VOLUME 4, ISSUE IV

LLRS NEWSLETTER

Presidential Update | Jill C. Flanagan, MD, FAAOS

President, Limb Lengthening and Reconstruction Society: ASAMI-North America

November 2026

Greetings LLRS Members,

It is hard to believe that more than three months have passed since our annual meeting. As the holidays approach and we look toward the new year, I want to take a moment to share updates on our recent initiatives.

Over the past several months, we have been diligently working to enhance the member experience and to cultivate a society that reflects the needs and aspirations of our community. In September, I had the distinct honor of hosting the presidential line in Atlanta, where we dedicated nearly 36 hours exclusively to discussions focused on LLRS priorities. We explored a wide range of topics, from strategies to strengthen the educational offerings at our annual meeting to developing a comprehensive global relations strategy, and much more in between.

These discussions underscore our ongoing commitment to fostering a robust and engaged society for all members, and we look forward to building on this momentum in the months ahead.

I remain fully committed to enhancing member engagement and supporting online committee applications. We are approaching the final phase of our website renovation, which will make the information you seek far more accessible. Participation in our committees presents an excellent opportunity for members to get involved, an initiative we are all enthusiastic about.

In September, I had the privilege of representing the LLRS at the AAOS Annual National Orthopaedic Leadership Consortium (formerly the Fall Meeting). I am thrilled to share that former LLRS President Dr. Reid Nichols is currently the chair-elect of the Board of Specialties (BOS). We look forward to her leadership when she officially takes the helm in March 2027.

As part of the meeting, we dedicated a day on Capitol Hill advocating directly to state legislators. Our primary focus this year was combating the CMS-proposed 20% reimbursement cuts in joint arthroplasty.



JILL C. FLANAGAN, MD, FAAOS

In this newsletter you can expect:

- PRESIDENTIAL UPDATE
- PROFESSOR CATAGNI MEMORIAL BY DR. DROR PALEY
- PROFESSOR CATAGNI MEMORIAL BY DR. JOHN BIRCH
- REGISTRATIONS & JLLR
- UPCOMING COURSES & MEETINGS
- MEMBER SPOTLIGHT: MANI KAHN, MD
- RESEARCH GRANT, SCHOLARSHIP & TRAVELING FELLOWSHIP APPLICATION
- 2026 ADULT TRAVELING FELLOWSHIP: GAGORI BANDOPADHYAY, BMEDSCI, PHD, BMBS, MRCS
- 2026 ADULT TRAVELING FELLOWSHIP: CRISTHIAN TURNIL, MD
- ARTICLE BY S. ROBERT ROZBRUCH, MD, FAAOS
- RESEARCH ARTICLES
- BOS REPORT
- STAY CONNECTED

Furthermore, LLRS emphasized to leadership that the unique advocacy needs of smaller subspecialty societies are often overlooked—a message that was strongly received.

To build on this momentum, I encourage you to share any widespread practice challenges affecting limb reconstruction surgeons. Please bring these issues to my attention or to any LLRS board member so we can elevate them to the AAOS. Finally, please review Dr. Kahn's critical BOS update included in this newsletter.

In this edition, our newly appointed Research Co-Chairs have introduced a curated selection of highly relevant articles for our membership. We extend our sincere gratitude to Dr. Huser, Dr. Marecek, and the entire Research Committee for establishing this valuable new feature. I look forward to exploring these contributions from our LLRS colleagues.

January promises to be a milestone month for our society. Applications are now open for several major LLRS initiatives, including the Traveling Fellowship, the Resident/Fellow Annual Meeting Scholarship, and our Annual Research Grant. These represent exceptional professional development and research opportunities, and I strongly encourage you to apply or encourage deserving candidates to do so. Please note that applications for the Traveling Fellowship close on January 6.

Additionally, our Essentials of Lower Extremity Reconstruction (ELER) course will debut in a new location this year: Atlanta, my home city. Moving this course regionally allows us to broaden our educational outreach to residents and fellows nationwide. Please encourage your trainees to register.

