



**ARTHROSCOPY ASSOCIATION
OF NORTH AMERICA**

Advancing the Scope™

AANA@40 ADVANCEMENTS IN EDUCATION

*In Celebration of the Arthroscopy Association of
North America's 40th Anniversary*

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First Edition

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Letter of Introduction

It is my honor as the current president of the Arthroscopy Association of North America (AANA) to present to you and introduce the 40th Anniversary Monograph. As we celebrate AANA's 40 years of excellence during my presidential year, it is important to recognize and commemorate how we have grown. AANA has been and will continue to be a beacon for the advancement of arthroscopy and minimally invasive surgery, and remains an integral part of me and my practice. AANA has strengthened my skills throughout my career. The camaraderie and friendships I have made with like-minded colleagues have and will continue to enhance my career and personal life for many years to come.

This monograph is special, and I am proud of what has been developed. I must acknowledge and congratulate AANA past presidents and Ronald M. Selby, M.D. for their outstanding work in creating *30 Years of Excellence: The History of the Arthroscopy Association of North America*, which has provided the history and framework that this new monograph has been developed upon.

AANA has demonstrated outstanding leadership and growth over the past decade, and the 40th edition outlines many achievements since the previous publication in 2011. We have nearly doubled our membership, developed outstanding new programming with the AANA Traveling Fellowship and Emerging Leaders Program and continued to be the worldwide leader in arthroscopy education. We have created the first proficiency-based education platform, mandated an emphasis on diversity and inclusion and expanded our collaboration with the Society for Military Orthopaedic Surgeons (SOMOS). *Arthroscopy: The Journal of Arthroscopic and Related Surgery* has excelled under the leadership of James H. Lubowitz,

M.D., with a broader worldwide readership, outstanding impact factor and expansion to a family of journals with open access platforms, including *Arthroscopy Techniques* and *Arthroscopy, Sports Medicine and Rehabilitation*. The AANA Advocacy Committee has worked tirelessly to protect our membership and has been successful at improving reimbursement for the work that we do. We are fortunate to have so many members who are passionate and dedicated to the mission of AANA; in this monograph, we have taken the opportunity to recognize several of the luminaries who have helped shape who we are today.

Our dedicated AANA Staff has evolved since the last publication as well. Under the leadership of AANA CEO Laura M. Downes, CAE, AANA has expanded to address the changing needs of our growing membership and the new landscape for delivering education in the digital age. Our funding has changed as well. While we are thankful for our industry partners' support throughout the years, we recognize the limitations they now face, and we have engaged our membership to continue to support the AANA Education Foundation. It is our goal to achieve fiscal independence; with our 40th Anniversary Campaign, we are on track to be able to provide exceptional education for generations to come.

My vision for this edition has taken a different tack than the 30th. Rather than a textbook, I wanted this monograph to have a different feel. As I speak to friends and family, I am often asked why I do what I do, and I am left trying to explain what AANA is and means to me. I want the 40th Monograph to help offer that answer: A larger coffee-table book, lavishly created with many photos and new chapters dedicated to the growth and successes we have had over the past 10 years.

Even those unfamiliar with our important work will then be able to appreciate AANA. I must acknowledge and personally thank Jonathan B. Ticker, M.D., FAANA for serving as our editor. Jon is a great friend and enthusiast for the history of our society and was the perfect choice to lead this effort. Thank you for your passion and tireless effort in creating this treatise. I also want to recognize and thank his co-editors, Michael J. O'Brien, M.D., FAANA and Jessica H.J. Ryu, M.D., FAANA for helping to ensure that this would be comprehensive and inclusive. This production has taken an enormous effort, not only from our physician authors and editorial team, but also from Renee Zagazdon and Christine Nogal, our outstanding AANA Staff, under Laura's leadership.

Please take the time to review the entirety of this project. I hope you find a special section that resonates with you personally. It has been an honor for me to serve AANA as president and to help steward this important piece of our history. Enjoy!



Mark H. Getelman, M.D., FAANA
AANA President, 2021-2022



Mark H. Getelman, M.D., FAANA
(top photo: left; bottom photo: front)
teaches one of his Orthopaedic Fellows
in the operating room.

Foreword

It is an honor and a privilege to be asked to write a foreword for this text celebrating the 40th Anniversary of the Arthroscopy Association of North America (AANA). The history of AANA is one of the greatest success stories of modern medicine, with many of the true giants of orthopaedic surgery having served the organization not just as one of its 40 presidents, but also as some of the many individuals who have made the organization one that is dedicated to service and advancement of medical care and has helped patients around the world.

I discovered AANA when I met Richard B. Caspari, M.D. in 1984 as a junior Resident during one of the first arthroscopy courses that he and James R. Andrews, M.D. chaired. Little did I know how much that simple meeting would impact my future in medicine. I feel as though I grew up in AANA, meeting and getting to know great surgeons who were even better people. These great surgeons include Dr. Caspari, John B. McGinty, M.D., Robert W. Jackson, M.D., Lanny L. Johnson, M.D., Harvard Ellman, M.D., Robert W. Metcalf, M.D., Gary G. Poehling, M.D., Terry L. Whipple, M.D., F.A.C.S. and John F. Meyers, M.D., just to name a few, who were incredibly encouraging to surgeons interested in arthroscopy early in their careers. Dr. Jackson is the surgeon deservedly credited with bringing arthroscopy from Japan to North America, where it flourished.

AANA was founded by a small group of surgeons, all members of the International Arthroscopy Association (IAA), during a 1981 meeting of the Société Internationale de Chirurgie Orthopédique et de Traumatologie (SICOT), an orthopaedic association in Belgium. Dr. McGinty served as chair of the IAA and wrote the foreword to *30 Years of Excellence: The History of the Arthroscopy Association of North America*, AANA's 30th Anniversary book. Just as Dr. McGinty alluded to 10 years ago when he wrote his foreword, I marvel that

an organization, which was founded despite marked opposition from many academic surgeons of the time, would grow from perhaps 150 members to over 5,500 active members. As one of the older surgeons who can remember peering through a single eyepiece hoping to catch a glimpse of the meniscus, the advancement from that single eyepiece to the two-eyepiece teaching scope, to initial crude, heavy video cameras with C mounts, to true self-contained video systems, and now to needle-type arthroscopes that can be used in the office, the technological progression has been amazing.

Operative equipment and instruments have similarly exploded, thanks to amazing inventors like Dr. Caspari, Stephen S. Burkhart, M.D., Stephen J. Snyder, M.D., E. Marlowe Goble, M.D., Raymond Thal, M.D. and a host of others. In no other organization has the creativity of its members not only added to the value of the procedures, but also impacted patient care in a positive way. Similarly, partnering with industry has allowed these prolific inventors to share this creativity with surgeons worldwide; some of the largest orthopaedic companies have consistently partnered with AANA to benefit surgeons and in turn, their patients.

Education doesn't happen in a vacuum, and AANA's commitment to education has been consistently excellent over the years. Thanks to Howard J. Sweeney, M.D. and Dr. Caspari, with support from the American Academy of Orthopaedic Surgeons (AAOS), the Orthopaedic Learning Center (OLC) came into being. Thousands of surgeons have benefitted from this unique institution dedicated to surgical skills training. The OLC has consistently reinvented itself as learning surgical techniques has changed over the years and will continue to do so. Thanks to Richard L. Angelo, M.D., Ph.D., proficiency-based training in surgical skills has come to the forefront and will continue to be a hallmark of the OLC as augmented and virtual reality training becomes common.

Thanks to special leadership from Richard K.N. Ryu, M.D., John M. Tokish, M.D., FAANA and Matthew T. Provencher, M.D., FAANA, an advanced arthroscopy course helping military surgeons improve surgical skills was developed. The course, developed in partnership with the Society of Military Orthopaedic Surgeons (SOMOS) and free of charge to any military surgeon, has helped improve care for military service members and their families throughout the world. Thank you, Drs. Provencher and Tokish, for your service and for allowing AANA to play a small part in helping these heroes serve our country.

Arthroscopy: The Journal of Arthroscopic and Related Surgery, founded by Dr. McGinty and initially led by S. Ward Casscells, M.D., who was succeeded by Dr. Poehling and is now under the skilled guidance of James H. Lubowitz, M.D. has grown from a few issues per year to a family of journals with an amazingly high impact factor. *Arthroscopy Techniques* has served as an outlet for making many surgical training videos available to AANA members and thereby helping patients worldwide. Thank you, Drs. Casscells, Poehling and Lubowitz, for this amazing educational tool.

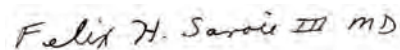
A new feature, the AANA DocMatter Community, under the supervision of Paul E. Caldwell, M.D., FAANA, has created a forum for questions, answers and consultations among AANA members. Thank you, Dr. Caldwell, for your spirited guidance over this global medical platform. Financially, thanks to Walter R. Shelton, M.D., for his brilliant innovation to establish the AANA Education Foundation. Additionally, Dr. Shelton led the initial fundraising event that has put the organization in wonderful financial shape for the future. I remember Dr. Caspari and J. Whit Ewing, M.D. having an animated discussion with Dr. Johnson about instituting a one-time member assessment to cover a financial deficit for the organization. Thanks to excellent stewardship from Dr. Shelton and Jack M. Bert, M.D., which has been

continued by their successors, those days are long past, even in COVID-19 pandemic times. Special thanks to Larry D. Field, M.D., FAANA, Brian J. Cole, M.D., M.B.A., FAANA and Mark H. Getelman, M.D., FAANA for their stewardship during the past two years of COVID-19 – amazing job, gentlemen!

I would be remiss if I didn't discuss some of the friendships that AANA has provided over the years. The Orthopaedic Research of Virginia crew, led by Drs. Caspari, Whipple and Meyers, has been invaluable as a resource for AANA. The many Arthroscopy Fellows trained by these great surgeons have been the backbone of AANA, including Dr. Caspari, Dr. Meyers, William R. Beach, M.D. and Louis F. McIntyre, M.D., FAANA, who have each served as president in various years. Similarly, the Mississippi Sports Medicine and Orthopaedic Center crew with Drs. Shelton and Field have made numerous contributions to AANA Leadership. Amazing friends and gifted surgeons like Dr. Snyder, Dr. Burkhart, James C. Esch, M.D., Brian Day, M.D., Donald H. Johnson, M.D., J.W. Thomas Byrd, M.D., Richard D. Ferkel, M.D., James H. Roth, M.D. and many more over the years have led major advances in arthroscopy.

Lastly, I have been so very fortunate to share family successes and tribulations with some very special folks. Dr. Ryu, Jeffrey S. Abrams, M.D., Nicholas A. Sgaglione, M.D. and Dr. Angelo, along with Dr. Bert, Robert T. Burks, M.D. and Dr. Tokish have been instrumental in any success I may have had in this organization.

To the 5,500-plus AANA members, thank you for your friendship; I look forward to visiting each of you over the next few years. Congratulations on 40 years, AANA!



Felix H. "Buddy" Savoie III, M.D.
AANA President, 2010-2011

Preface

The 40th Anniversary of the Arthroscopy Association of North America (AANA) is reason enough to celebrate. Over four decades, the growth of our organization, its contributions to our field of orthopaedic surgery, and, most importantly, the benefits to our patients have been extraordinary. Are we to be congratulated? In many aspects, we are. Each member's participation has enabled AANA to accomplish so very much. Though, as we reflect, is it also an opportunity for all of us to be encouraged, even inspired? With much more to accomplish in the future, we firmly believe that our past serves as a steppingstone. Reflection is an essential aspect of a maturing organization – to ensure we understand and appreciate our past and our achievements, and acknowledge those individuals who have devoted so much to our cause.

In this vein, we highlight in *AANA@40: Advancements in Education* aspects of education that AANA has created, innovated and supported with time, effort and money. The amount of time our volunteers have devoted is incalculable. The effort our members, our AANA Staff and our partners have contributed is immense. The money involved has been essential to our mission and vision – through dues to AANA, industry and partner support to our educational portfolio, the success of our family of journals and the generosity of so many to the AANA Education Foundation, among other areas of support.

The idea for this monograph was from our 40th president, Mark H. Getelman, M.D., FAANA. Thank you for the opportunity to contribute to this project. We are grateful that so many from AANA Leadership willingly contributed to the book. The list is a who's who for AANA. They include, in reverse-alphabetical order: John M. Tokish, M.D. FAANA, James W. Stone, M.D., FAANA, Walter R. Shelton, M.D., Nicholas A. Sgaglione, M.D.,

Felix H. "Buddy" Savoie III, M.D., Richard K.N. Ryu, M.D., Michael J. Rossi, M.D., M.S., John C. Richmond, M.D., Matthew T. Provencher, M.D., FAANA, Mary K. Mulcahey, M.D., FAANA, Louis F. McIntyre, M.D., FAANA, James H. Lubowitz, M.D., Mark R. Hutchinson, M.D., FAANA, Robert E. Hunter, M.D., Mark H. Getelman, M.D., FAANA, Larry D. Field, M.D., FAANA, Laura M. Downes, CAE, Julie A. Dodds, M.D., Brian J. Cole, M.D. M.B.A., FAANA, Paul E. Caldwell, M.D., FAANA, J.W. Thomas Byrd, M.D., Jefferson C. Brand, M.D., William R. Beach, M.D., Richard L. Angelo, M.D., Ph.D. and Jeffrey S. Abrams, M.D.

Many more were consulted, had their memories and recollections stirred and gave willingly to the content of this book. In the screenshots here (apropos to our pandemic times) are the key individuals who conceived and carried this book to its finished form. We are all especially thankful for the expert talents of Renee Zagozdon, our wordsmith. We appreciate the folks at Quad for their printing and publishing prowess.

The Table of Contents takes you through the topics we chose to feature. Many of the areas where AANA made strides in arthroscopy education and innovation are represented. AANA leaders and luminaries are mentioned often. We have included many images throughout the text. In addition to those with figure legends, some simply have a description and others are added from our archives, without descriptions. As Ronald M. Selby, M.D., editor for *30 Years of Excellence: The History of the Arthroscopy Association of North America*, noted, "There is some redundancy in some instances..." We have taken similar liberty. There is additional content we have placed online at aana.org/40book/appendix. This is intended to be an archive of sorts for the book, and for AANA's use related to this book. For readers who have unique content particularly relevant to the past, present or future of AANA, please let us know by emailing to 40book@aana.org.



Top row from left: Laura M. Downes, CAE, Renee M. Zagazdon and Jonathan B. Ticker, M.D., FAANA.

Middle row from left: Christine D. Nogal, M.B.A., CAE, Jessica H.J. Ryu, M.D., FAANA and Michael J. O'Brien, M.D., FAANA.

Bottom row: Mark H. Getelman, M.D., FAANA.

As we prepared for this project and contacted past leaders, James P. Tasto, M.D. stated it to us quite simply: "The organization grew out of a need to advance a new technique." Indeed, the "technique" of arthroscopy has expanded exponentially and has taken over! The advances our founders may have hoped for are now commonplace. Our patients, our communities, our association and our world have benefitted. Yet, there is more to do. The next decade will bring even more advances to arthroscopy and minimally invasive surgery. We are confident our younger and increasingly diverse membership will rise to the occasion and "bring it on." We should all take note and reconvene in a decade for the 50th Anniversary to recount what AANA has accomplished. We hope you are as excited as we are at the prospects!

Jonathan B. Ticker, M.D., FAANA
Editor

Michael J. O'Brien, M.D., FAANA
Co-Editor

Jessica H.J. Ryu, M.D., FAANA
Co-Editor

AANA Evolving

**“When you’re finished changing, you’re finished.”
- Benjamin Franklin**

BY

Larry D. Field, M.D., FAANA
and Paul E. Caldwell, M.D., FAANA

Throughout its history, the Arthroscopy Association of North America (AANA) has remained a dynamic association that strives to remain responsive to and anticipate the needs of its members. This focus requires that AANA continually adjusts its efforts and redirects its plans of action.

As AANA celebrates its 40th Anniversary, it is important to acknowledge the leaders who created and subsequently preserved this culture of adaptability. The surgeon volunteers who founded AANA possessed a certain vision and demonstrated the commitment to establish the association, and subsequently, many leaders have capably guided the organization through an ever-changing educational and business landscape.

This commemorative monograph offers the reader a chance to reflect on the many accomplishments that AANA has enjoyed over the years and provides an opportunity to recognize the skill and insight that these leaders have adeptly demonstrated throughout AANA’s history in managing the responsibilities and challenges that such an association inevitably faces. Indeed, AANA was founded on the premise



2019 AANA Annual Meeting
in Orlando, Florida. *From left:*
Larry D. Field, M.D., FAANA and
Louis F. McIntyre, M.D., FAANA.



“Organizations can only be as successful as its members are dedicated to supporting it. Commitment of such individuals is demonstrated not only by the members’ payment of dues but also through their volunteer efforts in support of the organization. That commitment of members’ time and talents is what sets some organizations such as AANA apart.”

– Larry D. Field, M.D., FAANA

of transformation, and all successful organizations must embrace positive change and adapt accordingly to prosper. AANA’s well-documented history of adopting innovative techniques and methods has secured its legacy as a respected organization committed to and on the forefront of surgeon education. The association’s perpetual evolution has positioned it to achieve even greater successes in the future. This chapter serves to highlight a few of the many changes and improvements in the last 10 years that have enabled AANA to continue to thrive.

AANA5000

In February 2018, an ambitious initiative entitled “AANA5000” was launched by Larry D. Field, M.D., FAANA with the goal of expanding AANA Membership from approximately 4,000 members to a total of 5,000 members by the end of 2020. Dr. Field’s vision included remodeling the membership process and rebranding AANA. While efforts were directed at all membership categories, Orthopaedic Residents and Fellows along with international Orthopaedic Surgeons were specifically pinpointed. The international outreach effort incorporated a multifaceted approach that involved improving marketing, updating membership criteria through changes to the AANA Bylaws and committing AANA Staff to promotional events at international courses. AANA surgeons led this initiative by serving as international course faculty and actively promoting international AANA Membership opportunities to course attendees.

