21-1 issue of *JSOA — Special Issue on Orthopaedic Combat-Related Injuries: Techniques and Advances for the Civilian Provider*, as this issue, like this newsletter, is part of the Disaster Preparedness and Trauma Care Toolbox initiative. If you did not receive a copy of this journal, you can view all the

articles of this special issue online for free at www.disaster-rx.com.

I would ask that you to take a look at the articles not just from a clinical perspective, but from a humanistic one as well. These are not just case reports and surgical studies. Between the lines of these clinical and unbiased write-ups are the stories of men and women doing all they can to survive and save lives. Too often, as our job requires, we distance ourselves from our patients and their trauma, but sometimes it is good and necessary, to step back and view our positions in a less clinical light. There is more to our calling than “cut, suture, close” and there is no better reminder of this than the men and women of our armed forces and the military surgeons working alongside them. I urge you to join me in offering them our well-deserved thanks and awe.

— L. Andrew Koman, MD