Ultimately, this newsletter serves as a comprehensive resource to keep you fully informed, consolidates our latest updates, and captures any news you may have missed on social media.



Dr. Jill C. Flanagan & former LLRS President Dr. Reid Nichols at NOLC



The LLRS presidential line in Atlanta at the Children's Healthcare of Atlanta Scottish Rite Hospital



Dr. Flanagan joins Georgia physicians on Capitol Hill advocating to state legislators

As we approach the end of the year, I wish you a restful holiday season and a happy, healthy new year. Thank you for your continued dedication to the LLRS community.

Until next time,
Jill C. Flanagan, MD, FAAOS



In Memory and Tribute to Maurizio Catagni (1945-2026)
by Dr. Dror Paley

On 24 September 2026, Professor Maurizio A. Catagni passed away, leaving behind one of the most significant legacies in limb reconstruction and external fixation, both in Italy and internationally.

Maurizio was born in Lecco, Italy on April 3, 1945. He did his medical school and orthopaedic surgery residency at the University of Milan. In 1971 he became an Assistant Surgeon at the Department of orthopaedics and Traumatology of the Hospital of Lecco, in Lecco Italy under the tutelage of Professor Roberto Cattaneo. In June 1981, Professor Cattaneo and his team hosted a conference on bone infections on behalf of AO Italy, in which Professor Gavriil Abramovich Ilizarov was a guest speaker. This was Ilizarov's first trip to a Western country. Cattaneo and Catagni performed the first Ilizarov surgery in Italy that same year. In November that year they travelled to Kurgan to visit Ilizarov and his Institute. As news of the Ilizarov method spread, the Hospital of Lecco became a Mecca for patients with a wide variety of adult and pediatric, upper and lower extremity complex orthopaedic problems, including nonunion, osteomyelitis, bone defects, congenital and acquired bone deformities and limb length discrepancies and skeletal dysplasias. They published the first book on the Ilizarov method in 1983 and convened many international conferences which helped to disseminate the method around Europe and across the world.

I had the privilege of being their first North American fellow in 1985 and 1986. Maurizio was an excellent mentor and teacher. He had an uncanny ability to visualize a geometric problems and figure out an Ilizarov solution. He had incredible manual dexterity and could place wires and pins in space three dimensionally with amazing accuracy and speed. Watching him operate was watching an artist at work. Unlike the Soviets who were very secretive and circuitous in their answers to questions, Maurizio, was open, honest and transparent and always tried to explain what and why he was doing. Together he and I often travelled the world spreading the gospel of the Ilizarov method. In the early days Ilizarov would show the magic tricks and we would explain how the magic was performed. Maurizio helped open the path to the dissemination of the method around the globe.

Maurizio was a founder of the Italian ASAMI in 1982 (originally called ASFEI) and one of the founders of the International ASAMI which held its first meeting in New Orleans with ASAMI North America (now LLRS) in 1998. Maurizio became the president of ASAMI Italy and hosted the next ASAMI International meeting in Rome in 2000. Dr. Catagni help found the Italian Society for External Fixation (SIFE) in 2009. From 1999 to 2010, he served as Director of the Department of orthopaedics and Traumatology at Alessandro Manzoni Hospital in Lecco. In 2012, he became Director of the Regional Referral Centre for Ilizarov Techniques and took on a teaching role within the orthopaedics and Traumatology Residency Program at the University of Milan. From 2013 onward, he continued his work as Director of the Ilizarov Centre at G.B. Mangioni Clinic in Lecco, where he remained clinically active until the final years of his life. He took on a disciple, Daniele Pili, his successor, who has maintained and developed Maurizio's practice and techniques in Lecco to this day.

In Memory and Tribute to Maurizio Catagni (1945-2026)
by Dr. Dror Paley (cont.)