AANA’s efforts to attract Orthopaedic Residents and Fellows centered around a well-designed outreach program that tasked the AANA Membership Committee to develop a proposal. With this proposal, every residency and fellowship program would be contacted and offered a partnership based on new benefits that would engage these surgeons throughout their training and for years to come.

First and foremost, the AANA Membership Committee developed a more user-friendly online application process to streamline the influx of new members. The second step involved developing a tiered membership program that targeted Resident and Fellow members to offer benefits at each stage of training, allowing new members to gradually engage in the educational and social aspects of AANA. A robust membership drive was employed to retain attendees at domestic and international meetings and AANA lab courses as well as journal authors. Lastly, the AANA Membership Committee enhanced practice management tools and entered partnerships with other companies to offer discounted resources to members and their practices. The AANA Mentorship Program was also an integral part of the process; this program allows AANA members to participate as a mentee or mentor and establish the educational camaraderie that forms the very core of AANA Membership.

Since the inception of AANA5000, AANA's total membership has grown from 3,968 members at the beginning of 2018 to 5,896 members in April of 2020 (Figure 1-1). This represents a 48% increase in the AANA Membership since the AANA5000 initiative was launched and is the largest growth that AANA has experienced in its 40-year history. The initiative was successful in recruiting AANA Resident, Fellow and International members. AANA is truly a worldwide respected organization with members represented in 81 countries across the globe.

The success of AANA5000 is due to many different individuals, including the AANA Staff and the diligent efforts of Laura M. Downes, CAE, AANA's CEO. Laura personally traveled to many of the international courses where she actively promoted AANA Membership to course participants. This exceptional growth in AANA Membership, however, could not have been possible without the innovative ideas and enthusiastic efforts of the AANA Membership

Committee chaired by Paul E. Caldwell, M.D., FAANA. Serving two terms as chair of the AANA Membership Committee permitted Dr. Caldwell to ensure that AANA5000 initiatives were carried out successfully. AANA's Vice President of Marketing and Operations Christine D. Nogal, M.B.A., CAE was instrumental in organizing and overseeing the marketing and membership efforts on a day-to-day basis to allow the entire program to succeed.

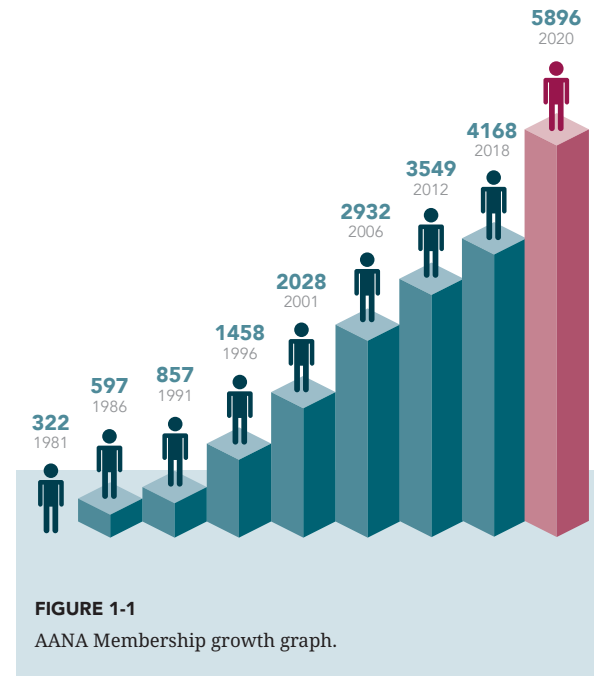




FIGURE 1-2A

Ceremonial ribbon cutting for the AANA J. Whit Ewing, M.D. Simulation Room at the Orthopaedic Learning Center. *From left:* Joseph C. Tauro, M.D., FAANA, Larry D. Field, M.D., FAANA, Keith D. Nord, M.D. and Lisé A. Puckorius, CAE. *Not pictured:* Laura M. Downes, CAE and Rick Hoedt.

ORTHOPAEDIC LEARNING CENTER ADVANCEMENTS

Beginning with AANA's inception in 1981, surgeon education has been the cornerstone of the association's focus. AANA's role, affirmed by its mission statement, is to "advance the art and science of arthroscopy and minimally invasive surgery through education, skills assessment and advocacy." The success that the association has enjoyed over the last 40 years in each of these areas is a credit to the visionary leaders who came before and to the efforts of countless surgeon volunteers since. Howard J. Sweeney, M.D. is a prime example of one of the passionate leaders of AANA that successfully directed the building of the Orthopaedic Learning Center (OLC) in Rosemont, Illinois by partnering with the American Academy of Orthopaedic Surgeons (AAOS) in 1994. The OLC was one of the first cadaver training centers in the world and has trained thousands of Orthopaedic Surgeons over the years. Given the success of the original OLC, AANA Leadership and their partnering organizations opened a new state-of-the-art surgical training facility with unmatched global capabilities in Rosemont in 2015. In 2019 alone, the new facility allowed AANA volunteer faculty to train over 500 surgeons at its exceptional lab courses, of which over 200 were Orthopaedic Residents and Fellows.

AANA is "pushing the education envelope" on other fronts at the OLC as well by developing virtual reality arthroscopic surgical simulations in a partnership with the Switzerland-based surgical simulator company, VirtaMed. AANA simulation work groups consisting of AANA Member volunteers, under the leadership of Joseph C. Tauro, M.D., FAANA, are diligently striving to develop curriculum content. These work groups have maintained an ambitious schedule to incorporate teaching and testing methodologies into these simulators to realistically reproduce surgical procedures. The VirtaMed virtual simulators are now housed in a dedicated and secure area at the new OLC in Rosemont,



FIGURE 1-2B

The AANA J. Whit Ewing, M.D.
Simulation Room at the
Orthopaedic Learning Center.



The entrance to a cadaver lab area inside the Orthopaedic Learning Center.



Faculty from the 2005 AANA Comprehensive Shoulder Masters Course at the Orthopaedic Learning Center.



From left: Robert A. Arciero, M.D., Jeffrey S. Abrams, M.D., Nicholas A. Sgaglione, M.D. and Jonathan B. Ticker, M.D., FAANA.



A closer look at the glenohumeral joint through an arthroscope.

and in October of 2019, AANA debuted the AANA J. Whit Ewing, M.D. Simulation Room with a ribbon cutting ceremony (Figures 1-2A-B). The room is named in honor of the late Dr. Ewing, a founding member of AANA, former president of AANA and a pioneer of the “hands-on” advanced skills courses that AANA offers today. This high-tech room is a welcome addition to AANA’s other innovative arthroscopic education infrastructure offerings and is equipped with eight VirtaMed ArthroS™ simulators. These simulators give users the ability to select a training module by joint and improve fine motor skills by using the simulated version of the Fundamentals of Arthroscopic Surgery Training (FAST) Program, which was developed under the leadership of Robert A. Pedowitz, M.D., Ph.D. AANA’s partnership with VirtaMed and the FAST Program are discussed in greater detail in Chapter 5: AANA and Innovation.

AANA continues to stay ahead of the curve, as the American Board of Orthopaedic Surgery now requires Orthopaedic Residents to complete surgical simulation training during their residencies. Performing simulated skills offers considerable benefit since some procedures have a steep learning curve that requires a high number of repetitions before trainees have the manual dexterity to accomplish these techniques correctly. Although simulation training is not a substitute for the apprenticeship model, simulators allow trainees to practice without any risk to a patient and will increasingly serve as an integral component of training. These simulators are being progressively integrated into all AANA lab courses and are currently available to all AANA Lab Course participants.

INNOVATION IN EDUCATION

While traditional surgeon education and training is a core priority for AANA, the association is actively involved in developing and incorporating additional training methods. These methods are designed to improve the ability to educate AANA members and Orthopaedic Surgeons

worldwide. AANA’s purpose must be to remain not only relevant but also indispensable to the surgeons in their quest to provide the best possible care for their patients. As always, innovation has been and remains a hallmark of AANA’s efforts in education. AANA is actively involved in developing groundbreaking methods for training and testing that were met with tremendous recent successes. Since many of AANA’s members have historically been pioneers in their respective subspecialty, the association has always strived to foster this innovative spirit.

One such initiative designed to support AANA members’ ideas is through the development of the AANA Innovation Exchange, born in partnership between AANA and AngelMD. The AANA Innovation Exchange provides AANA members with an opportunity to showcase and market their ideas and products, relevant to orthopaedic care and emerging technologies, to potential industry partners. The AANA Innovation Exchange is discussed at greater length in Chapter 5: AANA and Innovation.

The Copernicus Initiative, directed by Richard L. Angelo, M.D., Ph.D. and colleagues Richard K.N. Ryu, M.D., Anthony Gallagher, Ph.D., D.Sc. and Dr. Pedowitz, created a new paradigm for surgeon education and is another example of AANA’s commitment to innovative educational efforts. The original goal for this instructional technique was to develop a superior method of training and objectively evaluate surgical performance. Proficiency-based progression (PBP) training offers a superior alternative to the current “apprenticeship” teaching models that have been historically relied upon for surgical training. Dr. Angelo’s Copernicus research resulted in a published randomized, prospective, blinded study in which postgraduate year (PGY) 4 and 5 Orthopaedic Residents were assigned at random to either a traditional apprenticeship-style learning cohort or PBP training. The results of the study demonstrated the statistical superiority of PBP training,

with nearly 70% of the PBP group achieving proficiency in performing an arthroscopic Bankart procedure compared to 29% of the traditional group. The success of the Copernicus Initiative culminated in September 2019 with the first dedicated AANA PBP training course at the OLC. The course validated the results of PBP training techniques and demonstrated the superiority of this educational curriculum. The success of this PBP training, as demonstrated by the dramatic improvements in surgeons' ability to master various surgical techniques, has received much attention worldwide. The Copernicus Initiative is discussed in greater detail in Chapter 5: AANA and Innovation.

Another example highlighting AANA's focus on innovation is the development of the AANA Innovations Lecture Series in conjunction with the Specialty Day 2020 program. This new lecture series was an addition to the traditional program and is designed to highlight not only the innovative nature that many Orthopaedic Surgeons inherently possess but also the impactful contributions that certain individuals have made to arthroscopic surgery over the last 40 years. The inaugural presentation was to be delivered by Stephen S. Burkhart, M.D. Dr. Burkhart certainly embodies this innovative spirit, as his expansive research, surgical techniques, instruments and implants have resulted in numerous "paradigm shifts" in the way shoulder disorders are both conceptualized and managed. Dr. Burkhart was, unfortunately, unable to deliver his lecture due to the COVID-19 pandemic-related cancellation of the 2020 AAOS Annual Meeting. Fortunately, Dr. Burkhart did provide his presentation utilizing an AANA online platform and graciously published the manuscript of his lecture in *Arthroscopy: The Journal of Arthroscopic and Related Surgery*. The AANA Innovations Lecture Series will be an exciting edition to the annual Specialty Day program and will benefit surgeons for many years to come.

AANA'S ONLINE EDUCATIONAL OFFERINGS

Although AANA has enjoyed tremendous success in its dedicated efforts to develop and offer educational opportunities, the organization faces continued challenges in the future. Increased competition, not only from other orthopaedic subspecialty societies but also from industry partners' surgical education initiatives, creates a demanding educational landscape. Surgeons' pursuit of education has been impacted by demographics, practice profiles and administrative burdens over the last 10 years. These changes are likely to continue, or even accelerate, in the decade to come, and a simple online search of upcoming educational offerings for Orthopaedic Surgeons on MDLinx, an online source for education, lists no fewer than 158 conferences and continuing medical education courses for Orthopaedic Surgeons.

The increased competition for educational offerings has brought AANA's priorities into focus. AANA is thriving by proactively and diligently striving to develop new educational tools and offerings that will provide its members the learning experiences that they desire. The ability of AANA lab courses to adapt in order to accommodate a more individualized experience is a prime example of AANA's ability to innovate and change. AANA has also developed and championed new online educational offerings that provide global access to educational materials on multiple platforms to accommodate "around-the-clock" learning. The AANA19 All-Access Pass is another educational revolution; it allows for approximately 50 hours of recorded educational content that includes over 200 faculty presentations addressing hip, knee, shoulder, foot/ankle and wrist/elbow from the 2019 AANA Annual Meeting. State-of-the-art technology makes it easy to view meeting sessions when convenient and provides the opportunity to earn up to 48 AMA PRA Category 1 Credits™ from the comfort of one's home or office, or even while traveling. This type of innovation

**FIGURE 1-3**

Webinar Wednesdays, which launched in September 2020, is just one of many new online educational offerings.

From top: Catherine Hui, M.D. presents during the Webinar Wednesday, “Management of Multi-Ligamentous Knee Injury.”

Middle: Nikhil N. Verma, M.D., FAANA presents during the Webinar Wednesday, “Evaluation and Management of Challenging or Irreparable Rotator Cuff Tears.”

Bottom: Jeffrey R. Dugas, M.D. moderates the Webinar Wednesday, “Evaluation and Management of Throwing Shoulder and Elbow Injuries (SLAP, PASTA, UCL).”



expands opportunities for both AANA members and nonmembers worldwide. AANA’s Arthroscopy Self-Assessment Program (ASAP), which is touched on in Chapter 10: The Future of AANA, allows the learner to refine their skills and close knowledge gaps using directed and specific online content. These scored and recorded self-assessment exams allow up to 10 AMA PRA Category 1 Credits™ to be earned and count toward the Maintenance of Certification (MOC) Part II requirement. Additional AANA online educational opportunities like Course Lecture Pearls give learners the AANA “meeting experience” on their own time. Learners have the option to review key lectures from live AANA courses which provide exclusive insights into current, innovative surgical techniques while earning AMA PRA Category 1 Credits™. AANA’s recently launched and innovative online offerings have been quite successful (Figure 1-3), and utilization of AANA’s online education products has increased 275% in 2019 compared to 2018.

COLLABORATION

The relationship between AANA and its industry partners remains important for the organization to accomplish its educational mission. In 2019, AANA collaborated with the largest number of industry partners in its history, and their support has been critical to maintaining the level and quality of AANA’s educational offerings. AANA has increasingly focused on collaborations with other like-minded organizations to improve educational content, reduce the risk of redundancy and foster relationships that serve the membership with the ultimate goal of improving patient care. AANA has formally collaborated with many societies and other organizations to support education and provide additional value for members. These societies and organizations include: AAOS, the Orthopaedic Research Society (ORS), the Orthopaedic Summit and Evolving Techniques (OSET), the Society of Military Orthopaedic Surgeons (SOMOS), the American Shoulder and Elbow Surgeons (ASES), the American

Orthopaedic Society for Sports Medicine (AOSSM), the American Orthopaedic Foot & Ankle Society (AOFAS), the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS), the Foundation for Orthopaedic Research and Education (FORE), the Sociedad Latinoamericana de Artroscopia, Rodilla Y Deporte (SLARD), the International Society for Hip Arthroscopy (ISHA), the Patellofemoral Society, the Orthoregeneration Network (ON) Foundation and the Biologic Association (BA). These relationships have been both productive for AANA and well received by its members. AANA will continue to strive to cultivate these important partnership opportunities in the future.

ARTHROSCOPY JOURNAL ENHANCEMENTS

Arthroscopy has always been the crown jewel of education for AANA. The journal not only attracts new members but also supports current members by consistently providing high-quality and timely content and routinely incorporating innovative articles. *Arthroscopy* Editor-in-Chief James H. Lubowitz, M.D. and his editorial support staff continue to produce an outstanding product. Under Dr. Lubowitz's leadership, the journal has expanded and added exciting additions such as engaging podcasts and an improved social media presence. The journal now offers a peer-reviewed, online, video-based companion, *Arthroscopy Techniques*, and a newly launched *Arthroscopy, Sports Medicine, and Rehabilitation (ASMAR)* open-access journal. *Arthroscopy* is discussed in greater detail in Chapter 2: *Arthroscopy; Arthroscopy Techniques; Arthroscopy, Sports Medicine, and Rehabilitation: An Expanded Family of AANA Journals and Innovation.*

AANA BRANDING

AANA has not only revamped traditional educational offerings, but also consistently reevaluates the organization's image as perceived by members, patients and the general public. These exciting new developments in learning assist the association with



FIGURE 1-4

AANA's transformation to its recently launched brand and tagline.

continually maintaining its position as the premier leader in arthroscopic education. AANA completed an institutional evaluation in 2019 to better understand how the mission statement and goals were interpreted by members, stakeholders and the health care community. This effort was met with great success and resulted in enhancements to AANA's current marketing, messaging and branding platform. AANA also enlisted the assistance of a professional consultant, coupled with strategic planning sessions with members and industry partners, to launch a new branding platform in 2020 which resulted in a refreshed logo and a tagline that more accurately reflects AANA's future mission and goals (Figure 1-4). Considering AANA's recent growth and development, coupled with the implementation of the new and exciting educational opportunities and planned initiatives, AANA is truly *Advancing the Scope™*.

