

To my patients with fractures of the distal radius (wrist):

As you prepare for your surgery to fix your broken wrist, I want to provide you with information about the royalties that I receive from the University of Minnesota.

Since my residency and fellowship training in Hand Surgery at the University of Minnesota, I have been involved in research on distal radius fractures, including the development of new and pioneering ways to treat some of these fractures. I am the co-inventor of two different devices used to treat some distal radius fractures, and hold two US patents, #5,586,985 and #6,755,831. This technology has been licensed by the University of Minnesota to an orthopedic company called Small Bone Innovations, Inc. They make and sell our invention, marketed as the SCS Plate, in exchange for paying a licensing fee to the University. The University of Minnesota uses 2/3 of that fee for further research, and pays one third to the inventors. So I receive a small royalty for every SCS Plate that is used to treat a patient.

When the SCS Plate was first used in patients in 1997, there were no other devices quite like it. Now, this type of locking or tined plate is used to fix many distal radius fractures in the US and abroad, and similarly designed plates are now sold by more than 25 companies worldwide.

Distal radius fractures come in a very wide variety, and occur in young kids through the very elderly. I may fix your specific fracture with the SCS Plate, or with one of the many other plates and devices available for treating this very diverse set of fractures. The exact device that I select for your specific fracture is based on your specific fracture pattern, the number of pieces, your size, your activity level, your bone density, and the findings at the time of surgery. I will use the devices or implants that I think will give you the best possible result. I continue to do clinical research on distal radius fractures in my practice today, so that we can learn more and continue to improve care for patients with these injuries.

I am a member of the American Academy of Orthopaedic Surgeons (AAOS) which holds its members to extremely high ethical standards to ensure that even the appearance of a conflict of interest does not jeopardize the trust that patients place in us.

AAOS has adopted Standards of Professionalism that require orthopaedic surgeon members to identify and disclose potential conflicts of interest to their patients, the public, and colleagues. These Standards also clearly articulate how and under what circumstances AAOS members may work with and be compensated by industry, as well as the penalties for failure to comply. You can learn more about these Standards of Professionalism at the AAOS website: www.aaos.org/industryrelationships

It is important to me that you are aware of my relationship with the implant manufacturer. I receive no other direct payment or consulting fee of any sort from Small Bone Innovations, Inc or any other implant manufacturer.

Sincerely,

David Gesensway, MD

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