Since the mid 1980's, Maurizio organized a visiting surgeon fellowship program based in Lecco, where US and other international surgeons came to study for days, weeks or months under his tutelage. Aside from the exposure to the Ilizarov method, the joie de vivre of Maurizio, taking fellows to lunch or dinner with his friends and family made the experience in Lecco unforgettably memorable and special. His ability in the OR was matched by his ability to drive his Mercedes or his motorcycle down the local winding roads at hair raising speeds. Going to Lecco to get your ticket punched as an Ilizarov surgeon replaced the more difficult journey to Kurgan to do the same.

Maurizio lived life to the fullest. He has two sons Alberto and Mario and two grandsons. He passed away on a holiday trip to his beloved Sardinia, with his son Mario and Alberto's son Fillipo by his side till his last breath. He was loved and respected by family and friends from Lecco, from around Italy and the world. However, no one loved him more than his wife Corinna Corti. Theirs' was a story book romance which started when she was only 18. Cori subsequently got married and had two daughters and never forgot her love for Maurizio. After they both got divorced, they found their way back to each other more than 20 years ago. They have been inseparable ever since.

Maurizio was my mentor, my teacher, and my dear friend. We started our relationship speaking in French, and once I learned Italian, we never spoke French again. Even after Maurizio learned English, we communicated only in Italian. We remained in frequent contact over the years, and Jennifer and I got to attend his wedding to Corinna. Maurizio will always remain my professional soulmate. I like so many was blessed to know him. He will be sorely missed. Our sub-specialty has lost one of its pioneers and shining lights.

Sir Isaac Newton said: "If I have seen further, it is by standing on the shoulders of giants"; Maurizio Catagni was one of our giants.

- Dr. Dror Paley



In Memory and Tribute to Maurizio Catagni (1945-2026)
by Dr. John Birch

I first laid eyes on Maurizio as an attendee of the Tachdjian limb-lengthening precourse in San Francisco in May 1988. Mesmerized by the incredible reconstructive triumphs that Professor Ilizarov showed at that meeting, I was similarly impressed by the frank, open presentation of results from the Lecco group, including Professor Roberto Cattaneo, Angelo Villa, and the brash, young Maurizio. I registered for the Richards-sponsored 1-week training course in Lecco that November and returned (with my wife and our two young children) for 6 weeks at the end of 1989. Although I was inspired by and eager to learn about the Ilizarov apparatus and method, I had no concept of how my exposure to Maurizio and the northern Italian way of life would influence and change every aspect of our own lives, both professionally and personally.

Maurizio's brilliant insights into the power of the Ilizarov apparatus and method were equally matched by his dedication to teaching the method, and his unchecked generosity in imparting his knowledge and experience. Maurizio simultaneously showed us that northern Italian cuisine was excellent and best paired with (Italian) wine. We learned that it was an affront to our food and the person who prepared it to eat standing up or in the car. Our entire family has lived our subsequent lives differently, thanks to Maurizio. During our 6-week stay, Maurizio loaned us a car and let us house in his office above his own apartment in Calolziocorte, gratis. Each day was unique but also the same: I would call him at 06:00 to wake him up, we would drive to the Ospedale Generale di Lecco (now the Alessandro Manzoni Hospital), spend the day operating and seeing patients, have an excellent dinner with the family, then discuss cases late into the night. Reset and repeat.

Driving with Maurizio was always an adventure. He had a new Mercedes and was always looking to test its abilities. We'd drive into Lecco with a little side loop where there was a bump that gave him the opportunity to put the car airborne. We'd then drive the wrong way down narrow one-way streets to arrive at the exit of the hospital parking lot. There would be a steely eye-contact standoff between Maurizio and the security guard (who knew that Maurizio could only have arrived at the gate by driving the wrong way) until he relented and opened the gate. The rest of the day was spent watching Maurizio work magic with the Ilizarov apparatus and drinking from the firehose of knowledge he would so generously provide. His passion for caring for his patients was equaled only by his passion for living.