ADVOCACY

The word "advocacy" is integrated within AANA's mission statement and is a core component of AANA's commitment to its members and to the entire orthopaedic community. Advocacy is essential to promote relevant diagnostic and treatment procedures, advance reasonable reimbursement policies and protect against unfair regulatory requirements. AANA has consistently remained at the forefront of advocacy, and its recent efforts have significantly impacted clinical practice guidelines, appropriate use criteria, coding and reimbursement and, most importantly, access to patient care. AANA's advocacy efforts have been historically supported by AANA Past Presidents Louis F. McIntyre, M.D., FAANA and William R. Beach, M.D. as well as, more recently, under the leadership of AANA's Advocacy Committee Chair Eric C. Stiefel, M.D. By joining forces with AAOS, the AANA Health Policy Committee (now the AANA Advocacy Committee) had a momentous victory by overturning the government's "shoulder as one anatomic site" policy that would have



Faculty from the symposium, "Staying Out of Trouble and Handling Complications in Shoulder Surgery" at the AOSSM-AANA Combined 2021 Annual Meeting in Nashville, Tennessee. *From left:* Mark H. Getelman, M.D., FAANA, Patrick St. Pierre, M.D., Augustus D. Mazzocca, M.D., M.S., Craig R. Bottoni, M.D., Jonathan B. Ticker, M.D., FAANA, Frank A. Cordasco, M.D., M.S., Jan Fronek, M.D. and John D. Kelly IV, M.D., FAANA.



FIGURE 1-5

Master instructor volunteers at a 2019 AANA Lab Course on shoulder and elbow conditions.

From left: Larry D. Field, M.D., FAANA, Felix H. “Buddy” Savoie III, M.D. and Paul E. Caldwell, M.D., FAANA.

“... 1,000 AANA members donated over 25,000 hours without reimbursement in 2020 ...”

potentially resulted in insurance company denials for traditional reimbursed procedures. This is just one of the many examples of how AANA's advocacy efforts strengthen and improve Orthopaedic Surgeons' ability to care for their patients and be fairly compensated for their dedication and efforts. AANA's various advocacy efforts are expanded upon in Chapter 6: Leadership: AANA Luminaries, Advocacy and the AANA Traveling Fellowship.

AANA'S SURGEON VOLUNTEERS

The commitment and dedication of AANA's surgeon volunteers is the foundation upon which the organization is built. These volunteers make extraordinary efforts to give their time, share their experience and serve others all while maintaining a busy practice. Much of this volunteer effort is accomplished within the less-than-glamorous committee structure that is critical to support AANA's initiatives and educational offerings, which include didactic and cadaver lab courses as well as online learning. Members make tremendous sacrifices with time away from their clinical practices and families, which demonstrates the commitment and culture of volunteerism that represents the key to AANA's success.

The AANA Staff performed an analysis of members' time commitment to the association and determined that 1,000 AANA members donated over 25,000 hours without reimbursement in 2020 alone. This level of commitment and effort is not only inspiring but also critical to AANA's previous and future success. AANA members' contributions have enabled the organization to become a worldwide leader in surgical training, and the organization's commitment will allow it to advance these educational priorities into the future (Figure 1-5).

The member volunteer efforts extend beyond their time and energy as many generously support the organization through personal financial contributions beyond their annual dues requirement. AANA's



FIGURE 1-6

Members of the Richard B. Caspari Society at the 2019 AANA Annual Meeting in Orlando, Florida.

fundraising and development arm has designated specific classifications designed to recognize and encourage individual giving such as the Robert W. Jackson Society and the Richard B. Caspari Society (Figure 1-6). Due to efforts by AANA leaders such as Mark H. Getelman, M.D., FAANA and Dr. McIntyre, individual philanthropy has seen substantial growth in recent years. Donations from AANA members for support of educational initiatives has grown from \$24,665 in 2016 to \$582,208 in 2019, which represents a 2,360% increase in giving. This financial support from AANA members signifies their commitment to the organization and the value of being a lifelong AANA Member. For those AANA members who have unselfishly donated their time, expertise and financial resources in support of the association and its mission, AANA is sincerely grateful.

SUMMARY

Over the past 40 years, AANA has remained focused on providing the highest quality educational experience for its members. The ability to continually enhance educational content has required AANA to advance

and expand the scope of its efforts to not only remain relevant but also indispensable to arthroscopic surgeons worldwide. This chapter highlights many of the initiatives that demonstrate AANA's commitment to surgeon education. These programs could not exist without the commitment of its volunteer members. AANA has experienced many notable advancements in conjunction with its excellent in-person lab courses and through its effective and exciting online educational formats. Over the next 40 years, the organization must remain nimble to navigate the ever-changing landscape of education and health care, but the focus will remain on meeting the educational needs of its over 5,500 members worldwide. AANA is indeed evolving!

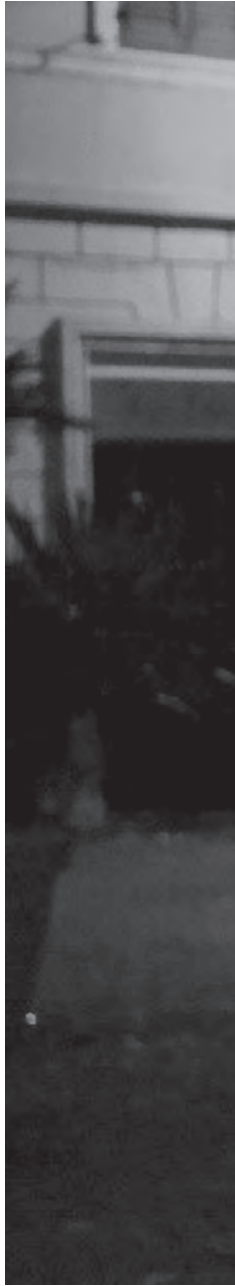
*Arthroscopy;
Arthroscopy Techniques;
Arthroscopy, Sports Medicine,
and Rehabilitation:
An Expanded Family of
AANA Journals and Innovation*

BY

Jefferson C. Brand, M.D.,
James H. Lubowitz, M.D. and
Michael J. Rossi, M.D., M.S.

INTRODUCTION

In 1981, a small group of innovative medical disrupters felt ridiculed by many in their own field due to their embrace of a disruptive technology with applications throughout the body – the arthroscope. To be clear, this disruptive technology superseded older methodology on account of benefits that were immediately obvious to these early adopters.¹ To collectively advance their interests in North America, they launched a startup association. The association grew from only a few members; emboldened by peer interest and the need for a forum to share their members' successes (and failures), they created a sense of community. Led by Robert W. Metcalf, M.D.,² the founders of AANA in 1985 incubated another



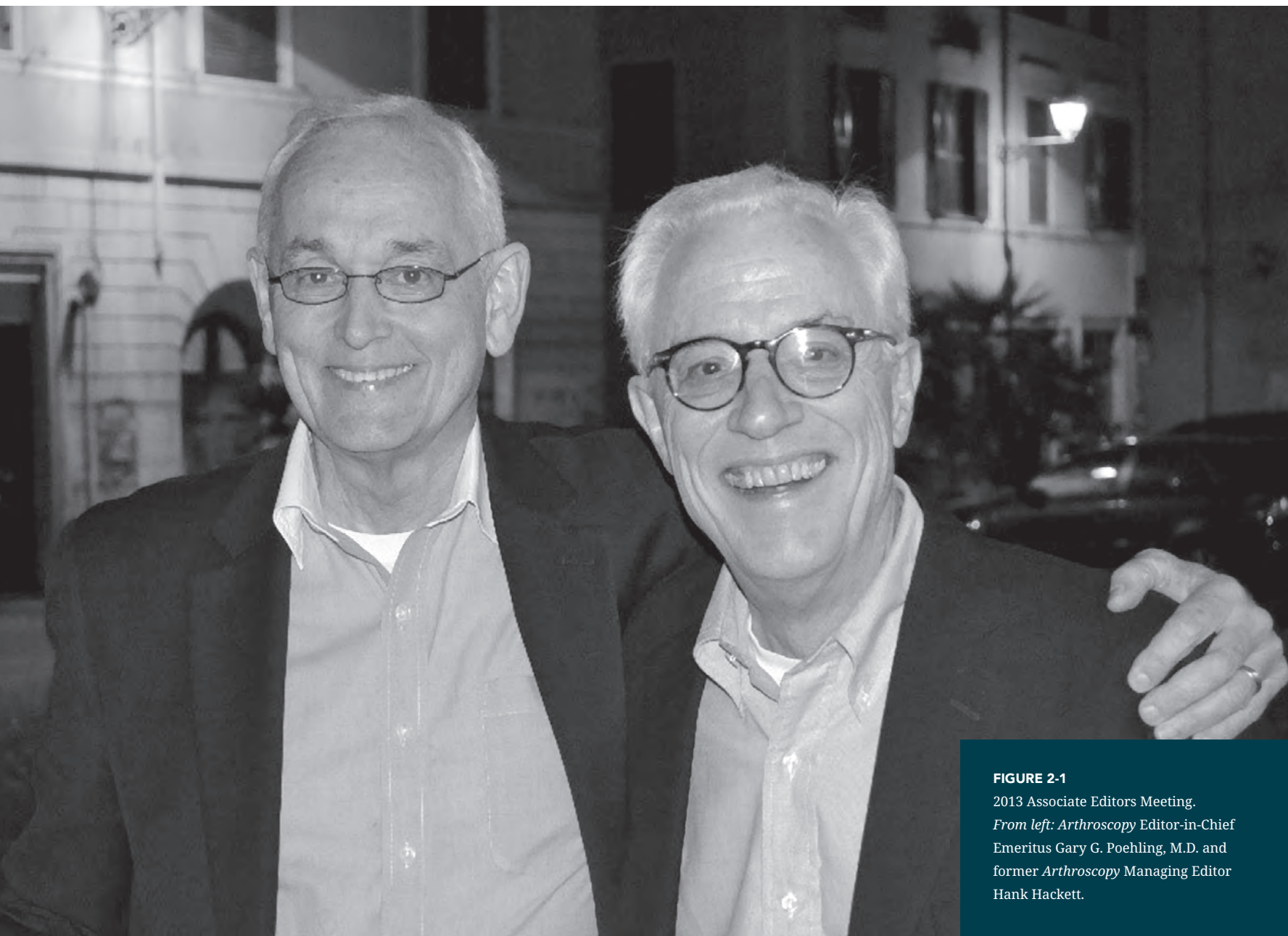


FIGURE 2-1

2013 Associate Editors Meeting.
From left: Arthroscopy Editor-in-Chief Emeritus Gary G. Poehling, M.D. and former Arthroscopy Managing Editor Hank Hackett.



FIGURE 2-2

2010 Associate Editors Meeting, editors and staff.

Back row from left to right: Wolf Peterson, M.D., Ph.D., Michael J. Rossi, M.D., M.S., Ralph B. D'Agostino Jr., Ph.D., statistical associate editor, Merrick J. Wetzler, M.D., FAANA, G. Klaud Miller, M.D., Matthew T. Provencher, M.D., FAANA, Jae Chul Yoo, M.D., Gary G. Poehling, M.D., Jefferson C. Brand, M.D., Vipool K. Goradia, M.D., Giuseppe Milano, M.D. and Anastasios D. Georgoulis, M.D., Ph.D.

Front row from left to right: James H. Lubowitz, M.D., Shinichi Yoshiya, M.D., Kenneth M. Oates, M.D. and John C. Richmond, M.D.



FIGURE 2-3

2011 Associate Editors Meeting, editors and staff.

Back row from left to right: Wolf Peterson, M.D., Ph.D., Jüri Toomas Kartus, M.D., Ph.D., Hank Hackett, Thore Zantop, M.D., Ph.D., Anastasios D. Georgoulis, M.D., Ph.D., Matthew T. Provencher, M.D., FAANA, Gary G. Poehling, M.D., Vipool K. Goradia, M.D., Michael J. Rossi, M.D., M.S., G. Klaud Miller, M.D., Jae Chul Yoo, M.D. and Jefferson C. Brand, M.D.

Front row from left to right: James H. Lubowitz, M.D., Giuseppe Milano, M.D., Deborah VanNoy, Shinichi Yoshiya, M.D., Merrick J. Wetzler, M.D., FAANA and Ralph B. D'Agostino Jr., Ph.D., statistical associate editor.

startup, *Arthroscopy: The Journal of Arthroscopic and Related Surgery*, directed by Editor-in-Chief S. Ward Casscells, M.D.

In its first year, the “green journal” published four issues. As later described by Editor-in-Chief Emeritus Gary G. Poehling, M.D. in the history of the first 25 years of *Arthroscopy*, the future looked bleak. Dr. Casscells gathered the editorial board and said “...we have covered the area of chondromalacia of the knee, arthritis of the knee, loose bodies of the knee, medial and lateral meniscectomy and patellar instability.” He assumed the journal had covered all of the topics that were available, and unless the people in that room were to write some articles, there would be nothing left on which to publish.² Fortunately, the arthroscope proved suitable to the shoulder, elbow, wrist, hip and foot/ankle. In 2020,

Arthroscopy received over 2,000 submissions, up from 1,000 10 years before.

When Dr. Casscells stepped down, John B. McGinty, M.D., chair of *Arthroscopy's* Journal Board of Trustees, encouraged Dr. Poehling, (Figure 2-1), a member of the first editorial board,² to become editor-in-chief. It proved a good decision. Much of the story of *Arthroscopy* is the story of Dr. Poehling. All of the attributes required to shepherd *Arthroscopy* to success, Dr. Poehling possessed in abundance.³

Dr. Poehling quickly surrounded himself with those who would ensure *Arthroscopy's* success. The list of former associate editors (AEs) is a “who’s who” of arthroscopy and sports medicine. These editors guided the fledgling startup journal. The first AEs were John P. Fulkerson, M.D., Peter Jokl, M.D. (later editor-in-chief of the *Journal*

TABLE 2-1

Senior Editors of *Arthroscopy*.

SENIOR EDITORS

S. Ward Casscells, M.D.	'85-'90 EIC
Gary G. Poehling, M.D.	'88-'90 AE / '91-'14 EIC
James H. Lubowitz, M.D.	'02-'06 AE / '07-'13 AEIC / '14- EIC
Matthew T. Provencher, M.D., FAANA	'08-'10 AE / '11-'13 DE / '14-'17 AEIC
Michael J. Rossi, M.D., M.S.	'09-'13 AE / '14-'15 DE / '16- AEIC
Jefferson C. Brand, M.D.	'10-'14 AE / '14-'17 DE / '18- AEIC



Senior editors for *Arthroscopy*.

From left: Michael J. Rossi, M.D., M.S., Matthew T. Provencher, M.D., FAANA and James H. Lubowitz, M.D.



Arthroscopy Editors Emeritus.

From left: Vipool K. Goradia, M.D., Matthew T. Provencher, M.D., FAANA and Merrick J. Wetzler, M.D., FAANA.

TABLE 2-2

Associate and Specialized Editors of *Arthroscopy*.

ASSOCIATE EDITORS

Craig D. Morgan, M.D.	'92-'97
John P. Fulkerson, M.D.	'92-'98
Peter Jokl, M.D.	'92-'99
Brian Day, M.D.	'94-'00
F. Alan Barber, M.D.	'96-'01
J.W. Thomas Byrd, M.D.	'98-'02
Ronald L. Clark, M.D.	'99-'03
Gregory C. Fanelli, M.D.	'00-'04
Dieter Kohn, M.D.	'00-'05
Donald H. Johnson, M.D.	'01-'03
Ronald M. Selby, M.D.	'03-'07
Peter R. Kurzweil, M.D.	'04-'08
Jon Karlsson, M.D.	'04-'08
Robert A. Arciero, M.D.	'05
Matthew J. Matava, M.D.	'06-'10
Kenneth M. Oates, M.D.	'06-'10
John C. Richmond, M.D.	'06-'10
Andreas Weiler, M.D.	'06-'08
Anastasios D. Georgoulis, M.D., Ph.D.	'07-'11
Ralph B. D'Agostino Jr., Ph.D., Statistics	'08-'17
G. Klaud Miller, M.D.	'08-'13
Wolf Peterson, M.D., Ph.D.	'09-'13
Vipool K. Goradia, M.D.	'10-'14
Jae Chul Yoo, M.D.	'10-'14
Merrick J. Wetzler, M.D., FAANA	'11-'17
Giuseppe Milano, M.D.	'11-'17
Shinichi Yoshiya, M.D.	'11-'17
Jüri Toomas Kartus, M.D., Ph.D.	'11-'20
Thore Zantop, M.D., Ph.D.	'11-'14
Nikhil N. Verma, M.D., FAANA	'12-'16
J. Martin Leland III, M.D., Technology	'12-'19

Michael D. Feldman, M.D.	'14-
Arpad Konyves, M.D., F.R.C.S. (Edin)	'14-'18
Darius Moezzi, M.D.	'14-'19
Hiroshi Ohuchi, M.D.	'14-'15
Aman Dhawan, M.D.	'15-
Erik Hohmann, M.D., Ph.D., F.R.C.S.	'15-
Timothy J. Hunt, M.D.	'15-'17
Joshua D. Harris, M.D.	'16-'20
Mark P. Cote, P.T., D.P.T., M.S.C.T.R., Statistics	'16-
Nam-Hong Choi, M.D.	'18-
Nikolaos K. Paschos, M.D., Ph.D.	'18-
Mark G. Siegel, M.D.	'18-
Brian R. Waterman, M.D., FAANA	'18-
Timothy Jackson, M.D.	'19-
Daniel J. Solomon, M.D.	'19-
Elizabeth Matzkin, M.D.	'20-
Andrew J. Sheean, M.D.	'20-
Clayton W. Nuelle, M.D., FAANA, <i>Arthroscopy Techniques</i>	'20-
Christopher T.J. Servant, B.Sc. (Hons), M.B.B.S., F.R.C.S. (Tr&Orth)	'21-

SPECIALIZED EDITORS

Jorge A. Chahla, M.D., Ph.D.	'19-'20
Infographics	
J. Martin Leland III, M.D.	'19-
Podcasts	
Christopher J. Tucker, M.D.	'19-
Podcasts	
Robert U. Hartzler, M.D., M.S.	'19-
Social Media	
Andrew G. Geeslin, M.D.	'21-
Infographics	
Niraj V. Kalore, M.D.	'21-
Visual Abstracts	



FIGURE 2-4

2013 Associate Editors Meeting, editors and staff.

Back row from left to right: Ralph B. D'Agostino Jr., Ph.D., statistical associate editor, Vipool K. Goradia, M.D., Giuseppe Milano, M.D., J. Martin Leland III, M.D., Jüri Toomas Kartus, M.D., Ph.D., Nikhil N. Verma, M.D., FAANA, G. Klaud Miller, M.D., Thore Zantop, M.D., Ph.D., Jae Chul Yoo, M.D., Merrick J. Wetzler, M.D., FAANA, Darius Moezzi, M.D. and Jefferson C. Brand, M.D.

