

Message from the President



Dear Colleagues and Friends,

As we are in the mid-summer season, I know everyone is busy with their clinical practice with lots of patient visits and surgeries. But hopefully, you are also taking some well-deserved time away with loved ones and friends to recharge the engines.

This edition of *JPOSNA*[®] beautifully highlights where pediatric orthopaedics has been and where we are today, especially regarding the sophistication of how we manage our practices and the complex conditions we treat.

The historical perspective is highlighted as we recognize the great giants of pediatric orthopaedics who came before us like Dr. Bob Salter, with reflections from those who worked with him. Best known for his innominate osteotomy and classification for children’s fractures and Perthes disease, Dr. Salter practiced in an era of the general orthopaedist who could manage everything from foot and ankle issues to hips and spines. During my residency, I was fortunate to train with Bob Gillespie, MBChB, whose real specialty was pediatric orthopaedics—how to take care of children. During my fellowship under Tony Herring, MD, there was a movement toward more subspecialization, but each surgeon was very adept at managing all pediatric orthopaedic conditions. Although it is still relatively common to be a general pediatric orthopaedist, the depth and breadth of each area in our field makes it difficult to be an expert in all areas. Becoming laser-focused on one or two enables us to manage very complex patients while identifying the critical issues needing research to answer the important clinical questions to improve patient care.

The obvious risk of subspecialization includes fragmentation with various groups going off in different directions. Not as obvious is that at some point, the specialist loses some perspective of their roots and may know less than the generalist, and there are many fields outside of medicine where this is true. For example, the 17th-century French art critic may not know as much as one who reviews many different time periods and regions (Detsky, *JAMA* 2012). Twenty years ago, Sarmiento warned us that the “physician of today may be replaced with a technician who will very proficiently operate whatever machines are invented....” (Sarmiento, *JBSJ* 2003) but fails to understand important orthopaedic principles.

It is important to recognize that our common bond is our focus on children. I hear this consistently when interviewing talented residents for our fellowship who respond with “treating the whole child” as one of the reasons for choosing our field. The technical side of surgery is critical, but the skills to manage a family set us apart from other specialties and draw us together. This theme allows us to learn from each other at our annual meeting, and it is fitting that this year’s best clinical papers, summarized in *JPOSNA*[®], were on the topics of infection and trauma—things we all seem to manage in our daily practice.

It is important that we, as pediatric orthopaedists, continue to come together as a society working as one to fulfill the mission of POSNA striving for “a world with optimal musculoskeletal health for all children.” As we move forward, let

us all look for opportunities to recognize and celebrate our unity as pediatric orthopaedists who provide the very best for every child.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dan', with a large, stylized initial 'D'.

Daniel J. Sucato, MD, MS
President, POSNA