How do you describe the Aurora Borealis with words? You cannot. Incredibly beautiful images still do not capture their full magical majesty. Similarly, Professor Maurizio Catagni cannot be described with mere words. We have lost an irreplaceable icon, and our sorrow is matched with sadness for the younger and future generations who have no chance to know or learn from this remarkable man. Let there be no doubt though that these younger generations are influenced by him although they may be ignorant of that fact, by virtue of learning from those of us who were privileged to know and learn from Maurizio.

- **Dr. John Birch**



A group photo from a Richards course in Dallas 1992. Left to right: Charlie Reinhart (UTSW/Parkland trauma surgeon), Vladimir Schwartzman, Janis Milliet (TSRH PT), John Herzenberg, Debbie Bell (Stanitski), John Birch, Maurizio Catagni, Mikhail Samchukov



More information:

VISIT LLRS.ORG

LLRS 2027
CHICAGO, ILLINOIS

Lifelong Management of Deformity: Adolescence to Adulthood

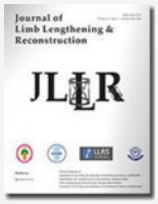


Registration opens November 2, 2026 - More information

Journal of Limb Lengthening and Reconstruction (JLLR)

JLLR is the official journal of LLRS: ASAMI-North America
We encourage our members to submit their research

REVIEW JLLR'S MOST RECENT ISSUE



Upcoming Courses & Meetings

2027 Congenital Limb Deficiencies & Deformities

📍 Paley Foundation, West Palm Beach, FL
📅 January 18–22, 2027
🔗 More Information

Essentials of Lower Extremity Reconstruction (ELER)

📍 Arthur M. Blank Hospital, Atlanta, GA
📅 January 22–23, 2027
🔗 More Information

2027 S. Robert Rozbruch, MD, HSS Limb Reconstruction Course

📍 HSS, New York, NY
📅 February 5, 2027
🔗 More Information

Controversies in Pediatric Limb Reconstruction (CPLR)

📍 Scottish Rite for Children, Dallas, TX
📅 February 5–6, 2027
🔗 More Information

Orthoplastic Solutions for Limb Preservation
⭐ Industry Course - ORTHOFIX

📍 Lewisville, TX
📅 February 18–19, 2027
🔗 More Information

British Limb Reconstruction Society (BLRS) 2027 Annual Meeting

📅 March 11–12, 2027
🔗 More Information

LLRS Member Spotlight: Mani Kahn, MD



Current title & role:

Chief of Orthopaedic Trauma, Residency Program Director, and Second Vice President of LLRS.

Institution / Practice / Organization:

Montefiore Einstein

Special area(s) of focus or expertise:

Limb salvage, post-traumatic reconstruction, bone defects, limb deformity, and infection.

Can you tell us a bit about your current role and where you practice?

I have the privilege of running our trauma service at Montefiore Einstein in the Bronx. Most of my time is spent operating and teaching residents. It's an amazing environment filled with people devoted to our mission and patients who have taught me the meaning of resilience.

What inspired you to specialize in limb lengthening and reconstruction?

When I was a junior resident I saw a refugee child who suffered a war-related injury treated with a hexapod fixator. They directed me to a seminal publication by Dror Paley. I read it and it went right over my head. So I read it again and again until I understood it. Seeing patients with severe dysfunction after trauma being told there was nothing anyone could do to help was where I decided to direct my life.

What's one experience that shaped how you practice today?

My travelling fellowship with the LLRS changed my life. I was armed with the techniques to bring the magic of distraction osteogenesis to help solve the worst challenges in patients who would otherwise not be able to access it. I learned how orthopaedic surgeons can challenge themselves to solve hard problems using a mastery of skill, knowledge and technology. And most importantly I have developed mentorships and friendships that I continue to cherish.

What excites you most about where this field is going?

We are working together more than ever. Collaborating on research to answer the difficult questions so we can better help our patients. We are bringing our strategies to the mainstream, and ensuring trauma care is inclusive of the methods of Ilizarov and distraction osteogenesis.

What advice would you give someone entering this specialty today?