Front row from left to right: Arpad Konyves, M.D., F.R.C.S. (Edin), Hank Hackett, Deborah VanNoy, Michael J. Rossi, M.D., M.S., James H. Lubowitz, M.D., Gary G. Poehling, M.D., Matthew T. Provencher, M.D., FAANA, Shinichi Yoshiya, M.D. and Hiroshi Ohuchi, M.D.

of the American Academy of Orthopaedic Surgeons) and Craig D. Morgan, M.D. In 1994, Brian Day, M.D. from Canada became the fourth AE, and was later president of AANA in 2003. All of the past and current AEs (and specialized editors) are listed in Tables 2-1 and 2-2. Photographs from past AE meetings include many of the recent AEs (Figures 2-2 - 2-5).

Among the many eminent AEs was James H. Lubowitz, M.D. (Figure 2-6). He became a reviewer after the inaugural *Arthroscopy* Journal Reviewers Course at the 1997 AANA Annual Meeting.³ He rapidly advanced, becoming an editorial board member in 2000, an AE in 2002 and the first assistant editor-in-chief in 2006 before becoming the journal's third editor-in-chief in 2014.³ Matthew T. Provencher, M.D., FAANA, who started as a reviewer in 2004, then transitioned to an AE in 2007 and was then promoted to deputy editor (DE) in 2010, assisted with the rapidly increasing submission volume. When Dr. Lubowitz was promoted to editor-in-chief,

Dr. Provencher became *Arthroscopy's* second assistant editor-in-chief.⁴

As is AANA, *Arthroscopy* is a meritocracy. One's aptitude and attitude determine one's altitude. As Dr. Poehling elucidated in the history of the first 25 years of *Arthroscopy*,² "The philosophy that we adopted early in our program with the associate editors is that we would take the best reviewers, and these certainly were volunteers, and they would be invited to join the editorial board, then the ones who showed great interest and continued to do excellent work on the editorial board would then be promoted to associate editor." Just as Drs. Lubowitz and Provencher started as reviewers, so did all the current AEs and the two current Assistant Editors-in-Chief Jefferson C. Brand, M.D. (Figure 2-7) and Michael J. Rossi, M.D., M.S. (Figure 2-8), both of whom channeled through consecutive terms as AE and DE. In 2020, Elizabeth Matzkin, M.D., became the first female AE, a long overdue milestone.⁵



FIGURE 2-5

2018 Associate Editors Meeting, editors and staff.

Back row from left to right:

Aman Dhawan, M.D., Joshua D. Harris, M.D., Mark P. Cote, PT, D.P.T., M.S.C.T.R., statistical associate editor, Jüri Toomas Kartus, M.D., Ph.D., James H. Lubowitz, M.D., Michael D. Feldman, M.D., Nikolaos K. Paschos, M.D., Ph.D. and Jefferson C. Brand, M.D.

Front row from left to right:

Nam-Hong Choi, M.D., Deborah VanNoy, Michael J. Rossi, M.D., M.S., J. Martin Leland III, M.D., Darius Moezzi, M.D. and Arpad Konyves, M.D., F.R.C.S. (Edin).

TABLE 2-3

Chairs of the *Arthroscopy* Journal Board of Trustees.

CHAIR

John B. McGinty, M.D.	'85-'95
Richard B. Caspari, M.D.	'95-'98
Jerome E. Jennings, M.D.	'98-'05
Leslie S. Matthews, M.D.	'06-'10
Walter R. Shelton, M.D.	'10-'14
Richard K.N. Ryu, M.D.	'14-'18
Nicholas A. Sgaglione, M.D.	'18-'22



Arthroscopy Editor-in-Chief James H. Lubowitz, M.D. (left) alongside AANA Immediate Past President Brian J. Cole, M.D., M.B.A., FAANA on the slopes.

COLLABORATION

Arthroscopy has very much been a collaborative venture. The *Arthroscopy* Journal Board of Trustees, led by their chair, provides critical guidance, assistance and oversight. Nicholas A. Sgaglione, M.D. served the *Arthroscopy* Journal Board of Trustees as chair from 2018-2022. Table 2-3 lists those who have served as chair over the years.

Arthroscopy's relationship with its long-time publisher, Elsevier, has been another positive example of the synergy available through collaboration. Elsevier has been supportive of the recent development and expansion of a family of affiliated journals, *Arthroscopy Techniques* and *Arthroscopy, Sports Medicine, and Rehabilitation (ASMAR)*, and provided sage advice throughout.

RESEARCH QUALITY

Publishing high-quality research results in a journal that engages readers to improve patient care. With this insight, the editors of *Arthroscopy* launched several initiatives to educate themselves, authors and readers to improve the scientific quality of the submissions. A recent series of research pearls, editorials and editorial commentaries clarified challenging and controversial topics, which can be found in Chapter 2, Appendix 1. Many of these have been highly cited and downloaded. Dr. Rossi spearheaded the creation of checklists and templates to guide authors and reviewers of both original scientific articles and systematic reviews/meta-analyses. These are among the many collections to be found on *Arthroscopy's* website.⁶⁻⁹

Peer reviewers are the lifeblood of *Arthroscopy*. Every day they work to improve and clarify submitted research. Every editorial board member, AE, assistant editor(s)-in-chief, the current editor-in-chief and Dr. Poehling started as a reviewer. Although the review process can be time-consuming and labor intensive,



FIGURE 2-6
Arthroscopy
Editor-in-Chief
James H. Lubowitz, M.D.



FIGURE 2-7
Arthroscopy
Assistant Editor-in-Chief
Jefferson C. Brand, M.D.



FIGURE 2-8
Arthroscopy
Assistant Editor-in-Chief
Michael J. Rossi, M.D., M.S.



FIGURE 2-9
Arthroscopy
Managing Editor
Deborah VanNoy.

Arthroscopy boasts a rapid “time to first decision.”¹⁰ *Arthroscopy* aspires to provide authors, reviewers and editors the tools to be successful, all with the mutual goal of improving research and its presentation to readers. The aforementioned research pearls, editorials and selected editorial commentaries are available in the “Collections” section of the *Arthroscopy* website. Every year at the AANA Annual Meeting, *Arthroscopy* hosts the “Journal Review Course” for reviewers, authors and potential reviewers. The editors are focused on individualized feedback to the reviewers as inspiration for a sometimes-solitary endeavor. *Arthroscopy* always welcomes new reviewers.

High-quality submissions are also encouraged through annual awards. *Arthroscopy*’s best published research receives an honorarium and “everlasting glory” in six award categories: Clinical Research Excellence, Basic Science Research Excellence, Resident/Fellow Research Excellence, Systematic Review/Meta-Analysis Research Excellence, Most Downloaded Publication and Most Cited Publication. Recent award-winning publications are included in Chapter 2, Appendix 2. Research Award Committee members for 2020 included AEs Joshua D. Harris, M.D. and Nikolaos K. Paschos, M.D., Ph.D., along with Statistical AE Mark Cote, P.T., D.P.T., M.S.C.T.R., and Assistant Editor-in-Chief Dr. Brand.

In 2015, *Arthroscopy* reintroduced editorial commentaries.¹¹ These commentaries are meant to be educational by using the Socratic method as a “check and balance” of the veracity of the subject investigation. Editorial commentaries describe flaws and point to further investigations, thereby stimulating better research. Most importantly, the commentaries can be thought-provoking in the same light of our forbearer disruptors and early adaptors.¹²

From the beginning, the editorial staff continuity has been vital to the accuracy, efficiency and productivity



2021 Arthroscopy Editors Meeting.

Back row from left: Michael D. Feldman, M.D., Nikolaos K. Paschos, M.D., Ph.D., Deborah VanNoy, Nam-Hong Choi, M.D., Jefferson C. Brand, M.D., Gary G. Poehling, M.D., James H. Lubowitz, M.D., Michael J. Rossi, M.D., M.S., Erik Hohmann, M.D., Ph.D., F.R.C.S., Timothy J. Jackson, M.D. and Elizabeth Matzkin, M.D.

Front row from left: Brian R. Waterman, M.D., FAANA, Daniel J. Solomon, M.D., Mark P. Cote, PT., D.P.T., M.S.C.T.R., Joshua D. Harris, M.D., Aman Dhawan, M.D., Andrew J. Sheean, M.D., Clayton W. Nuelle, M.D., FAANA and Mark G. Siegel, M.D.



*Former Arthroscopy editors.
From left: F. Alan Barber, M.D.,
Gary G. Poehling, M.D.
and Peter Jokl, M.D.*

of *Arthroscopy*. Anne Farley started in 1985 as the assistant to Dr. Casscells and became managing editor when Dr. Poehling became editor-in-chief. Anne Stewart Skulskie assumed the managing editor position in 1992. Later, on Anne's retirement, Charles Jenkins was hired as managing editor in 2004. Due to the increased number of submissions, Hank Hackett (Figure 2-1) joined *Arthroscopy* in 2006 as deputy managing editor and became managing editor in 2008 until his retirement in 2015. Hank had worked as the production editor for *Arthroscopy* since 1995 at W.B. Saunders (later acquired by Elsevier). The current managing editor, Deborah VanNoy (Figure 2-9), started as an editorial assistant in 2001, became assistant managing editor in 2016 and then stepped into the managing editor role in 2019.¹³ Kristina O'Neil and Kendra Clayton assist Deborah. Hank, even after his retirement, edits and assists with revisions. Kristi Overgaard edits revised manuscripts for both *Arthroscopy* and *ASMAR*. As the number of manuscripts increased, *Arthroscopy* and AANA retained the Kaufman Wills Fusting (KWF) group for additional editorial services.

As a result of these many quality-improving measures over the years, *Arthroscopy* is one of the most highly cited journals in sports medicine and orthopaedics as measured by its impact factor, and the No. 1 ranked orthopaedic surgical subspecialty journal. It ranks highest in orthopaedics in immediacy index, or the number of citations within a year of manuscript publication – evidence of *Arthroscopy's* relevance to its readers and their subsequent patient care.

JOURNAL EXPANSION

Arthroscopy's first affiliated online companion, *Arthroscopy Techniques*, launched in 2012 to further fulfill the mission of *Arthroscopy*: to be the world's most authoritative and most current source of peer-reviewed clinical and basic science information regarding arthroscopic and related surgery. In fact,

Arthroscopy Techniques may be as close to the core mission of *Arthroscopy* as possible. What is more perfect for a visual specialty such as arthroscopy than an online video companion? To top it off, *Arthroscopy Techniques* is peer-reviewed, making it a standout. "ATech," as some call it, is open access – freely available to anyone with a digital connection, without a subscription. It promotes the spirit of innovation that created the arthroscope and fostered its growth. As technical notes were less and less frequently published in the main journal,¹⁴ authors could (and can to this day) publish less commonly performed procedures, fulfilling the early adaptor role. Specifically, in the words of *Arthroscopy's* editor-in-chief... "*Arthroscopy Techniques* combines precise text, clear figures and educational videos in a multimedia format designed to introduce surgical modifications in a manner whereby they may be thoroughly and critically evaluated by readers..."¹⁵ Dr. Provencher and J. Martin Leland III, M.D., together with Dr. Lubowitz, reviewed the video submissions and the accompanying manuscripts. Their expertise, perspective and diligence ensured a successful start for the peer-reviewed online video journal – one of, if not the first, of its kind.¹⁶ Clayton W. Nuelle, M.D., FAANA, AE for *Arthroscopy Techniques*, transitioned into the role of reviewing the video submissions with Dr. Lubowitz, reviewing the accompanying manuscripts. Since 2013, *Arthroscopy Techniques* (www.arthroscopytechniques.org) has been listed on PubMed Central as "Arthrosc Tech" and its content is searchable on PubMed.¹⁷ In 2019, a YouTube channel (*Arthroscopy Techniques*) was established and includes all the ATech videos.

Also in 2019, the newest journal *ASMAR* made its debut. Like *Arthroscopy Techniques*, it is open access with content free to readers, whereas *Arthroscopy* is subscription-based with most content behind a "paywall." Open access has several advantages over a subscription-based model, and researchers are not limited to read those journals that they may have to pay

to access. In fact, some funding agencies require open access for those investigations that are grant supported. Article Processing Charges (APCs) for accepted submissions to *Arthroscopy Techniques* support open-access publishing.¹⁸

Arthroscopy began as a “technique” journal. However, high-quality research submissions have dramatically increased and not all of these quality submissions fit, either by volume or content, in *Arthroscopy*.¹⁹ *ASMAR* is a forum for broader content and a broader audience.²⁰ The new online journal has been very successful, with a tenfold increase in the number of viewed articles since its inception. Elsevier and AANA, through the *Arthroscopy* Journal Board of Trustees, have supported and guided *Arthroscopy* to gain a broader readership through *Arthroscopy Techniques* and *ASMAR*.

INNOVATION

In the last few years, in addition to the introduction or reintroduction of two new journals, a YouTube channel, editorial commentary and research awards, the journal has introduced infographics, visual abstracts, a large social media presence (including Facebook, LinkedIn, Instagram and Twitter in addition to YouTube), podcasts and even the occasional crossword puzzle!

Jorge A. Chahla, M.D., Ph.D., *Arthroscopy*'s first infographics editor, with Dr. Lubowitz, initiated infographics¹⁹ with images and data visualizations that present research in an engaging manner²¹ that is ideal for social media. Andrew G. Geeslin, M.D., the current infographics editor, now manages the expanding program. Niraj V. Kalore, M.D., visual abstracts editor, and Dr. Lubowitz together edit the visual abstracts that visually summarize an investigation similar to a text abstract. Both the infographics and the visual abstracts are available in the printed and online version of *Arthroscopy*. Thanks to *Arthroscopy*'s first Social Media Task Force leader, Dr. Leland, the journal now has a

formal social media board chaired by Robert U. Hartzler, M.D., M.S., and makes a robust online imprint with daily posts to Twitter (@ArthroscopyJ), Facebook (@arthroscopyjournal),²² Instagram (@arthroscopyj_atech_asmar) and LinkedIn (Arthroscopy Journal). *Arthroscopy* Journal Podcasts were initiated in 2019 by Podcast Editors Christopher J. Tucker, M.D. and Dr. Leland, who also served as the first technology AE.¹⁹ *Arthroscopy* Journal Podcasts have enjoyed numerous milestones, including a rapid growth in the number of downloads. The “podcasters” completed their 100th episode in February 2021. The podcasts now have listeners in 13 countries including China. Finally, Derek H. Ochiai, M.D., contributes a well-received, year-end crossword puzzle when the inspiration strikes.

CONCLUSION

Despite all the change described, the core values of *Arthroscopy* remain. As Dr. Poehling wrote 10 years ago in the history of the first 25 years of *Arthroscopy* (and continues to be truer today than ever), “The future of the *Arthroscopy* journal is bright, and with the collaboration of our editors, authors and our publisher, I look for publication of the highest quality science with continued international expansion and increasing impact.”²

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The AANA Education Foundation: The Power of Philanthropy

BY

Nicholas A. Sgaglione, M.D. and
Walter R. Shelton, M.D.

INTRODUCTION

The history of the Arthroscopy Association of North America (AANA) is richly woven with innovation, scholarly pursuits, education and altruism. Several AANA leaders have forged the path to develop one of the largest and most successful orthopaedic surgical associations in the world. AANA's vision is to serve as the global leader in arthroscopy by advancing minimally invasive surgical education, advocacy and skills assessment to improve patient care. Most would agree that the hallmark and spirit of AANA is to accomplish its goals in a most welcoming, inclusive and collegial manner.

To effectively carry out the mission of AANA and to translate its vision to reality, its leadership recognized and embraced the power of philanthropy. The explosion of arthroscopic and minimally invasive devices and techniques during the 1980s and 1990s paralleled the rapid progress associated with successful treatments of musculoskeletal injuries and pathology. Numerous orthopaedic medical device companies were introducing novel technologies that early adopter orthopaedists and their patients demanded. Many of those pioneering clinicians were thought leaders, and they worked closely



The AANA Education Foundation Donor Reception at the 2017 AANA Annual Meeting in Denver, Colorado. From left: C. Thomas Vangsness, M.D., James C. Esch, M.D., Patty Esch and Joanne Halbrecht, M.D.

“No Money,
No Mission.”

– Louis F. McIntyre, M.D., FAANA

“We make a living
by what we get;
we make a life
by what we give.”

– Sir Winston Churchill

in partnership with many of the industry design and development teams interested in advancing arthroscopy. The times were indeed exciting and rapidly changing. There was a constant thirst for learning the newest cutting-edge techniques to achieve the best outcomes, and AANA was regularly delivering at the podium and in the cadaver labs. Although many of the AANA Committee members, faculty and board “volunteers” uniquely contributed to the intellectual and academic firepower at no charge, the traditional fiscal structure of using meeting registration fees to cover the costs of high-quality educational events did not suffice to support the goals of innovative meetings and dedicated surgical laboratory courses.

