

LLRS NEWSLETTER



Presidential Update | Mitchell Bernstein, MD President, Limb Lengthening and Reconstruction Society: ASAMI-North America

May 2026

Advancing limb reconstruction. Restoring lives.

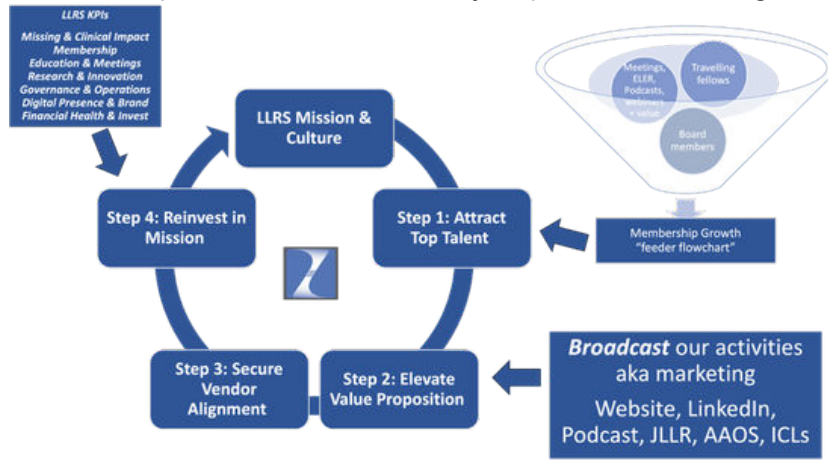
In every corner of the world, there are patients whose lives are shaped by limb deformities, trauma, or complex orthopedic conditions. Their challenges are not only physical - they affect mobility, independence, and identity.

Behind every one of these cases is a specialist making critical decisions, often navigating some of the most complex procedures in modern medicine. This is where LLRS exists.

The Limb Lengthening and Reconstruction Society (LLRS), ASAMI-North America is more than a professional organization - it is a global community of experts dedicated to advancing one of the most specialized and impactful fields in orthopedics.

Our focus within LLRS has been on strengthening how we function as an organization - ensuring alignment amongst the board, membership, and broader community to position us for long-term growth.

To guide that work, we started with a simple framework (see figure below) — what I've referred to as our strategic "wheel." It has framed our executive board meetings and keeps our focus on key areas: education, research, membership, communications, and financial sustainability.



At the same time, we've worked to more clearly define the LLRS brand. This is not about logos or colors alone (we can thank our past President Austin Fragomen for that!). It's about clearly answering a simple question: who are we as an organization? Using the Harvard Business Review 9-element Corporate Brand Identity Matrix as a guide, we have been able to articulate how we show up externally, while also clarifying our culture internally.

	VALUE PROPOSITION Advancing the science and practice of limb lengthening and reconstruction through world-class education, research, and global collaboration.	RELATIONSHIPS A trusted, collaborative community of specialists built on mentorship, knowledge-sharing, and professional excellence.	POSITION The leading global authority in limb lengthening and reconstruction, shaping standards of care and innovation.
EXTERNAL	EXPRESSION Clear, modern, and authoritative communication that reflects clinical excellence, innovation, and global leadership.	BRAND CORE Advancing limb reconstruction. Restoring lives.	PERSONALITY Expert, precise, innovative, collaborative, and purpose-driven.
EXTERNAL/INTERNAL	MISSION & VISION Mission: Advance the science and practice of limb reconstruction. Vision: A world where every patient receives state-of-the-art limb reconstruction care.	CULTURE Collaborative, knowledge-sharing, mentorship-driven, and globally inclusive.	COMPETENCES Deep specialization, global expert network, high-quality education, and peer-reviewed scientific innovation and leadership in limb reconstruction.
INTERNAL			



MITCHELL BERNSTEIN, MD

In this newsletter you can expect:

[PRESIDENTIAL UPDATE](#)

[FEATURED EDUCATION: ELER](#)

[LLRS: ON AIR & ONLINE](#)

[UPCOMING COURSES & MEETINGS](#)

[LLRS MEMBER SPOTLIGHT: JEANNE M. FRANZONE, MD](#)

[ARTICLE BY JOHN G. BIRCH, MD](#)

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Additionally, we have generated our first LLRS Brand Book. It gives us a shared language and a consistent way to present ourselves.

Alongside this we've expanded our communications efforts. Our dedicated marketing team supporting LLRS — managing social media, launching our LinkedIn presence, publishing our Podcasts, and overseeing the newsletter. This allows the executive committee to stay focused on strategy and leadership, while ensuring our message is consistent and professional.