Welcome. We are a family of like-minded surgeons who enjoy challenges and helping people. If you want to be able to help people who traditional orthopaedic methods cannot help, and you are willing to endure the training to develop the skills, and support patients through what could be the toughest journey of their lives, the LLRS is somewhere you belong.

What do you enjoy doing in your free time?

Spending time with family, grilling, travelling, reading (Gabriel Garcia Marquez is my favorite author), studying history, driving my high school dream car (Subaru WRX STI 6 speed manual with a turbo charged engine), and bothering Stephen Quinnan with questions about my Monday morning case on Sunday night.

2027 Research Grant Application

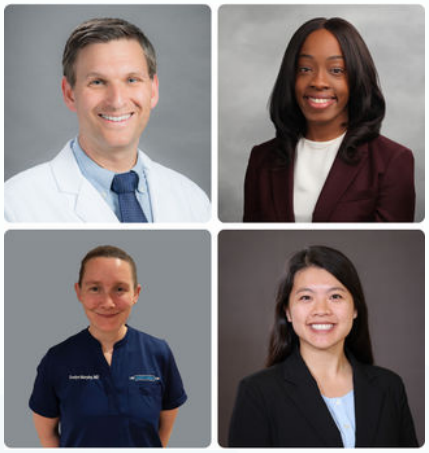
The Limb Lengthening and Reconstruction Society (LLRS) is accepting applications for its 2027 Research Grant, supporting research that advances the field of limb lengthening and reconstruction. Active LLRS members in good standing are eligible to apply for funding of up to $50,000 in direct project costs. Applications are due April 9, 2027, with recipients to be announced at the LLRS 36th Annual Scientific Meeting in July 2027. For application instructions and details, visit the link below.

APPLY NOW



Dr. Rivera presenting the 2026 LLRS Research Award to Dr. Iobst

2027 Scholarship Application



Our 2026 Recipients: Elia Newman, MD; Amber Hamilton; Evelyn Murphy; and Stephanie Kha, MD.

The Limb Lengthening and Reconstruction Society (LLRS) invites residents and fellows to apply for its 2027 Annual Meeting Scholarship. Residents and fellows in the US and Canada are eligible to receive an award.

This opportunity supports emerging professionals in limb lengthening and reconstruction, providing an opportunity to engage with the latest advances and connect with leaders in the field. Interested applicants can complete the application form at the link below.

APPLY NOW

2027 Traveling Fellowship Application

The mission of the LLRS Traveling Fellowship is to provide leading education in limb lengthening and reconstruction, train future leaders of LLRS, and establish mentor relationships among LLRS members and new surgeons.

APPLY NOW



2026 Adult Traveling Fellowship

Gagori Bandopadhyay, BMedSci, PhD, BMBS, MRCS

Current position: Trauma and Limb Reconstruction Fellow

Location of practice: London, England

Hospital: King's College Hospital

What did you find most impactful about your experience in the LLRS Traveling Fellowship?

Above all, it was the people who made it: the host surgeons and their teams, who were incredibly generous with their time and knowledge. It was invaluable to see how different centres approach complex limb reconstruction problems and structure their multidisciplinary teams, and to experience such a wide range of techniques and philosophies. I've come home with renewed enthusiasm to continue to develop the field of limb reconstruction and "keep imagining" (the last two words are from Dr Rozbruch).

What is your favorite memory from the Traveling Fellowship?

Every centre has given me a unique memory to take forth. But if I had to choose, it would be the last day of the fellowship, walking outside HSS, by the East River, and taking a moment to reflect on the whole experience. Standing there, I realised how much I had learnt over those four weeks and how much I had changed as a limb reconstruction surgeon. It felt like the perfect way to close a truly special journey, and I'm very grateful to everyone who made it possible.









2026 Adult Traveling Fellowship

Cristhian Turnil, MD

Current position: Chief of orthopaedic surgeons, chief of the reconstructive and limb deformity section in the national hospital

Location of practice: Huehuetenango, Guatemala

Hospital: Private Practice

What did you find most impactful about your experience in the LLRS Traveling Fellowship?