THE POWER OF PHILANTHROPY: THE ORTHOPAEDIC LEARNING CENTER AND HISTORICAL AANA FUNDRAISING CAMPAIGNS

Initial AANA leaders recognized that arthroscopic and minimally invasive surgical techniques were the future. As a result, the early adopters passionately organized many educational courses in the face of criticism from the orthopaedic “academic” establishment. From its inception, AANA was dedicated to developing a new paradigm and astutely realized that collegial teaching and education were essential to promote these novel and innovative approaches. AANA convened numerous meeting events dedicated to new arthroscopy techniques and served to expand the organizational ranks by creating a “buzz” about the “game changing” surgical approach. Several early adopters, many of whom were in private practice and not associated with traditional academic centers, served as influencers. Leaders such as Robert W. Metcalf, M.D., M. Mike Malek, M.D. and Norman F. Sprague III, M.D. organized educational meetings devoted to the new arthroscopic skills and technologies. It soon became evident to AANA Leadership that a national learning center would need to be developed. The American Academy of Orthopaedic

**FIGURE 3-1**

The AANA Education Foundation “founding fathers” attend an event.

From left: J. Whit Ewing, M.D. and Nicholas A. Sgagliione, M.D.

Surgeons (AAOS) leaders had discussed this for years but consensus, funding and the risk of failure had always been a deterrent. Strong AANA proponents and the iconic visionaries of the time including Howard J. Sweeney, M.D., Richard B. Caspari, M.D. and J. Whit Ewing, M.D. (Figure 3-1) decided to press on with or without collaboration from AAOS. This course of action was a huge leap of faith since AANA was now prepared to “go it alone.” The ongoing efforts of many without established institutional backing prompted the realization that the power of philanthropy and fundraising would be crucial to AANA’s educational mission.

Early AANA leaders, design visionaries and corporate industry partners shared a unique alignment of goals, including education, the facilitation of technique skills and the broadening of innovation related to popular arthroscopic approaches that help treat musculoskeletal injuries. Relationships flourished as innovative devices were developed, which served as the substrate for advancing the mission and partnership dedicated

to education and skills training. These friendships and relationships served to fuel collaboration and the excitement that drove the evolution of arthroscopic technology.

As AANA Annual Meeting attendance increased and the organization began to grow in breadth with the emphasis on hands-on learning, it became apparent that convenient access to an established cadaveric laboratory would be essential. Thus, an extraordinary effort began to create a world-class cadaveric lab devoted to in-person surgical skills courses. Site selection was narrowed to Rosemont, Illinois because of its central and accessible location. In the fall of 1990, Dr. Sweeney was directed to develop an operating plan for the new venture, which he presented in December of that year. The projections called for a first-year deficit amounting to half of AANA’s total assets at the time, yet the AANA Board of Directors directed Dr. Sweeney to proceed. After AAOS Leadership realized that the “AANA upstarts” were serious about building the



FIGURE 3-2

The AANA Education Foundation “founding fathers” attend an event. *From left:* Nicholas A. Sgaglione, M.D. and James P. Tasto, M.D.

Orthopaedic Learning Center (OLC), they reengaged; talks began soon after regarding what was considered an unparalleled partnership at that time. The ultimate Chicagoland site became an addition to the building that AAOS had recently purchased as their headquarters. AANA now faced the challenge of developing a stronger financial base, given the considerable costs to create a state-of-the-art educational facility, lecture hall and cadaveric laboratory, along with equipping the educational facility with state-of-the-art capital equipment and instrumentation.

THE LEARNING CENTER CAMPAIGN

Fundraising was essential to creating a world-class facility; hence, AANA focused on a vision for fundraising and recognized the power of philanthropy. In 1991, AANA Leadership launched a significant and sentinel philanthropic effort designated “The Learning Center Campaign.” As the campaign plans were developed, it became clear that many of the valuable relationships that the AANA leaders had with corporate leadership were going to be responsible for getting the project off the ground. Those relationships were integral for a successful fundraising effort which signaled the beginning of a valuable and powerful philanthropic collaboration with many of the orthopaedic medical device corporate leaders.

Dr. Ewing led early discussions with industry partners and friends such as Charles Federico, who served as vice president, director of marketing and general manager of Smith+Nephew, formerly known as Dyonics, Inc. Legend has it that Charles walked into the first meeting with Drs. Caspari and Ewing with his suit pants pockets turned inside out and asked, “What do you want?” Without hesitation, Dr. Caspari explained that AANA was building a national learning center and they wanted Smith+Nephew to be the lead donor at \$1 million. According to Dr. Ewing, Charles almost choked on his pipe, but after further discussion he agreed; other

companies such as Concept, Design and Development LLC; Baxter International; Zimmer Biomet; Breg, Inc.; and DePuy Mitek Sports Medicine would later follow suit. Over the course of the campaign, nearly \$2.5 million in cash was raised from industry and other generous AANA members and leaders. This successful effort signaled the beginning of a valuable and powerful philanthropic collaboration with many industry leaders. More importantly, the efforts ultimately resulted in the building and opening of the first OLC in 1994, which flourished until 2015.

BUILDING ON EXCELLENCE CAMPAIGN

A second structured development campaign was initiated by James P. Tasto, M.D. (Figure 3-2). During his presidential term in 2000, Dr. Tasto appointed Walter R. Shelton, M.D. along with Leslie S. Matthews, M.D. to create what was coined the “Building on Excellence (BOE) Campaign.” Ronald M. Sparks, who was divisional president of Smith+Nephew and Gregory R. Nelson Sr., co-founder of Breg, Inc. were asked to serve on the committee as industry partners. In late 2001, during the presidential year of James C. Esch, M.D., letters were sent out to members of the AANA Board of Directors, both past and present, and to AANA Committee members asking for pledges to this new effort. AANA Leadership also informally met with industry leaders and made “unofficial” announcements of the campaign to come. With these commitments in hand, the AANA Board of Directors considered a proposal from Community Counseling Service (CCS) Fundraising to manage the outreach to individuals, industry and other groups. CCS was contracted in February 2001 for a seven-month consultancy engagement. Ronald and Reinhold Schmieding, president and founder of Arthrex, helped ignite the BOE campaign and committed \$1 million. With increased momentum, other leading industry companies stepped up with significant commitments. AANA Leadership, and the membership in general, made

record gifts specifically to the BOE Campaign both in the amount given and the percentage of participation. It became obvious that AANA Leadership was facile at approaching both industry and the membership. However, this same tactic was not as successful with other groups such as private foundations, thereby reinforcing the belief that it is the relationships fostered between and among AANA members and industry that truly matter and make the difference. The BOE Campaign ultimately raised a successful \$5 million.

Both the Learning Center Campaign and the subsequent BOE Campaign forged many of the successful development initiatives that served to instill a consistent structure to the fundraising efforts. From 1997-1998, during the presidential term of John F. Meyers, M.D., AANA formally formed the AANA Development Committee that morphed out of an “Ad Hoc Long Range Funding Group” that convened at the 1998 AANA Annual Meeting with the initial principals being Drs. Shelton, Matthews and Malek. The AANA Development Committee’s mission was to oversee all aspects of fundraising and ensure donor recognition activities were instituted in order to maintain and enhance industry relationships and donations. The AANA Development Committee excelled at fundraising for the organization and worked closely with AANA Leadership including past presidents of AANA and the AANA Board of Directors to formulate a fundraising strategy and operational plan to address membership; private organizations and foundations; the U.S. Department of Defense (DOD); and the medical industry. The AANA Development Committee functioned as the vehicle for driving philanthropic initiatives and creating an atmosphere of annual giving beyond structured fundraising campaigns. The AANA Board of Directors, AANA Development Committee and AANA Education Foundation (EF) debated hiring a professional fundraising group to guide the organization through fundraising efforts, but the decision was made to keep this internal.

Past chairs of the AANA Development Committee (Figure 3-3) include Dr. Shelton (1999-2006), Jack M. Bert, M.D. (2006-2009), Nicholas A. Sgaglione, M.D. (2008-2012), Jeffrey S. Abrams, M.D. (2011-2014), Robert E. Hunter, M.D. (2014-2016), Mark H. Getelman, M.D., FAANA (2016-2018), Alan S. Curtis, M.D., FAANA (2018-2020) and Patrick St. Pierre, M.D. (2020-2022). The AANA Board of Directors, the AANA Development Committee members and other leaders organized goal-oriented fundraising campaigns and associated donor engagement platforms, including social events and celebrations, to recognize and honor benefactors.

THE AANA EDUCATION FOUNDATION

A debate ensued in 2006 as to how the various philanthropic funds that were raised should be handled and managed. Initial thoughts on creating an endowment were discussed. Ultimately, discussions led to the feasibility of starting the AANA EF. The vision for the AANA EF was born out of the need to establish a 501(c)(3) foundation that would function with its own separate board of trustees to compliantly manage the association's financial assets and corpus separately from the AANA Board of Directors. It was felt that the AANA EF would be best suited to direct the investment of funds and set the investment strategy.

The AANA EF was established December 18, 2007 as a 501(c)(3) corporation to function as a nonprofit distinct entity to facilitate the contributions of unrestricted and restricted monies as well as provide the stewardship of those funds. The idea for the AANA EF, developed by "founding fathers" Drs. Tasto, Matthews, Ewing and Shelton and then AANA Executive Director and Director of Finance Ed Goss, was to develop a foundation dedicated to education and success through collaboration, relationships and shared value related to a joint mission. The mission included promoting various AANA Development Committee philanthropic initiatives such as membership, industry partner giving and other

efforts to engage interested donors. The mission also included prudent AANA EF funding management given to the organization for the benefit of its educational programs and services and to oversee the investment policies and strategies of the AANA EF.

The original articles of organization for the AANA EF stated that it was organized to:

- Advance the study and practice of arthroscopy by practicing physicians.
- Promote and support education, research and advancement in arthroscopy.
- Assist physicians in opportunities to engage in research, education and training activities in arthroscopy.
- Support AANA's educational activities.
- Work in a collaborative mode with other nonprofit organizations, universities, medical schools, hospitals, foundations and associations on research, education and training in the medical field.

The AANA EF would also serve to compliantly address the potential U.S. Department of Justice scrutiny and inquiries related to corporate funding that arose in the 2000s against the largest orthopaedic companies. It was felt that the AANA EF would function as a "firewall" between the AANA Board of Directors and industry when it came to issues of compliance, transparency and fair market value fundraising as well as asset allocation for education. The AANA EF structure would include a separate dedicated AANA EF Board of Trustees through the appointment of senior AANA leaders and past presidents in addition to selected industry and corporate leaders who were not actively serving in orthopaedic industry roles within companies. The AANA EF Board of Trustees would serve to govern the AANA EF and advance its mission. In addition, The AANA EF, through its governing board of trustees, would evaluate and adjudicate "requests" from the AANA Board of Directors for appropriation and



FIGURE 3-3

Previous chairs of the AANA Development Committee in attendance at the 2017 and 2018 AANA Annual Meetings.

Top: Robert E. Hunter, M.D. addresses the audience at the 2018 AANA Annual Meeting in Chicago, Illinois.

Middle left: Jeffrey S. Abrams, M.D. presents at the 2018 AANA Annual Meeting in Chicago, Illinois.

Middle right: Mark H. Getelman, M.D., FAANA listens intently to a presentation at the 2018 AANA Annual Meeting in Chicago, Illinois.

Bottom left: Patrick St. Pierre, M.D. presents at the 2018 AANA Annual Meeting in Chicago, Illinois.

Bottom right: Alan S. Curtis, M.D., FAANA gives a thumbs up at the 2017 AANA Annual Meeting in Denver, Colorado.



FIGURE 3-4

The AANA Education Foundation Donor Reception at the 2017 AANA Annual Meeting in Denver, Colorado. *From left:* Ada Chow, James C. Chow, M.D. and Patrick St. Pierre, M.D.

approval of funding for educational, research and scientific programmatic and association-directed initiatives.

The AANA EF Board of Trustees would be actively involved in selecting and appointing a qualified, independent investment consultant as needed. It would also monitor and review the investment strategy, including performance and asset class targets, as well as solicit and encourage contributions to the AANA EF in concert with the AANA Development Committee. The AANA EF would be instrumental in defining investment consultants and roles to grow and protect the corpus, review account performance, accept risk, adjust/modify investment policy and plan for a nonprofit asset allocation as well as strategic benchmarking. The AANA EF would designate asset allocation targets, allocate funds to investment managers and monitor performance of investment managers.

In addition, the AANA EF would provide and help underwrite various educational programs for AANA members and the community at-large. The AANA EF would also have a role in connecting with corporate sponsors and individual donors to help AANA continue improving its offerings. Discussion led to an investment strategy and a decision was made to chart a conservative investment approach, setting the plan for asset allocation to ensure a 4% yearly return on the corpus. As the investment strategy for the AANA EF funds were set, fiscal management would be defined to manage the funding allocation for education and research purposes in a responsible manner. Management would include reviewing requests for fund appropriation from the AANA Board of Directors on a yearly basis. These requests would then be "approved" based on the stewardship and philosophy of granting the funds at 4% per year, using the principle and assumption that the fund would grow with fundraising/investment returns at a rate that would exceed the 4% in and 4% out progress.

The inaugural meeting of the AANA EF was held on April 22, 2008 in Washington, D.C. Those who were present were Dr. Ewing, Interim Chair Dr. Shelton, Dr. Bert, who was serving as president of AANA at the time, Drs. Matthews and Tasto as well as James C. Chow, M.D. (Figure 3-4), Kenneth E. DeHaven, M.D. and Donald H. Johnson, M.D. Corporate industry leaders Gregory and Ronald were also present, as well as Gene R. Wurth, J.D., M.B.A., who served as president and CEO of the Orthopaedic Research and Education Fund (OREF) at the time. One industry member who was invited but absent was Andy Andrews of Gray, Plant, Moodey and Bennet, a Minneapolis law firm, who later served successfully on the AANA EF. Staff present included Ed.

The initial governance plan for the AANA EF called for three officers, including an AANA EF Board of Trustees chair which would be Dr. Shelton (then Dr. Tasto), a treasurer, Dr. Matthews (then Dr. Chow) and a secretary, Dr. Tasto (then Dr. Matthews), along with four board members at-large that included the selection of three corporate industry member representatives. The AANA EF industry representatives serving on the AANA EF Board of Trustees required individuals to be directly familiar with arthroscopic medical device activities but were not currently leading companies that might pose a conflict of interest to AANA proceedings. An automatic succession rotation was instituted and planned for, with the officers each providing a length of service including three-year renewable terms each spring at the AANA Annual Meeting. The list of AANA leaders who served as the chairs of the AANA EF Board of Trustees include Dr. Shelton (2008-2009), Dr. Tasto (2009-2010), Dr. DeHaven (2010-2011), Dr. Matthews (2011-2012), Dr. Johnson (2012-2013), Dr. Chow (2013-2014), Felix H. "Buddy" Savoie III, M.D. (2014-2015), Richard K.N. Ryu, M.D. (2015-2016), Richard L. Angelo, M.D., Ph.D. (2016-2017), Dr. Esch (2018-2019) and Dr. Sgaglione (2019-2021). Several of these AANA leaders are pictured in Figure 3-5.

FIGURE 3-5

The AANA Education Foundation Donor Reception at the 2017 AANA Annual Meeting in Denver, Colorado. *From left:* Richard L. Angelo, M.D., Ph.D., Walter R. Shelton, M.D., James P. Tasto, M.D., Patrick St. Pierre, M.D., Jeffrey S. Abrams, M.D., William R. Beach, M.D., Brian J. Cole, M.D., M.B.A., FAANA, Stephen S. Burkhart, M.D., James C. Esch, M.D., James C. Chow, M.D., Robert E. Hunter, M.D., Julie A. Dodds, M.D., John D. Kelly IV, M.D., FAANA, John C. Richmond, M.D., Richard K.N. Ryu, M.D., Alan S. Curtis, M.D., FAANA and Jack M. Bert, M.D.





FIGURE 3-6

The AANA Education Foundation Donor Reception, which included a Tesla fundraising event, at the 2018 AANA Annual Meeting in Chicago, Illinois.



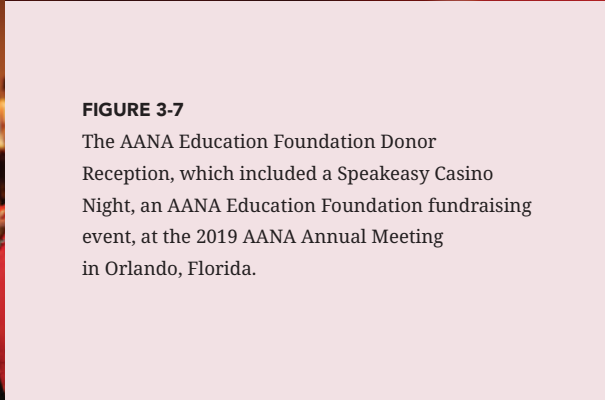
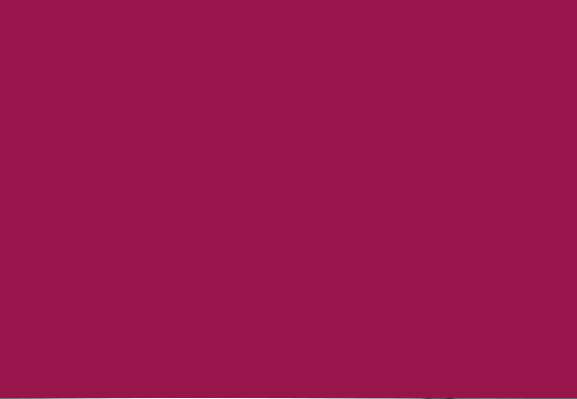


FIGURE 3-7
The AANA Education Foundation Donor Reception, which included a Speakeasy Casino Night, an AANA Education Foundation fundraising event, at the 2019 AANA Annual Meeting in Orlando, Florida.