We're also excited to share that the LLRS Sponsored Research Grant is now live. This is an important step forward — a direct investment in our members and in the future of research within our field. Additionally, we have received 120 abstracts for our annual meeting, the highest number in LLRS history.

Finally, I'm looking forward to our upcoming Annual Scientific Meeting in Montreal. Our AO Trauma North America / LLRS pre-course is already sold out with a waitlist and our Faculty Education Program's registration is full. These meetings remain one of the best parts of LLRS — bringing together great science, new ideas, and a strong sense of community. Our guest speakers: Harley Pasternak, Alessandro Codivilla & Wellness Speaker; Julie Samora, MD, PhD, Diversity Speaker; and Reggie Hamdy, MBBS, Presidential Speaker will generate meaningful impact at the Annual Meeting.

Thank you for your continued commitment to LLRS. The work we're doing now is building a stronger, more aligned organization for the future.

All this progress reflects a shared effort across many people.

As Harry Truman said, "It is amazing what you can accomplish if you do not care who gets the credit."

Mitchell Bernstein, MD | President, LLRS: ASAMI-NA

Mitchell Bernstein, MD



May 2026



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Featured Education: Essentials of Lower Extremity Reconstruction

ELER

📍 Arthur M. Blank Hospital — Atlanta, GA |  January 22–23, 2027

The Essentials of Lower Extremity Reconstruction course was co-developed by limb deformity surgeons of the Limb Lengthening and Reconstruction Society: ASAMI-North America (LLRS) and deformity surgeons who organize and run the annual Baltimore Limb Deformity Course. It is a two-day course with a combination of lectures and hands-on skills training. The purpose of this course is to teach residents and fellows the fundamentals of circular external fixation. This includes basic biomechanical principles, safe wire and pin placements, and appropriate osteotomy techniques. Faculty of the ELER course will also discuss patient management during and after fixator application.

The ELER course presents the basics of deformity analysis and external fixation constructs with a focus toward senior residents and orthopedic fellows.

The course has collected faculty from across the country with expertise in deformity analysis and correction, with a focus on the applications of advanced deformity correction to common orthopedic pathology in the lower extremity. The importance of thorough clinical and radiographic evaluation is highlighted in relation to arthroplasty, sports reconstruction, trauma and pediatric orthopedics. Hands-on sawbone labs are designed to highlight the principles of stable external fixation and reconstruction, with interactive sessions reviewing a comprehensive system for deformity analysis and reconstruction.

Program Chairs: David A. Podeszwa, MD and Philip K. McClure, MD

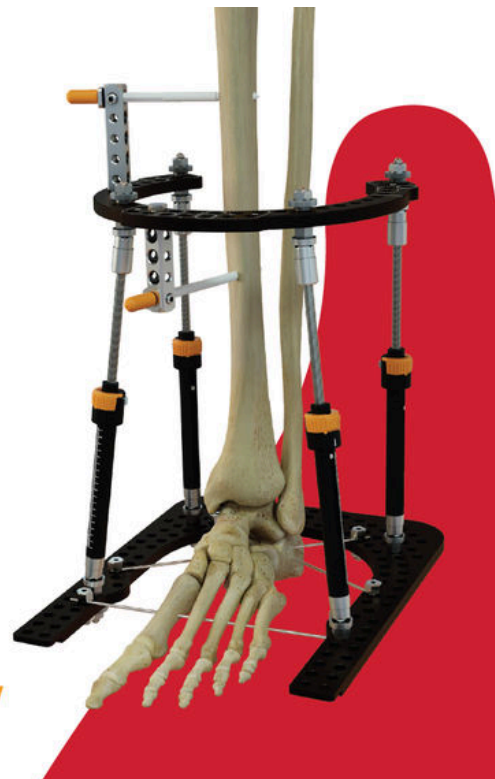
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LLRS: On Air & Online

TUNE IN TO OUR LATEST PODCAST EPISODES



This is the Limb Lengthening and Reconstruction Podcast. Exploring the science, innovation, and people transforming limb deformity reconstruction.

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SPOTIFY



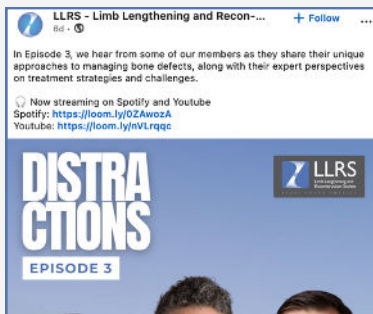
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APPLE
PODCASTS



LLRS ON SOCIAL: STAY CONNECTED



LINKEDIN



INSTAGRAM





FACEBOOK



UPCOMING COURSES & MEETINGS

Globus Medical

Precice™ Ankle Salvage Course



 Audubon, PA
 June 6th, 2026

The Precice™ Ankle Salvage Course is a specialized cadaveric and didactic workshop focused on limb salvage techniques using the Precice™ Ankle Salvage System. Attendees will gain hands-on experience in preoperative planning, surgical techniques, and postoperative protocols to successfully manage complex limb salvage reconstruction.