The way that most of the surgeons are always trying to improve the way resolving problems, how do they think of doing more things sometimes easier and sometimes not so easy, and trying to do something new but first doing your own research first, and last accepting that you are not always right or things don't go the way you planned

What is your favorite memory from the Traveling Fellowship?

Meeting all the professors, asking questions and having respectful answers, learning really new things, having the opportunity to see how they solved all the challenges, and how do they think, and also having a nice conversation with them, and also having the chance to meet the other fellow





Why Are We Special? Limb Deformity Is More Than an Overlapping Subspecialty—Second Edition

by S. Robert Rozbruch, MD, FAAOS

LLRS President Emeritus, 2012–2013
Chief Emeritus, Limb Lengthening & Complex Reconstruction Service
Director, Osseointegration Limb Replacement Center
Hospital for Special Surgery
Professor of Clinical Orthopaedic Surgery
Weill Cornell Medicine, Cornell University

I recently reread an editorial I wrote for the Journal of Limb Lengthening & Reconstruction (JLLR) 10 years ago. At that time, I expressed disappointment with the status of limb lengthening and reconstruction within the broader orthopaedic community and proposed strategies for achieving greater recognition. I am pleased to revisit that essay from a very different perspective. Our society and subspecialty and our place in the orthopaedic community have matured considerably, and we should recognize how far we have come.

In 1951, the Soviet surgeon Gavriil A. Ilizarov unlocked bone's previously hidden capacity to generate new, functional osseous tissue. Seventy-five years later, limb lengthening and reconstruction (LLR) surgery is no longer struggling to define itself. It has become a distinct and increasingly recognized subspecialty of orthopaedic surgery.

The North American Limb Lengthening and Reconstruction Society (LLRS) became a member of the American Academy of Orthopaedic Surgeons' Board of Specialty Societies in 1999. After years of effort to establish a dedicated limb deformity section within the AAOS educational program, that goal became a reality in 2025. These milestones reflect the perseverance of our members and the growing recognition of the value we bring to patient care and orthopaedic education.

LLR surgeons treat patients of all ages and address pathology throughout the body. Our referrals come from virtually every area of orthopaedics, including adult reconstruction, trauma, foot and ankle, pediatric orthopaedics, oncology, and upper-extremity surgery. Although there is obvious clinical overlap, limb deformity is not simply a collection of cases borrowed from other subspecialties. It is a distinct discipline defined by a unique way of analyzing and solving complex problems.

We evaluate the mechanical relationships of the entire limb, recognizing the intimate connections among the hip, knee, and ankle. We correct deformity and limb-length discrepancy through osteotomy and reconstruction, guided by the principles of the Ilizarov method. We use external and internal fixation, perform limb salvage, amputation reconstruction, and joint-preservation procedures, and treat patients with multilevel and multi-apical deformity, bone loss, infection, malunion, nonunion, and complex post-traumatic, developmental, or congenital conditions. Our work spans children and adults, simple and extraordinarily challenging cases.

A dedicated limb deformity service does not compete with other orthopaedic divisions. Rather, it complements them by offering a specialized perspective and a comprehensive set of tools for patients whose problems do not fit neatly within an established category.

Our experience at Hospital for Special Surgery illustrates the value of such a service. Since its establishment in 2005, the Limb Lengthening and Complex Reconstruction Service has experienced substantial clinical growth and has provided an environment for focused clinical, educational, and academic work. Surgical outcomes have been excellent, and academic productivity has been considerable. Referrals from within and outside the institution demonstrate both the need for specialized care and the improved access created by a dedicated program.

In our study, we demonstrated that between 2005 and 2013, annual outpatient visits and surgical volume increased significantly, paralleling the growth of the Department of Orthopaedic Surgery. Increasing volume may improve outcomes, efficiency, and value; it also reveals a previously underrecognized need. Most referrals came from orthopaedic surgeons or from patients who identified the service through their own research. The large number of intramural referrals suggested that, without a dedicated limb deformity service, some patients might have left the institution in search of specialized care. A focused program also makes it easier to educate colleagues, reach patients, and develop meaningful clinical and academic initiatives.