THE AANA EDUCATION FOUNDATION: HONOR SOCIETIES AND EVENTS

There remained a strong commitment to philanthropic efforts following the BOE Campaign. During Dr. Sgaglione's presidential term in 2012, the genesis of a society to honor iconic AANA leaders and world-renowned innovators was initiated. The thought was to create value by contributing to the fundraising campaign and thereby recognizing those benefactors with designation and entrance into an "honor society" named for an "AANA Giant." After deliberation from the AANA Board of Directors and discussion with the family of Robert W. Jackson, M.D., O.C., F.R.C.S.C., a decision was made to launch the Robert W. Jackson Society in his honor; in addition to being a founding member of AANA, Dr. Jackson served as a past president of AANA and was considered a pioneer of arthroscopy in North America. The "honor society" successfully elevated the giving goals through member, leadership and corporate donor/legacy contributions. The Robert W. Jackson Society realized those goals set for generous contributions of either

\$25,000 in cash or a combination of \$100,000 in cash and legacy gifts. Members of the Robert Jackson W. Society contributed well over \$3 million to the AANA EF.

During the presidential term of Louis F. McIntyre, M.D., FAANA in 2018, the Richard B. Caspari Society was launched and once again, Dr. Caspari was honored and a structured fundraising campaign successfully channeled donations into the AANA EF. The Richard B. Caspari Society raised over \$467,763 (surpassing the initial goal by 367%) by 2019 with pledges and generous contributions that included either \$50,000 in cash or a combination of \$200,000 in cash and legacy gifts.

At the 2018 AANA Annual Meeting, the AANA Development Committee, led by Dr. Getelman, organized a fundraising event for AANA in Chicago (Figure 3-6). Dr. Ryu pledged \$50,000 to the AANA EF with the challenge to match his gift in honor of Dr. Ryu and his wife, Linda Ryu. The challenge raised \$102,910 total, \$52,910 of which numerous AANA members



donated, as well as an additional \$82,500 that industry colleagues contributed. At the 2019 AANA Annual Meeting in Orlando, Florida, the AANA Development Committee, led by Dr. Curtis along with the AANA EF Chair Dr. Sgaglione, held a Speakeasy Casino Night (Figure 3-7) that successfully raised \$13,900 from AANA members and industry friends.

THE IMPACT ON THE MISSION: EDUCATION, RESEARCH AND THE MEMBERSHIP

Over the years, the AANA EF funded numerous educational initiatives, including the AANA Annual Meeting Resident Scholarship, the AANA Foundations in Arthroscopy Lab Course and collaborative courses with the Society of Military Orthopaedic Surgeons (SOMOS). Other funding initiatives included support of the annual AANA Traveling Fellowship, international educational outreach with the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) and funding support for *Arthroscopy Techniques*, the online companion to *Arthroscopy*:

The Journal of Arthroscopic and Related Surgery, proficiency-based progression training and the Fundamentals of Arthroscopic Surgery Training (FAST) Program. Over the years, other valuable AANA educational efforts that the AANA EF funded included the Arthroscopy Self-Assessment Program (ASAP). Additionally, AANA EF grants supported several capital expenditures for the OLC and provided international fellowship support in collaboration with AAOS. These grants would also support funding for a complications in arthroscopy study; an annual best paper and research awards; support of the annual AANA Fall Course; and the annual Residents and Fellows Day at the AANA Annual Meeting.

THE EVOLVING AANA EDUCATION FOUNDATION

Many shifts and changes occurred in the medical device world following a transition away from the historical, unrestricted, educational gifting that marked the philanthropic relationships with other orthopaedic associations and societies. A move was starting to take place towards a more stringent approach to industry grants. There were many factors and challenges that began to affect the direct gifting and fundraising that industry partners had traditionally supported. Increasing governmental scrutiny and inquiries regarding compliance oversight of gifting began to change the paradigm. The phenomenon of medical device company consolidations through mergers and acquisitions also started to narrow the medical field. The rapidly changing corporate leadership, structure and greater restrictions on funding in general, especially moving away from unrestricted grants, significantly changed the philanthropic dynamic. In addition, many started to voice more defined industry requests for tangible and more immediate return on investment. Other trends included the tendency for the marketing and education grant budget to commingle and a proliferation of medical society fundraising in general,

2009 AANA Summer Board of Directors Meeting in Santa Barbara, California.
From far left: James C. Chow, M.D., David Maguire, M.D., Robert A. Pedowitz, M.D., Ph.D., John C. Richmond, M.D., William R. Beach, M.D., Felix H. "Buddy" Savoie III, M.D., Jack M. Bert, M.D., Richard L. Angelo, M.D., Ph.D., Richard K.N. Ryu, M.D., Frank A. Petrone, M.D., Peter Jokl, M.D., Nicholas A. Sgaglione, M.D., Scott E. Powell, M.D., Ed Goss, J. Whit Ewing, M.D., Jeffrey S. Abrams, M.D., Robert T. Burks, M.D. and James P. Tasto, M.D.

with many of the philanthropic asks vying for the same company dollars. Furthermore, the approach to cadaveric surgical training began to change with a marked increase and proliferation of non-continuing medical education (CME) “sponsored” industry labs and educational courses competing with the annual AANA Fall Course and other hands-on training courses. Many of these changes began to affect the manner and method of funding flow that the AANA EF had enjoyed. Fundraising changed and the gift-giving yields became markedly less. Concurrently, association meeting expenses rose and revenue was reduced, leading to association fiscal stress and a need to reexamine the way the AANA Board of Directors, AANA Finance Committee and AANA EF Board of Trustees approached budgetary responsibilities. The need to enhance oversight on administrative budgetary costs became more important. Efforts and debate regarding board certification “streamlining” to reduce redundancy (accounting, investment management and administrative costs), promote efficiency in the AANA EF and prevent divergence of opinion between the AANA EF and the AANA Board of Directors were all emphasized. Careful discussion led to thoughtful decision-making, and it was decided after obtaining legal counsel that AANA EF control would change and its efficacies would be reassessed on an ongoing basis. The AANA Executive Committee made decisions to institute AANA EF governance changes. A motion was passed at the Summer AANA Board of Directors Meeting in 2019 to shift the AANA EF Board of Trustees governance to the AANA Executive Committee, with financial decision-making responsibilities handed to the AANA Finance Committee, pursuant to the AANA investment policy. The AANA EF Bylaws were amended to reflect the change beginning at the 2020 AANA Annual Meeting in Texas (which was ultimately canceled due to the COVID-19 pandemic). The actual AANA EF would continue to exist as a separate 501(c)(3) pertaining to the AANA EF’s accounts. Members of

the AANA EF Board of Trustees would then serve out their terms on the AANA Development Committee. Industry members would serve as ex-officio members of the AANA Development Committee but without voting rights. It was also discussed that future industry representatives could be appointed to the AANA Development Committee at the discretion of the current president of AANA.

The shift in the organization began in May 2020 during the height of COVID-19. Updated responsibilities were reassigned. The AANA Board of Directors, along with the AANA Executive Committee and the AANA Finance Committee, would serve to review annual funding requests and investment strategies as well as provide investment recommendations. The AANA EF Board of Trustees chair and treasurer would also sit on the AANA Finance Committee as ex-officio members to maintain proper checks and balances.

At that time, the last officers of the AANA EF Board of Trustees consisted of Dr. Sgaglione (chair), William R. Beach, M.D. (treasurer), Dr. Angelo (secretary) and members at-large: Dr. Bert, Dr. Esch, John C. Richmond, M.D., Savio L.Y. Woo, Ph.D., D.Sc., D. Eng., Daniel Lee, M.D. and Gary Scheel, M.D. Larry D. Field, M.D., FAANA as well as Laura M. Downes, CAE were also considered members.

FUTURE STEPS: CONNECTIONS TO CONSIDER

Moving forward, the classic philanthropic paradigm that successfully supported AANA and the AANA EF shifted away from what was a more robust industry-funded grant model to other more enhanced membership and AANA Leadership-strategic fundraising initiatives. In addition to continued efforts to engage private foundations, Dr. Hunter explored in 2016 a more precise and thoughtful effort to potentially secure educational funding monies from the U.S. government, specifically the DOD. AANA

had always been a dedicated supporter of educational events devoted to military surgeons and has partnered with SOMOS at numerous OLC knee and shoulder courses that Dr. Ryu tirelessly drove. Dr. Hunter and the AANA Board of Directors initiated a lobbying effort to apply to the DOD for reoccurring grants to help fund the annual AANA/SOMOS Course and other collaborative educational initiatives. The need to diversify approaches to fundraising has become increasingly important as the landscape has changed.

Fundraising initiatives and defined campaigns that are goal-oriented and targeted are the future, perhaps led by professional development officers or consultants. The potential of defining a “Legacy Gifting” initiative can be impactful for many through various methods. These methods include increasing legacy donors directing and designating life insurance-planned bequeaths, charitable annual trusts, stocks, securities and individual retirement account holdings through AANA estate planning. Dedicated stakeholders such as past presidents of AANA, those who served on the AANA Board of Directors and loyal members may step up to support the association, perhaps with matching industry gifts, which could be highly successful. For AANA, as the future unfolds, the long-term mission will remain the same, but the methods for reaching those goals will continue to evolve and make a difference by giving back for tomorrow.



The AANA Education Foundation’s accomplishments were highlighted in the 2020 AANA Annual Report.

AANA: A Beacon of Learning

BY

Jeffrey S. Abrams, M.D.,
James W. Stone, M.D., FAANA and
Mark R. Hutchinson, M.D., FAANA

INTRODUCTION

Since its inception, the Arthroscopy Association of North America (AANA) has provided a rich and educational experience to its membership and Orthopaedic Surgeons around the world. It's true that education has always been the cornerstone of AANA's mission. Originally, the arthroscope was a novel approach to orthopaedics and not always welcomed by other Orthopaedic Surgeons. Fortunately, when an idea and tool have great potential, the concept will continue to blossom and grow. Arthroscopy continues to exponentially grow since it was formally introduced by Masaki Watanabe, M.D. and his mentor, Kenji Takagi, M.D. in the 1950s. Based on the educational foundations numerous founding fathers in arthroscopy laid, AANA has taken up the preeminent organizational role in arthroscopic education and has provided instruction on safe and progressive ways to manage traditionally open surgical procedures. The educational venues have included international meetings and presentations (Figure 4-1), the AANA Annual Meeting, The AANA Fall Course, Specialty Day (held in conjunction with the American Academy of Orthopaedic Surgeons (AAOS) Annual





FIGURE 4-1

Robert E. Hunter, M.D. (*back row, left*) with participants from the AANA Middle East Arthroscopy Master Course.

TABLE 4-1

AANA Presidents.

	<i>John J. Joyce III, M.D.</i> (International Arthroscopy Association (IAA) Chair – North American Chapter)	'78-'81			
1	<i>John B. McGinty, M.D.</i>	'82-'83	21	<i>Stephen S. Burkhart, M.D.</i>	'02-'03
2	<i>James F. Guhl, M.D.</i>	'83-'84	22	<i>Brian Day, M.D.</i>	'03-'04
3	<i>Robert W. Metcalf, M.D.</i>	'84-'85	23	<i>Donald H. Johnson, M.D.</i>	'04-'05
4	<i>Lawrence Crane, M.D.</i>	'85-'86	24	<i>James C. Chow, M.D.</i>	'05-'06
5	<i>Kenneth E. DeHaven, M.D.</i>	'86-'87	25	<i>Walter R. Shelton, M.D.</i>	'06-'07
6	<i>George Schonholtz, M.D.</i>	'87-'88	26	<i>David A. McGuire, M.D.</i>	'07-'08
7	<i>Howard J. Sweeney, M.D.</i>	'88-'89	27	<i>Jack M. Bert, M.D.</i>	'08-'09
8	<i>Robert W. Jackson, M.D., O.C., F.R.C.S.C.</i>	'89-'90	28	<i>Richard K.N. Ryu, M.D.</i>	'09-'10
9	<i>Richard B. Caspari, M.D.</i>	'90-'91	28	<i>Felix H. Savoie III, M.D.</i>	'10-'11
10	<i>Douglas W. Jackson, M.D.</i>	'91-'92	30	<i>Richard L. Angelo, M.D., Ph.D.</i>	'11-'12
11	<i>J. Whit Ewing, M.D.</i>	'92-'93	31	<i>Nicholas A. Sgaglione, M.D.</i>	'12-'13
12	<i>W. Dilworth Cannon Jr., M.D.</i>	'93-'94	32	<i>J.W. Thomas Byrd, M.D.</i>	'13-'14
13	<i>Jerome E. Jennings, M.D.</i>	'94-'95	33	<i>William R. Beach, M.D.</i>	'14-'15
14	<i>Neal C. Small, M.D.</i>	'95-'96	34	<i>Jeffrey S. Abrams, M.D.</i>	'15-'16
15	<i>Joe W. Tippet, M.D.</i>	'96-'97	35	<i>John C. Richmond, M.D.</i>	'15-'16
16	<i>John F. Meyers, M.D.</i>	'97-'98	36	<i>Robert E. Hunter, M.D.</i>	'17-'18
17	<i>Leslie S. Matthews, M.D.</i>	'98-'99	37	<i>Louis F. McIntyre, M.D., FAANA</i>	'18-'19
18	<i>James P. Tasto, M.D.</i>	'99-'00	38	<i>Larry D. Field, M.D., FAANA</i>	'19-'20
19	<i>James C. Esch, M.D.</i>	'00-'01	39	<i>Brian J. Cole, M.D., M.B.A., FAANA</i>	'20-'21
20	<i>M. Mike Malek, M.D.</i>	'01-'02	40	<i>Mark H. Getelman, M.D., FAANA</i>	'21-'22
			41*	<i>James W. Stone, M.D., FAANA</i>	'22-'23
			42**	<i>John M. Tokish, M.D., FAANA</i>	'23-'24

Meeting) and the global gem of orthopaedic education, the Orthopaedic Learning Center (OLC). It was at these meetings that the presidents of AANA, AANA Executive Committee, AANA program chairs/committees and the AANA Education Committee created an educational experience that included evidence-based information on indications and techniques; surgical skills; and comparative results that would provide critical feedback and knowledge to the orthopaedic community.

Working in parallel with these educational events was the indispensable partnership with industry. Scientists, engineers and manufacturers teamed up with innovative AANA members to create precision instrumentation and implants to simplify surgical procedures as well as cutting-edge techniques and approaches that would allow surgery to be performed by a broader range of orthopaedic specialists. The state-of-the-art educational tools developed by AANA and industry would optimize skills, improve outcomes and reduce the risk of problems and complications. During these major meetings, an exhibit hall of industry companies had opportunities to interact with AANA members and guests and not only introduce their products but also allow members to practice and perfect their skills.

By thoughtful design and effort, AANA Leadership committed to year-round opportunities for arthroscopic education. This included Specialty Day and the AANA Annual Meeting that occurred each spring and the AANA Fall Course that often took place in November. The AANA Annual Meeting and Specialty Day programs were more didactic, while the AANA Fall Course included labs to hone surgical skills. The high-quality educational offerings, passion, timing of courses and ready availability of arthroscopic leaders helped distinguish AANA from other societies and opportunities. Each of these meetings created a unique environment and provided a comprehensive

look at the rapidly progressive world of arthroscopy. As the popularity of minimally invasive techniques grew, community physicians were joined by academic leadership in anticipation of the future look and direction of orthopaedics. The minimal incisions reduced patient postoperative pain, reduced recovery time and paved the way for the development and success of ambulatory surgery centers as a patient-centric safe environment to perform those procedures.

Over the years, the educational mission of arthroscopic education has advanced from the traditional, basic arthroscopic techniques for the purpose of diagnosis, debridement, resection and removal of loose bodies to more complex reconstruction techniques in a myriad of joints. The visual perspective of the arthroscope has allowed Orthopaedic Surgeons to look at troubling pathologies in a completely new way. Significant impacts in patient care and outcomes have occurred as the educational and clinical focus expanded from the knee and shoulder to address wrist, elbow, ankle, foot and hip. Currently, impactful changes are occurring as experience and innovations grow to cover areas in the spine, small joints, fingers and toes, as well as central skeletal structures as in the sternoclavicular joint.

AANA's educational approach continues to emphasize innovation, well-designed research, collaborations with industry and a shared experience of results to identify appropriate indications and applications. Follow-up treatment of surgical failures and complications illustrates AANA's commitment to a thorough approach and its responsibilities to the patient's needs.

THE AANA ANNUAL MEETING

The first AANA Annual Meeting was held May 5-8, 1982, at the Drake Hotel in Chicago under the leadership of John B. McGinty, M.D., who served as the first president of AANA. In attendance were the

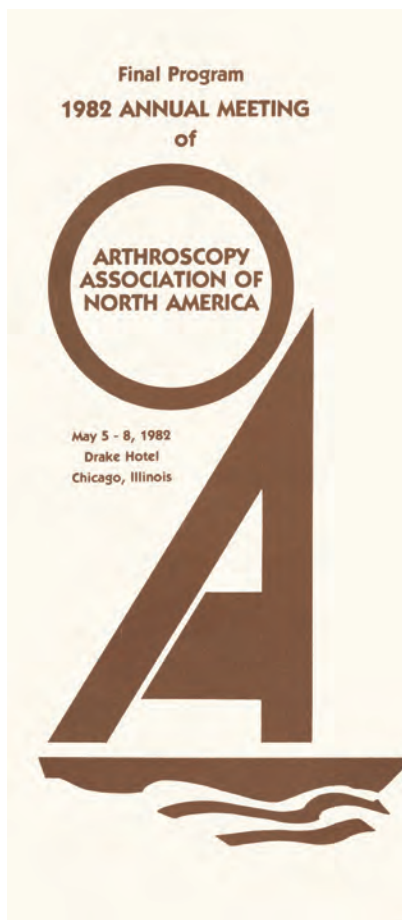


FIGURE 4-2
1982 AANA Annual Meeting program cover, which was the inaugural AANA Annual Meeting.

founding fathers and visionaries who would guide the direction of AANA and arthroscopic education for years to come. A few of those in attendance included: John J. Joyce III, M.D., James F. Guhl, M.D., Kenneth E. DeHaven, M.D., Howard J. Sweeney, M.D., Richard B. Caspari, M.D., Douglas W. Jackson, M.D., S. Ward Casscells, M.D., Neil C. Small, M.D., Terry L. Whipple, M.D., F.A.C.S., Robert W. Metcalf, M.D., James M. Glick, M.D., Dinesh Patel, M.D. and Lanny L. Johnson, M.D. That first meeting established routine meetings for the AANA Board of Directors; scheduled and planned future meetings; and developed and named AANA committees to serve specific needs of the organization, including *Arthroscopy: The Journal of Arthroscopic and Related Surgery*. The attendees of that first meeting committed themselves to developing, advancing and supporting arthroscopy. The program from the first AANA Annual Meeting is shown in Figure 4-2. The AANA Membership would be apprised of the organization's advancements, goals and opportunities. Each spring, a new president and committee chairs would be elected and would keep AANA moving forward on its mission.