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Orthofix

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 Carlsbad, CA
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LimbReconstructionEd@orthofix.com

2026 LLRS Annual Meeting

 Montreal, Qc
 July 17&18, 2026

Our 2026 Annual Meeting will bring together leading experts, surgeons, and healthcare professionals from around the world to share the latest advancements in limb lengthening and reconstruction.

 [More Information](#)

Orthofix Limb Reconstruction

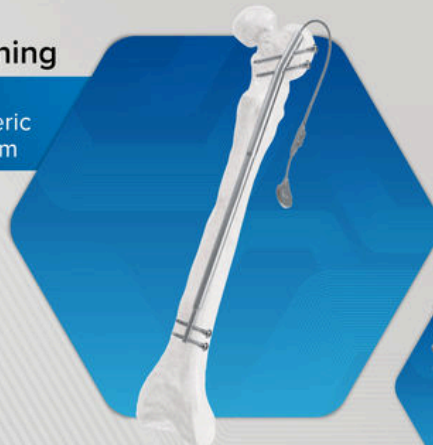
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 ORTHOFIX



Limb
Preservation



Extremity Deformity
Correction

LLRS MEMBER SPOTLIGHT: JEANNE M. FRANZONE, MD

Could you describe your current practice?

Hello! My name is Jeanne Franzone – I am in practice at Nemours Children’s Hospital Alfred I. duPont Campus in Wilmington, DE. I am the Surgical Director of our multidisciplinary osteogenesis imperfecta (OI) program and the majority of my practice involves caring for both children and young adults with OI. In our program, we have the privilege of caring for patients with OI from the prenatal and delivery process through age 35. I also serve as Co-Director of our multidisciplinary Prosthesis Clinic and oversee quality research and quality improvement efforts within our orthopaedic department.

What are your hobbies?

I enjoy being active and spending time outdoors. I love to golf with friends and walk the course. I also love trail running.

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

I truly enjoy the challenges of treating children and young adults with osteogenesis imperfecta (OI). It is an honor and a privilege to get to know patients and families quite well and to be with them on a journey. Although our team is with them in the lows of a challenging condition, oftentimes including many surgeries and some unplanned fractures, it is incredibly gratifying to also be included in the amazing accomplishments and proud moments – first steps, first days of kindergarten, wheelchair sports and family adventures to name a few. Regarding cases, I enjoy the principles-based decision making and thoughtfulness of OI cases as well as the challenges of the heterogeneity of bone quality. I really love the challenge of a revision case, perhaps a femur, with the complexities of making a new starting point and canal, navigating a prior pseudocanal, realigning the bone and better protecting the full length of the bone with a new appropriately sized implant.



What’s the best advice you were given, and what’s the best advice you give mentees?

My OI mentor Dr. Rich Kruse taught me the expression, “So far, so good, so what” – meaning, don’t be greedy, don’t lose vigilance during a case and see it through with focus until the very end. I also very much enjoy working with mentees as I truly believe mentorship is a two-way street and both the mentee and mentor learn and grow. I enjoy passing along the concept that talk is cheap; lead by actions and example.

How has the LLRS helped you throughout your career?

The LLRS is a well-run and very special organization. I truly enjoy the camaraderie of the LLRS and the unique way in which LLRS meetings bring together folks who approach limb lengthening and reconstruction from many different perspectives – pediatric, adult, trauma. I love that the LLRS honors the history of limb lengthening and reconstruction and also covers cutting edge advancements and technologies. Every year, I not only learn a tremendous amount at the LLRS Annual meeting, but also leave with friendships strengthened and a terrific sense of community.



The Power of Diversity, Tolerance, and Communication

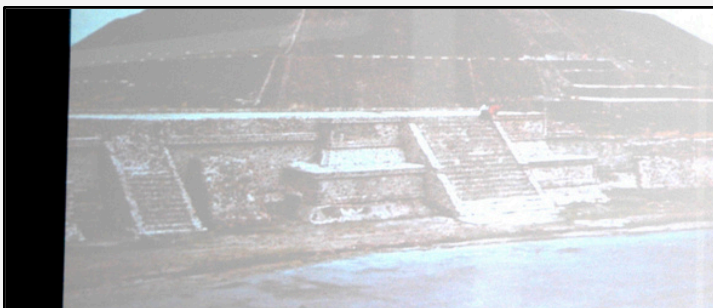
by John G. Birch, MD

I learned the basics of Ilizarov's apparatus and method by visiting the Lecco surgeons Professor Roberto Cataneo, Maurizio Catagni, and Angelo Villa in 1988 and 1989. I am eternally grateful for the expert, gracious, and uninhibited teaching they gave me.