Our overlap with other subspecialties is real, but our approach remains distinctive. A nonunion, malunion, or bone defect may be treated by a trauma surgeon. A knee deformity with arthritis, bone loss, or infection after arthroplasty may be referred to an adult reconstruction surgeon. A failed pilon fracture or infected ankle replacement may present to a foot and ankle surgeon. Yet the limb deformity specialist brings particular expertise in deformity analysis, mechanical alignment, bone regeneration, and reconstruction across the entire extremity.

We understand that shortening is itself a deformity—translation in the axial plane. We know how to perform aggressive debridement when necessary, including removal of all nonviable bone, because we can reconstruct the resulting defect. We control the dimension of time, choosing among acute, gradual, or combined correction strategies. Our toolbox includes plates, screws, static and motorized nails, antibiotic-coated nails, transport nails, circular and monolateral external fixators, hinges, rods, and hexapod struts. We also incorporate joint replacement when appropriate.

More recently, we have embraced osseointegration limb replacement for selected amputees who function poorly with socket prostheses. Positive experience with this technology has expanded our thinking and, in carefully selected circumstances, has prompted consideration of primary osseointegration for patients with chronically dysfunctional limbs.

A professional golfer carries a full bag of clubs and selects the appropriate one for each shot. Similarly, the limb deformity surgeon chooses the approach, best technique, implant, and timing strategy for each complex clinical challenge.

Around the world, many orthopaedic surgeons now focus on limb deformity, and national and international societies have developed to support the field. The creation of an international congress and the establishment of the *Journal of Limb Lengthening & Reconstruction* were landmark achievements. Dedicated clinical fellowship programs are expanding, and younger surgeons increasingly pursue limb reconstruction as a second fellowship to enhance their practices. The LLRS traveling fellowship for early career surgeons has been one of our crown jewels.

There is still work to do. We should continue to seek a stronger presence at the AAOS, promote additional fellowships, encourage dedicated divisions within academic departments, and advance research, education, and patient access. Nevertheless, we should take pride in our progress. We have moved beyond asking whether limb deformity is a legitimate subspecialty. We now have the opportunity—and the responsibility—to define its future.

We are at a tipping point. With continued energy, collaboration, and commitment from LLRS members, our subspecialty will continue to grow and thrive. Most importantly, our progress will allow us to help more patients through the unique perspective, knowledge, and technical skills of limb lengthening and reconstruction.

References

Rozbruch SR, Rozbruch ES, Zonshayn S, Borst EW, Fragomen AT. What is the utility of a limb lengthening and reconstruction service in an academic department of orthopaedic surgery? Clin Orthop Relat Res. 2015;473(10):3124–3132.

Rozbruch SR. Why are we special? Limb deformity is more than an overlapping subspecialty. J Limb Lengthening Reconstr. 2017;3(1):1–3. doi:10.4103/2455-3719.202217

Research Articles

One of the benefits of membership in the LLRS is exposure to surgeons and scientists who are pushing our field forward. With the advent of the LLRS Research Grant, we thought it would be timely to raise awareness around the outstanding work our society is doing collectively.

Each newsletter, we hope to highlight some of the most interesting or impactful papers that members of our society have published recently. Hopefully this effort will bring attention to the papers, give some deserved kudos to the authors, and maybe even inspire the rest of us to contribute to this aspect of the LLRS's mission.

- Aaron J. Huser, DO and Geoffrey S. Marecek, MD



Aaron J. Huser, DO



Geoffrey S. Marecek, MD

Internal Extramedullary Lengthening of the Femur With an Intramedullary Lengthening Nail: Outcomes and Technical Considerations From 2 Centers

Nahm NJ, Georgiadis AG, Bafor A, Iobst CA, Dahl MT. Internal Extramedullary Lengthening of the Femur With an Intramedullary Lengthening Nail: Outcomes and Technical Considerations From 2 Centers. J Pediatr Orthop. 2026 Oct 1;46(9):e885-e892. doi: 10.1097/BPO.0000000000003380. Epub 2026 Jun 23. PMID: 42325153.