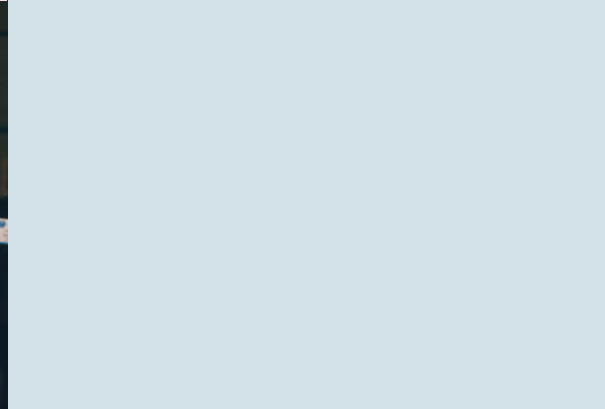
As the size of the organization grew, so did the desire to share new techniques. Papers and symposia were organized into anatomic areas, as the AANA Annual Meeting program chair and its committee created an enriched program. Over the years, panels of experts were selected to review papers and comment on compelling problems that recognized and addressed ever-expanding pathology. Each president of AANA and AANA Annual Meeting program chair over the years has had an opportunity to create a unique meeting that covers the academic interests of attendees, including practice management issues. Members of the AANA Education Committee would help produce the combination of scientific research and clinical application with Instructional Course Lectures (ICLs) embedded into the program.



AANA Annual Meeting from the early 1990s. Counterclockwise from upper left: John P. Fulkerson, M.D. and Freddie H. Fu, M.D.; John B. McGinty, M.D. and J. Serge Parisien, M.D.; Edward M. Wojtys, M.D. and Freddie H. Fu, M.D.; Richard B. Caspari, M.D. and Lanny L. Johnson, M.D.; Meeting room in session.



AANA meetings afford the opportunity to learn, share knowledge, note achievements and rekindle friendships.



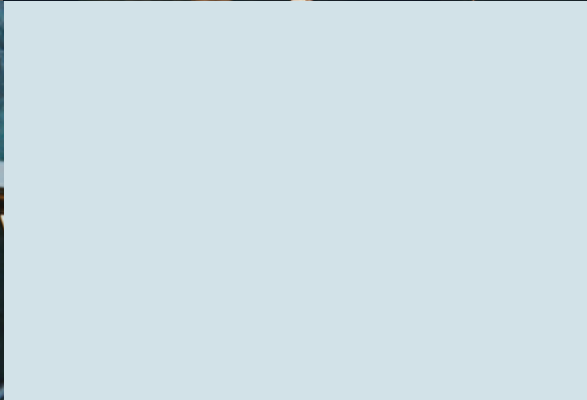
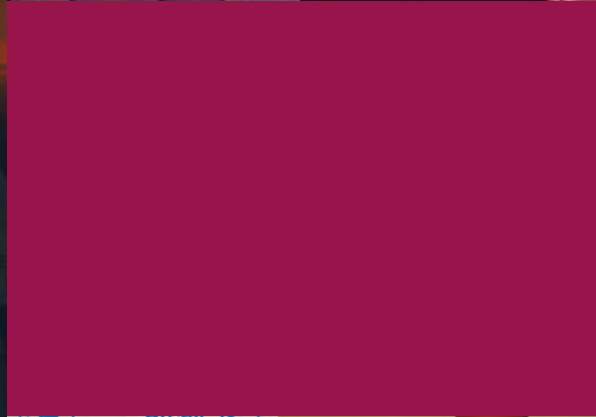


TABLE 4-2

AANA Annual Meeting Location and Attendance Numbers.

AANA ANNUAL MEETING REGISTRATION / 1993 TO PRESENT

Year	Location	AANA Members	Nonmembers	IAA/ ISAKOS	Residents/ Fellows	Allied Health	Total
'93	Palm Desert, CA	344	198	18	64	3	627
'94	Orlando, FL	419	292	34	45	23	813
'95	San Francisco, CA	453	311	34	46	34	878
'96	Washington, DC	457	253	24	40	37	811
'97	San Diego, CA	373	238	15	37	31	694
'98	Orlando, FL	361	215	19	55	18	668
'99	Vancouver, BC	349	283	23	58	36	749
'00	Miami, FL	445	395	0	141	31	1,012
'01	Seattle, WA	337	269	0	89	30	725
'02	Washington, DC	548	309	0	109	68	1,034
'03	Phoenix, AZ	437	284	0	96	29	846
'04	Orlando, FL	490	294	0	88	40	912
'05	Vancouver, BC	320	237	0	51	36	644
'06	Hollywood, FL	552	288	0	104	56	1,000
'07	San Francisco, CA	493	236	0	72	53	854
'08	Washington, DC	515	225	0	70	70	880
'09	San Diego, CA	437	194	0	76	52	759
'10	Hollywood, FL	521	280	0	56	62	919
'11	San Francisco, CA	693	253	0	55	52	1,053
'12	Orlando, FL	683	235	272	63	39	1,292
'13	San Antonio, TX	604	240	16	85	47	992
'14	Hollywood, FL	589	261	0	61	58	969
'15	Los Angeles, CA	592	169	0	69	26	856
'16	Boston, MA	708	242	0	86	40	1,076
'17	Denver, CO	505	210	0	76	5	796
'18	Chicago, IL	694	289	0	76	0	1,059
'19	Orlando, FL	602	230	0	73	3	908
'20	Grapevine, TX (before cancellation)	485	81	0	79	1	646
		13,521	6,930	455	1,941	979	24,472

Additionally, the acting president of AANA would have the opportunity to select an invited guest lecturer(s) that would become a memorable highlight of the annual program. These lectures would combine academic interests with motivational topics. Included in the attendance were industry, spouses and other invited guests.

Social events included fundraisers, auctions, golf tournaments, dinners and cocktail receptions. The attendance at these additional events created a great opportunity to meet new friends and colleagues to discuss orthopaedics, arthroscopy, practice development and ancillary additions to surgeons in private practice. As the AANA Membership grew, those who attended the meeting became attached to the annual event's culture.

The AANA Annual Meeting recognized many important individuals to the organization and the progression of arthroscopic intervention. Additional aspects unique to this meeting included the AANA Emerging Leaders Program that was catered to Orthopaedic Residents and Fellows. A series of named awards, created to recognize individuals who played significant roles in developing the popularity of arthroscopy, would be given to papers and activities in research, innovation and Orthopaedic Resident/Fellow research. Recognized leaders for these awards include Richard J. O'Connor, M.D. (Research Award Paper), J. Whit Ewing, M.D. (Resident/Fellow Essay Award Paper) (Figure 4-3), Stephen S. Burkhart, M.D. (Shoulder Innovation Research Award Paper) and Stephen J. Snyder, M.D. (Arthroscopy Instructor Award). Each of these highlighted events, which take place at the AANA Annual Meeting to this day, recognize the importance of the growth in arthroscopy.

Orthopaedic Surgeons who were trained prior to the 1980s had little awareness of where arthroscopic techniques would eventually progress. In reflecting



FIGURE 4-3
Recognized leader
J. Whit Ewing, M.D.



FIGURE 4-4A

Past Presidents' Dinner from the early 1990s.



FIGURE 4-4B

Past Presidents' Dinner from the early 1990s.

on arthroscopy and AANA as an organization, these techniques have become the gold standard of many surgeries. The educational value spread quickly, and the early criticisms changed from curiosity to daily utilization when considering surgical intervention.

To this day, the AANA Annual Meeting provides an opportunity to meet new individuals with similar interests. Social events established connections that led to additional collaborations. The Past Presidents' Dinner (Figures 4-4A-C) became a traditional formal event where past presidents of AANA dressed in tuxedos and interacted with invited guests.

The content of the AANA Annual Meeting continues to evolve under the leadership of the president of AANA and AANA Annual Meeting program chair. It also continues to provide an ideal location for committee discussions, community challenges and difficult patient cases to take place, all the while introducing Orthopaedic Surgeons early in their career to nationally recognized arthroscopy experts. The relationships attendees are able to forge from attending the AANA Annual Meeting are lifelong and indispensable.

THE AANA FALL COURSE

The AANA Fall Course, held annually in November up until 2017, was designed to bring together the AANA Membership, guests and industry for an educational and innovative experience that was unlike any surgical skills course, since it combined training with a robust academic program. The AANA Education Committee, tasked with creating the program, interacted with industry to develop opportunities for attendees to learn about surgical procedures, instrumentation, indications and potential complications from experts with extensive experience in these procedures. Additionally, mini-fellowships were offered concurrently during the course and allowed individuals one-on-one experience with a recognized expert.



Past Presidents' Dinner invitation from the 2014 AANA Annual Meeting in Hollywood, Florida.



Past Presidents' Dinner at the 2017 AANA Annual Meeting in Denver, Colorado. From left: Richard L. Angelo, M.D., Ph.D., Nicholas A. Sgaglione, M.D., Jeffrey S. Abrams, M.D. and Richard K.N. Ryu, M.D.



FIGURE 4-4C
Past Presidents' Dinner at the 2017 AANA Annual Meeting in Denver, Colorado.



This page.

Top: Past Presidents' Dinner at the 2013 AANA Annual Meeting in San Antonio, Texas.

Bottom left: Past Presidents' Dinner at the 2012 AANA Annual Meeting in Orlando, Florida.

Bottom center: Past Presidents' Dinner at the 2013 AANA Annual Meeting in San Antonio, Texas. M. Mike Malek, M.D. (*center*).

Opposite page.

Top: Past Presidents' Dinner at the 2014 AANA Annual Meeting in Hollywood, Florida.

Bottom: Past Presidents' Dinner at the 2015 AANA Annual Meeting in Los Angeles, California.







Opposite page.

Top left: Past Presidents' Dinner at the 2017 AANA Annual Meeting in Denver, Colorado. *From left:* Robert E. Hunter, M.D., Walter R. Shelton, M.D. and Donald H. Johnson, M.D.

Top right: Past Presidents' Dinner at the 2017 AANA Annual Meeting in Denver, Colorado. Richard L. Angelo, M.D., Ph.D. (*left*) and James C. Esch, M.D. (*right*).

Left center: Past Presidents' Dinner at the 2017 AANA Annual Meeting in Denver, Colorado.

Bottom: Past Presidents' Dinner at the 2018 AANA Annual Meeting in Chicago, Illinois.



This page.

Top and middle: Past Presidents' Dinner at the 2019 AANA Annual Meeting in Orlando, Florida.

Bottom left: Past Presidents' Dinner at the 2019 AANA Annual Meeting in Orlando, Florida. John C. Richmond, M.D. (*far left*) and Jack M. Bert, M.D. (*right*).

Bottom right: Past Presidents' Dinner at the 2019 AANA Annual Meeting in Orlando, Florida. Kathleen Abrams (*left*) and Richard K.N. Ryu, M.D. (*right*).



Prior to AANA lab courses taking place, the AANA Fall Course was the only teaching opportunity where an attendee could practice desired surgical techniques and procedures on a cadaver alongside an expert. Procedures could be requested during discussions prior to the lab. Additional discussions during and after the lab addressed details on the patient setup, special procedural instruments and postoperative management. Surgical techniques covered a wide array of joints, including shoulder, knee, foot, ankle and hip. The AANA Fall Course often led to long-lasting relationships between attendees and their new mentors. The program for the inaugural 1982 AANA Fall Course is shown in Figure 4-5.

Special “focus demonstrations” provided an opportunity for attendees to observe live surgical cases targeting new and innovative procedures. These were scheduled during the course and encouraged audience interaction during the surgery. Moderators could relay audience questions and attendees gained real-time answers. Many surgeries utilized both external and internal arthroscopic live imaging, creating the best visual angles to observe the steps of the procedure.

The structure of the AANA Fall Course was very practical, and the knowledge attendees gained could be easily incorporated into their daily practices. Additionally, special sessions were introduced to complement the program such as MRI interpretation, round-table discussions with expert subspecialists and practice management. The AANA Education Committee suggested the scheduled talks and speakers to create a comprehensive program that complemented the surgical skills portion of the course. Attendees could choose to attend certain sessions covering select anatomical areas or the entire program depending on their type of practice. The plentiful interactions with faculty allowed for attendees to return home with an increased set of skills. The round-table discussions allowed for greater detail and specific

sharing of surgical indications, case preparation and postoperative patient management.

The AANA Fall Course was consistently well-attended up until it was discontinued in 2017 due to financial constraints, decreasing numbers and increasing attendance at industry-sponsored courses. The Schedule at a Glance for the 2017 AANA Fall Course is pictured in Figure 4-6. Those who desired additional specific training could choose an AANA Lab Course to further their experience and expertise.

SPECIALTY DAY

Specialty Day participation at the AAOS Annual Meeting has a major role in fulfilling AANA’s educational mission. Even though AANA has enjoyed success with solo efforts, the organization found that collaboration with other societies both strengthened the scientific program and attracted a larger audience. The collaboration with other societies, which carries on to this day, also helps to expose nonmembers to the breadth of educational opportunities AANA offers. A review of Specialty Day programs over the past decade highlights the evolution and success of this collaborative approach. The program for the 1988 Specialty Day is shown in Figure 4-7.

AANA TRAVELING FELLOWSHIP

The AANA Traveling Fellowship was created in 2005 for a select group of Orthopaedic Surgeons to travel to different host sites to learn from and interact with AANA leaders. In its current iteration, the AANA Traveling Fellowship visits three institutions over a two-week period under the supervision of the “Godfather” and culminates at the AANA Annual Meeting. Interested Orthopaedic Surgeons must submit a letter of recommendation from two sponsors. The members of the AANA Fellowship Committee select the AANA Traveling Fellows and the three host institutions in addition to inviting the Godfather who has been, by tradition, a past president of AANA.

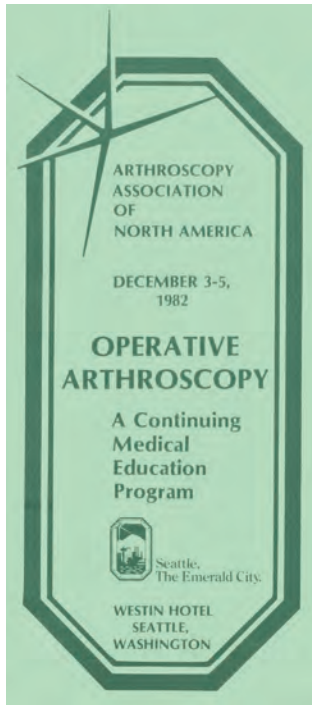


FIGURE 4-5
1982 AANA Fall Course program cover, which was the inaugural AANA Fall Course.



FIGURE 4-6
2017 AANA Fall Course Schedule at a Glance.



FIGURE 4-7
1988 Specialty Day program cover.



2021 AANA/ASES Specialty Session at the 2021 AAOS Annual Meeting in San Diego, California.



The 2016 AANA Traveling Fellowship class pose for a quick photo prior to zip lining the Gorges in Saluda, North Carolina. *From left:* two zip line tourists, Mary K. Mulcahey, M.D., FAANA, a Steadman Hawkins Clinic of the Carolinas Orthopaedic Fellow, Cory Edgar, M.D., Ph.D., Kevin W. Wilson, M.D., a Steadman Hawkins Clinic of the Carolinas Orthopaedic Fellow, Michael J. O'Brien, M.D., FAANA and Richard K.N. Ryu, M.D.



The 2016 AANA Traveling Fellowship class attend dinner with John D. Kelly IV, M.D., FAANA in Philadelphia, Pennsylvania. *Back row from left:* Richard K.N. Ryu, M.D., Cory Edgar, M.D., Ph.D., John D. Kelly IV, M.D., FAANA. *Front row from left:* Mary K. Mulcahey, M.D., FAANA, Michael J. O'Brien, M.D., FAANA and Kevin W. Wilson, M.D.



The 2016 AANA Traveling Fellowship class attend surgery with John D. Kelly IV, M.D., FAANA at the University of Pennsylvania Medical Center in Philadelphia. *From left:* Richard K.N. Ryu, M.D., Mary K. Mulcahey, M.D., FAANA, Cory Edgar, M.D., Ph.D., Michael J. O'Brien, M.D., FAANA, John D. Kelly IV, M.D., FAANA and Kevin W. Wilson, M.D.



The 2016 AANA Traveling Fellowship class zip line the Gorges in Saluda, North Carolina. *From left:* Michael J. O'Brien, M.D., FAANA, a Gorge Zip Line tour guide, Richard K.N. Ryu, M.D., Cory Edgar, M.D., Ph.D., Kevin W. Wilson, M.D., Mary K. Mulcahey, M.D., FAANA and a second Gorge Zip Line tour guide.



The 2016 AANA Traveling Fellowship class participate in target practice in the backyard of John M. Tokish, M.D., FAANA in Spartanburg, South Carolina. *From left:* Kevin W. Wilson, M.D., Michael J. O'Brien, M.D., FAANA (*kneeling*), Cory Edgar, M.D., Ph.D., Richard K.N. Ryu, M.D. and Mary K. Mulcahey, M.D., FAANA.