The "Why were the Lecco surgeons so advanced in the Ilizarov method?" question always intrigued me. The answer of course was the "Thor Heyerdahl-Lecco-Ilizarov Connection". Heyerdahl had used his reed vessel expeditions RA I, RA II, and the Tigris to validate his beliefs that cultures could have migrated from Africa to the Americas. Of equal importance to him was the demonstration that an impossibly diverse crew, sailing under the United Nations flag, could function and cooperate in an intense environment. One of those crewmates with an infected tibia (Carlo Mauri) earned about the remarkable work of Ilizarov from fellow crewmate (Yuri Senkevich). After seeking treatment in Kurgan from Ilizarov with the aid of Senkevich, Mauri then orchestrated the Lecco surgeons' exposure to Ilizarov's method and apparatus.

I had a crazy dream: If ever I was President of ASAMI-NA/LLRS, I would ask Thor Heyerdahl to be my Presidential Guest Speaker. I had written to him just to alert him to the fact that he was responsible for our work in Dallas, through my training with the Lecco surgeons. I received a nice letter in return, in which he wrote fondly of his friends Senkevich, Mauri, and Captain Norman Baker (USN, Ret). Unfortunately, from the perspective of that dream, I became President too slowly: by 2003, both Carlo Mauri and Thor Heyerdahl were dead. I asked my dear Russian colleagues Mikhail Samchukov and Marina Makarov if they knew anything about Yuri Senkevich. Their reply was enticing: "He was the most popular man in the Soviet Union when we left. He hosted a TV variety show, was fluent in English, and funny. But we do not know if he is still alive." Mike and Marina were able to contact his assistant, but the initial response was lukewarm: "I'm sorry, there is a misunderstanding. Dr. Senkevich is a pulmonologist, not an orthopedic surgeon." When we made clear we wanted him to speak about Thor Heyerdahl, the reed vessels, and Carlo Mauri, the reply was more encouraging: "In that case, Dr. Senkevich is very interested. Call me back so we can arrange a time for Dr. Birch to formally extend an invitation to Dr. Senkevich." Literally and tragically, Yuri Senkevich collapsed and died as his assistant and Mike were on the phone to schedule that call.

That left Captain Baker as the sole survivor of all three reed expeditions. I hesitated: I didn't know anything about his health, speaking ability, or knowledge about the "Heyerdahl-Lecco-Ilizarov Connection". Based on our experience with Yuri Senkevich, I was also afraid I might cause his demise by contacting him. Eventually, I got over the hesitation, he graciously accepted the invitation and gave a riveting address at LLLRS 2004 in Toronto (Figure 1, 2, 3).



I routinely met Norwegian surgeons and researchers during various meetings and would always ask if they knew of Thor Heyerdahl. "Of course, he is one of the most famous sons of Norway, and his museum (the Kon-Tiki Museet) is one of the best museums in Oslo!" But when I asked if they were aware of the connection between Heyerdahl and the Ilizarov work they were doing, the answer was always "No. Is there a connection?"

I wrote to the Directors of the Museet on several occasions, urging them to develop an exhibit focusing on Heyerdahl's role in the dissemination of Ilizarov's apparatus and method to the West, which concretely validated the value of Heyerdahl's philosophy about tolerance and diversity. The answer to the first letter was a polite "No, we do not have space for such a thing." The reply to my second letter was "As long as the current Board of Directors is in charge, the answer is NO." In my third letter I said: "I recently met two bright young Norwegian surgeons using the Ilizarov method, and they don't know about the connection between their work and Thor Heyerdahl. Isn't that sad?" The answer: "The Board of Directors has reconsidered, and we will create a temporary exhibit of Heyerdahl's contribution to the dissemination of the Ilizarov method." Harald Steen, with the assistance of the Museet staff and a bit from me, developed an exhibit of posters and working models displaying the Ilizarov method and the connection to Lecco. The opening ceremony was highlighted by Captain Baker giving the same riveting RA Expeditions lecture while standing in front of RA II in the Museet, with Thor Heyerdahl Jr. and many dignitaries in attendance (Figure 4).



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