READ THE RESEARCH

Reproducibility of Two Novel Bone Defect Classification Systems

Campbell ST, Agel J, Levack AE, Bernstein M, Wallace SJ, Meinberg E, Quinnan S, Hernandez-Irizarry R, Saiz AM, Crist BD, Marmor M, Shymon SJ, Lee P, Githens MF, Marecek GS; Orthopaedic Trauma Association. Reproducibility of Two Novel Bone Defect Classification Systems. J Orthop Trauma. 2026 Nov 1;40(11):e244-e248. doi: 10.1097/BOT.0000000000003225. PMID: 42118914.

READ THE RESEARCH

Stiffness–footprint Trade-offs in Circular External Fixation: Identifying the Optimal Offset and Angulation for Constant Excursion Half-pin Constructs

Green CJ, Podeszwa DA, Cherkashin A, Samchukov ML. Stiffness–Footprint Trade-offs in Circular External Fixation: Identifying the Optimal Offset and Angulation for Constant Excursion Half-pin Constructs. J Limb Lengthening Reconstr. 2026;12(1):34-41. doi: 10.4103/jllr.jllr_4_26.

READ THE RESEARCH

BOS Report

During my tenure as our representative on the Board of Specialties (BOS), the American Academy of Orthopaedic Surgeons (AAOS) has remained a close ally for the LLRS. Despite our small society size and unique practice needs, leadership in the AAOS has always been willing to hear the perspective of our members. Through this collaboration we have been supported in enhancing specialty day programming, developing updated CPT codes, and starting a limb deformity section at the AAOS annual meeting. This alliance continues to strengthen, especially with our own LLRS past president Reid Nichols serving as current chair-elect of the BOS and AAOS board member.



Mani Kahn, MD

The AAOS, through its advocacy efforts, also supports the orthopaedic community by identifying issues critical to musculoskeletal care and supporting a policy agenda that serves orthopaedic surgeons and the patients we care for. Whether it be related to reimbursements, research funding, or physician safety, the AAOS works with their Office of Government Relations (OGR) to amplify the voice of its membership as well as state and subspecialty societies to identify critical issues to direct the efforts and policy directives through the Orthopaedic Political Action Committee (OrthoPAC). At the recent AAOS National Orthopaedic Leadership Conference (NOLC) fall meeting, members of the BOS and Board of Councilors (BOC) lobbied on Capitol Hill to fight the proposed Centers for Medicare and Medicaid Services (CMS) cuts of nearly 20% for reimbursement for arthroplasty of the hip, knee, and shoulder. They also lobbied to put a hold on decreasing the reimbursement for a 25 modifier, which is reimbursement for a procedure on the same day as an office visit. And in this process it has become clear that representatives on both sides of the aisle heard us and are participating in legislation to oppose these and other changes on the horizon that will impact how musculoskeletal care will be structured and funded for years to come.

The healthcare climate is ever-changing, and it is imperative now more than ever to be informed of the evolving policy landscape. LLRS leadership is interested in exploring how we can better represent our membership by identifying the issues critical for us to continue providing the essential care our patients need. No one can speak to these issues better than you, our members. Since many of the political issues important for the orthopaedic specialty as a whole may not specifically pertain to our scope of work directly, we would like to ensure to work with the AAOS to be your voice in the halls of government. We have AAOS' ear, what we now need is a story. Please message us at info@LLRS.org with advocacy ideas pertaining to limb reconstruction surgery. Thank you for trusting me to continue to represent the LLRS as your BOS representative, and I hope to keep working with you to advance our society's mission, and ensure we have what we need to best serve our patients and their unique needs and challenges.

- Mani Kahn, MD

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