



THE AMERICAN ORTHOPAEDIC ASSOCIATION

Leadership in Orthopaedics since 1887 6300 North River Road, Suite 505 Rosemont, Illinois 60018-4263 T (847) 318-7330 F (847) 318-7339 www.aoassn.org

Douglas R. Dirschl, MD Second President-Elect

Dr. Douglas R. Dirschl has served as Professor and Chairman of the University of North Carolina (UNC) Department of Orthopaedics since 2003. Prior to that, he served as Chairman of Orthopaedics in his home state of Oregon, at the Oregon Health and Science University. Dr. Dirschl completed his residency training at UNC and served eight years as a member of the UNC faculty. During this time, Dr. Dirschl had additional duties as the executive responsible for the operations of the multispecialty academic practice located at WakeMed, the trauma center affiliated with UNC.

Dr. Dirschl will serve as AOA Second President-Elect from July 2009 - June 2010.

Dr. Dirschl currently serves as Chairman of the AOA Own the Bone Multidisciplinary Advisory Board and is past Chair of the AOA Critical Issues Program and ABC Fellowship Committees. Past additional AOA committee memberships include Fellowships Coordination, Resident Leadership Forum and Academic Leadership. He is a member of the AAOS and the Orthopaedic Trauma Association (OTA), among other professional societies. He serves on numerous committees for both the OTA in the areas of research, education, evaluation, and clinical guidelines.

He received his Bachelor's in Chemical Engineering from Stanford University and received his medical degree from Oregon Health Sciences University, Portland, Oregon. Dr. Dirschl completed his residency at University of North Carolina Hospitals, Chapel Hill, and continued additional training within the Physicians' Medical Management Program at Kenan-Flagler Graduate School of Business, University of North Carolina.

Dr. Dirschl specializes in orthopaedic traumatology and general orthopaedics. His research interests are in the areas of bone mineral density following fracture, effects of fracture irrigation on healing, evaluating and improving the reliability of orthopaedic classification systems, long-term outcomes of tibial plafond fractures, and evaluating and improving the process of selecting orthopaedic residents.