The 2016 AANA Traveling Fellowship class attend BMW performance driving school in Spartanburg, South Carolina. *From left:* Michael J. O'Brien, M.D., FAANA, Kevin W. Wilson, M.D., Cory Edgar, M.D., Ph.D., Mary K. Mulcahey, M.D., FAANA and Richard K.N. Ryu, M.D.

Each AANA Traveling Fellowship class is unique in its own way, flavored by the Godfather, the AANA Traveling Fellows and the host sites. Nonetheless, each version remains a life memory for everyone involved; the fellowship is universally revered as one of the best experiences, professionally and personally, for the AANA Traveling Fellows and the Godfather. This experience is succinctly summarized by Richard K.N. Ryu, M.D. The 2016 AANA Traveling Fellowship class, consisting of Cory Edgar, M.D., Ph.D., Mary K. Mulcahey, M.D., FAANA, Kevin W. Wilson, M.D. and Michael J. O'Brien, M.D., FAANA, were chaperoned by Dr. Ryu, who was named Godfather for the 2016 class. Dr. Ryu recalls his experience and how meaningful the fellowship was both for his AANA Traveling Fellowship class and for him:

I had the pleasure of serving as the Godfather in 2016 for the AANA Traveling Fellowship. Three outstanding site visits, The Steadman Hawkins Clinic of the Carolinas, The University of Pennsylvania and New York University Medical Center, over 10 days with four strangers. What could possibly go wrong?

Despite my trepidations, I had one of the best experiences of my life, both professionally and personally. I am confident that the four AANA Traveling Fellows had a robust experience, but for me, the fellowship was rejuvenating. To spend time with four outstanding surgeons (Drs. O'Brien, Mulcahey, Wilson and Edgar) who are fundamentally curious, energetic and above all, wonderful human beings, was extraordinarily rewarding.

The "servant leader" was the unofficial theme of our time together, and we were fortunate to see this elevated concept modeled to perfection by Richard J. Hawkins, M.D. and John M. Tokish, M.D., FAANA (Steadman Hawkins Clinic), Scott M. Levin, M.D. and John D. Kelly IV, M.D., FAANA (University of Pennsylvania) and Joseph D. Zuckerman, M.D. and Laith Jazwari, M.D. (New York University). Interspersed with outstanding lectures, surgical suite visits, cadaver labs and interactive sessions, we managed to zip line at the Gorges, race cars at the

BMW plant, catch an MLB New York Mets game and visit one of the oldest bars in Philly, Kelly's Logan House (established in 1889 by Dr. Kelly's family).

The AANA Traveling Fellowship is a rare opportunity to pause, self-reflect and appreciate how compelling our profession is as well as marvel at the promise of the many [early career] surgeons who will soon lead us.

The AANA Traveling Fellowship has proven to be an important addition to the ongoing professional advancement of Orthopaedic Surgeons, as well as a mechanism where AANA leaders can pay it forward to foster the development of future leaders. Expanded details on the AANA Traveling Fellowship can be found in Chapter 6: Leadership: AANA Luminaries, Advocacy and the AANA Traveling Fellowship.

GLOBAL VISION FOR ARTHROSCOPIC EDUCATION

Over the past decade, AANA has made a concerted effort to expand its international outreach to execute its mission "to advance the art and science of arthroscopy and minimally invasive surgery through education, skills assessment and advocacy." This effort has focused on two key pathways. First, AANA has made it a priority to attract internationally based members in addition to national members. Second, AANA has expanded its efforts in international meeting participation to share knowledge and bring the expertise of AANA surgeons to other countries.

One of AANA's key goals, which is to become the global epicenter for arthroscopic education, is demonstrated through its concerted effort to become more appealing to Orthopaedic Surgeons who reside outside the United States. The AANA Board of Directors demonstrated this commitment to the international arthroscopy community when they changed the AANA Bylaws to become more accessible to a broader range of members. This change allowed a qualified medical

or osteopathic physician who practices outside of the United States and is certified by an Orthopaedic Board or College which corresponds with the American Board of Orthopaedic Surgery, the Royal College of Physicians and Surgeons of Canada or the Consejo Mexicano de Ortopedia to become an AANA International Member for significantly reduced annual dues. That membership provides discounted online education programs, reduced rates to attend the AANA Annual Meeting and Specialty Day, member pricing at AANA lab courses and free access to the members-only Online Educational Video Library. Other major benefits for AANA International members are free print and online subscriptions to *Arthroscopy* and free access to *Arthroscopy Techniques*. Further changes to the AANA Bylaws have allowed AANA International members to not only serve on committees, but also in chair positions and on the AANA Board of Directors, the AANA Executive Committee and the AANA Presidential Line. Supported by AANA Leadership and included in formal AANA Bylaws changes, this two-pronged effort in international outreach, which involved travel to multiple international meetings per year, has both contributed to AANA International Membership growth and positively impacted AANA International members' experiences within AANA.

AANA has also worked to bring AANA leaders' knowledge and skills to arthroscopy organizations outside the United States. In 2009, a task force was formed under the direction of Walter R. Shelton, M.D. to explore international initiatives. The task force was charged with exploring strategies and forging relationships with other international societies. The task force's recommendations included plans to collaborate with The International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) and jointly host one meeting every other year; this would encourage reciprocal visits from AANA and international experts to speak at each other's meetings and motivate

international organizations to use the OLC. After the task force completed its work, the AANA Board of Directors recognized the importance of international outreach and created what is known today as the AANA International Committee. This committee was tasked with providing recommendations to the president of AANA for an international visiting professor, coordinating the Biennial AANA/ISAKOS meeting, inviting international participants to submit an ICL at an international meeting each year and selecting AANA "ambassadors" – members who were considered seasoned surgeons and AANA leaders – to travel to sponsored international meetings. Dr. Johnson served as the first AANA International Committee chair from 2010-2012. He was succeeded by Pietro M. Tonino, M.D., FAANA, who served from 2012-2020. As of 2021, the AANA International Committee chair is Mark R. Hutchinson, M.D., FAANA.

AANA's success with international outreach is reflected in the diversity of courses and countries that AANA ambassadors have traveled to over the past several years, along with the growth in AANA's International Member category. In 2016, AANA ambassadors attended meetings in Egypt for the Egyptian Arthroscopy Association (EGAA), in Mexico for the Asociación Mexicana de Cirugía Reconstructiva Articular y Artroscopía (AMECRA), in Peru for the Peruvian Society of Orthopaedics and Traumatology (SPOT), in India for the International Arthroscopy Academy (IAA) and in Colombia for the Colombian Society of Orthopedic Surgery and Traumatology (SCCOT).

In addition to participating in international congresses for EGAA, AMECRA, SPOT and SCCOT in 2017, AANA ambassadors traveled to Shanghai, China for the Biennial ISAKOS Congress; Ravenna, Italy, for the Italian Society of Arthroscopy (SIA)'s 13th National Congress; and to Jakarta, Indonesia, for the Indonesian

Orthopedic Society for Sports Medicine and Arthroscopy (IOSSMA)'s Annual Meeting.

In 2018, AANA ambassadors attended international congresses for AMECRA, SPOT, IOSSMA and IAA. In addition, a group of AANA members who specialized in foot and ankle surgery traveled to Japan for the Combined Meeting of the 43rd Japanese Society for Surgery of the Foot (JSSF) Annual Meeting and the 5th Ankle Instability Group (AIG) Annual Meeting.

AANA ambassadors attended international congresses for EGAA, AMECRA, SPOT, SCCOT and SIA as well as the ISAKOS Biennial Congress in 2019. After two years of planning with Philippe Landreau, M.D., it was in 2019 that AANA ambassadors also traveled to Dubai, United Arab Emirates to co-host the first AANA Middle East Arthroscopy Master Course with the United Arab Emirates Orthopaedic Society and regional faculty, which mirrored the lab experience that one receives when attending a traditional AANA Lab Course (Figures 4-8A-C).

In 2020, the COVID-19 pandemic shut down international travel, which led to the cancellation of numerous meetings. AANA ambassadors were able to attend the EGAA 8th International Congress prior to shutting down (Figures 4-9A-C). Not to be deterred, AANA's intent to deliver international education continued via Zoom.

In 2021, AANA ambassadors presented at the British Orthopaedic Sports Trauma and Arthroscopy Association (BOSTAA), the EGAA 9th International Congress and the Sociedad Latinoamericana de Artroscopia, Rodilla Y Deporte (SLARD) International Congress. AANA also created two webinars in partnership with Aspetar in Doha, Qatar. In 2021, AANA ambassadors traveled to Poland for the 4th Polish Arthroscopic Society Congress. AANA ambassadors were also able to attend the ISAKOS 2021 Global Congress virtually. Dedication to international arthroscopic education remains a beacon of light for AANA's future.



FIGURE 4-8A
AANA Middle East Arthroscopy Master Course.

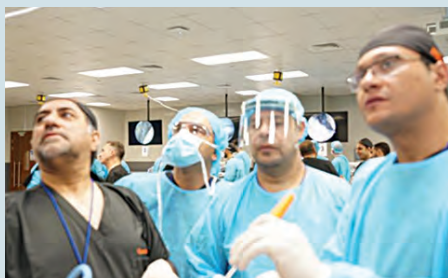


FIGURE 4-8B

Participants receive hands-on lab instruction during the AANA Middle East Arthroscopy Master Course.



FIGURE 4-8C

Mark R. Hutchinson, M.D., FAANA (*far left*), Robert E. Hunter, M.D. (*center*) and Joseph C. Tauro, M.D., FAANA (*far right*) with students from the AANA Middle East Arthroscopy Master Course.



FIGURE 4-9A

Robert E. Hunter, M.D. (*center*) poses for a group photo at the EGAA 8th Annual Congress February 25-26, 2020 in Cairo, Egypt.

FIGURE 4-9C

Robert E. Hunter, M.D. (*left*) participates in a panel discussion at the EGAA 8th Annual Congress in Cairo, Egypt.



FIGURE 4-9B

Pietro M. Tonino, M.D., FAANA answers a question from the audience at the EGAA 8th Annual Congress in Cairo, Egypt.

THE ORTHOPAEDIC LEARNING CENTER

“Each man’s life touches so many other lives and when he isn’t around, he leaves an awful hole.”

- Frank Capra, *It’s a Wonderful Life*

The OLC has served as a cornerstone of AANA’s primary goal to advance education, motor skills development and, most of all, the arthroscope, which has altered the way in which Orthopaedic Surgeons approach and treat musculoskeletal disease. The OLC serves as the go-to location for developing skills and becoming more adept at mastering a myriad of arthroscopic techniques. The history of arthroscopy, the arthroscope, arthroscopic education and AANA as an organization is largely due to the key visionaries and individuals who sacrificed their time, demonstrated their passion and were willing to take a chance on this tool called by some as “the tool of the devil.” The development of the OLC is due to a few passionate groundbreakers. Those who followed them took on their challenge to create what has become the most prestigious center dedicated to musculoskeletal and orthopaedic education in the world.

The Concept of an Orthopaedic Learning Center

In 1985, only three years after AANA was founded as an independent organization, Arthur E. Ellison, M.D. (Figure 4-10) from Williamstown, Massachusetts, suggested to the AANA Executive Committee the creation of a free-standing training facility. This facility would be dedicated to advancing surgical and motor skills necessary to perform a proper arthroscopic procedure. Lawrence Crane, M.D. appointed Dr. Sweeney as chair of an ad hoc Psychomotor Skills Committee with John F. Meyers, M.D. and Dr. Patel, tasked with investigating the potential opportunities available. Shortly thereafter, in a series of meetings with AANA Leadership that included Drs. Crane, DeHaven, Poehling, Sweeney, Ellison, Whipple, Ewing and Caspari as well as George Schonholtz, M.D. and David Drez Jr., M.D., it was approved, with the goal of creating a hands-on

“Each man’s life touches so many other lives and when he isn’t around, he leaves an awful hole.”

– Frank Capra, *It’s a Wonderful Life*



FIGURE 4-10

Arthur E. Ellison, M.D.
on a tour in Williamstown,
Massachusetts.

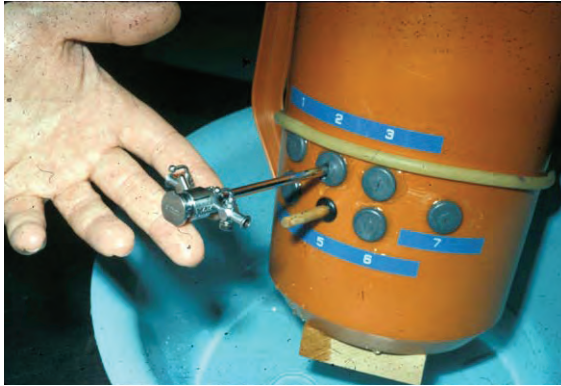


FIGURE 4-11A

An orange bucket that Howard J. Sweeney, M.D. created represents an early simulator model.



FIGURE 4-11B

Flight Safety International (FSI) demonstrates a flight simulation training.

laboratory dedicated to psychomotor and arthroscopic skills development. This vision was impressive in both its scope and risk. While partnerships with corporate entities, equipment manufacturers, the state of Massachusetts and the federal government became critical to the success of the potential project, the early AANA leaders helped fund what the OLC might become. This foundational commitment to arthroscopic education has always been a core part of the individuals serving AANA and the organization as a whole.

Over the next few years, AANA Leadership tirelessly pursued the dream of the OLC, with Dr. Sweeney consistently leading the discussion and development (Figure 4-11A). Naturally, there were several bumps in the road, including the failure of Massachusetts to come through with a promised \$4-5 million worth of support for construction on a proposed laboratory in northwestern Massachusetts.

Another early hurdle was forming a structure for the lab courses and finding “educators,” or experienced Orthopaedic Surgeons, to teach motor skills to participants. By that time, AANA had growing experience via a myriad of educational programs, including didactic and video presentations as well as cadaveric courses held in hotels. AANA Leadership made a concerted effort to seek out educational technology, including arthroscopic simulators, that would make arthroscopic motor skills education efficient and cost-effective, all the while measuring criteria for success. The idea to seek out this new kind of technology would advance arthroscopic education for the next three decades. However, in the late 1980’s and early 1990’s, it was an idea that was ahead of its time.

AANA partnered with the Medical Simulation Foundation to pursue the concept of arthroscopic simulation. One idea was to create an arthroscopic simulator that mirrored simulators used to train airline pilots. W. Dilworth Cannon Jr., M.D. remembers the

impressive (and potentially over-confident) presentation from Flight Safety International (FSI) that described how a pilot who had never flown a Boeing 737 could, after simulation training, confidently and safely fly the plane fully loaded with passengers (Figure 4-11B). FSI helped design what could be used as a potential workstation but demanded a guaranteed number of students per year for whom they would charge a large fee for certification. They insisted on retaining copyright control for all constructed course material. As a result of these financial constraints, an inability to require Orthopaedic Surgeon certification, failure to produce a functional prototype and FSI's demand to retain education copyright on all materials, the relationship with FSI ultimately dissolved, leading AANA to pursue a new direction.

Dr. Cannon and a cadre of others continued to work tirelessly in the late 1990's and early 2000's to create one of the first virtual reality arthroscopic knee simulators with appropriate haptics and visualization tools that would mimic a cadaver or live specimen (Figure 4-11C). It was the hope to one day convert the cadaveric lab courses to courses that were fully simulated (Figure 4-11D).

The Original Orthopaedic Learning Center

In the late 1980's and early 1990's, AANA Leadership's attention focused on an independent, free-standing AANA office and cadaver lab. In June 1991, 25 association leaders each signed a personal \$10,000 promissory note that would guarantee lab startup costs. Negotiations led to a win-win situation: AANA became headquartered and a state-of-the-art motor skills lab, the OLC, was constructed within the AAOS building (Figure 4-12).

The OLC's structural design and operational supervision is a testimony to AANA's passion and



FIGURE 4-11C
A simulator model produced with the help of W. Dilworth Cannon Jr., M.D.

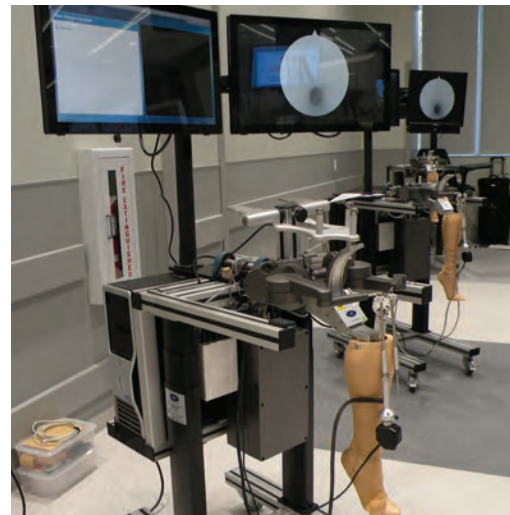


FIGURE 4-11D
VirtaMed simulator models within the current Orthopaedic Learning Center.

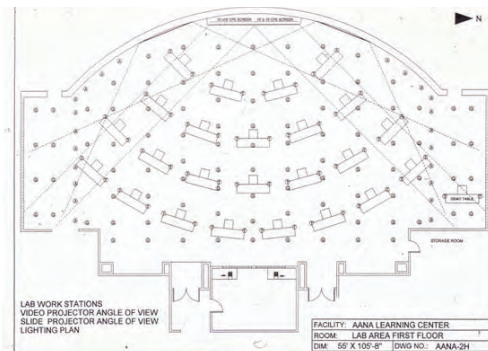


FIGURE 4-12
Blueprints for the original Orthopaedic Learning Center.



FIGURE 4-13
Design concept for the original Orthopaedic Learning Center.



FIGURE 4-14
Original Orthopaedic Learning Center.



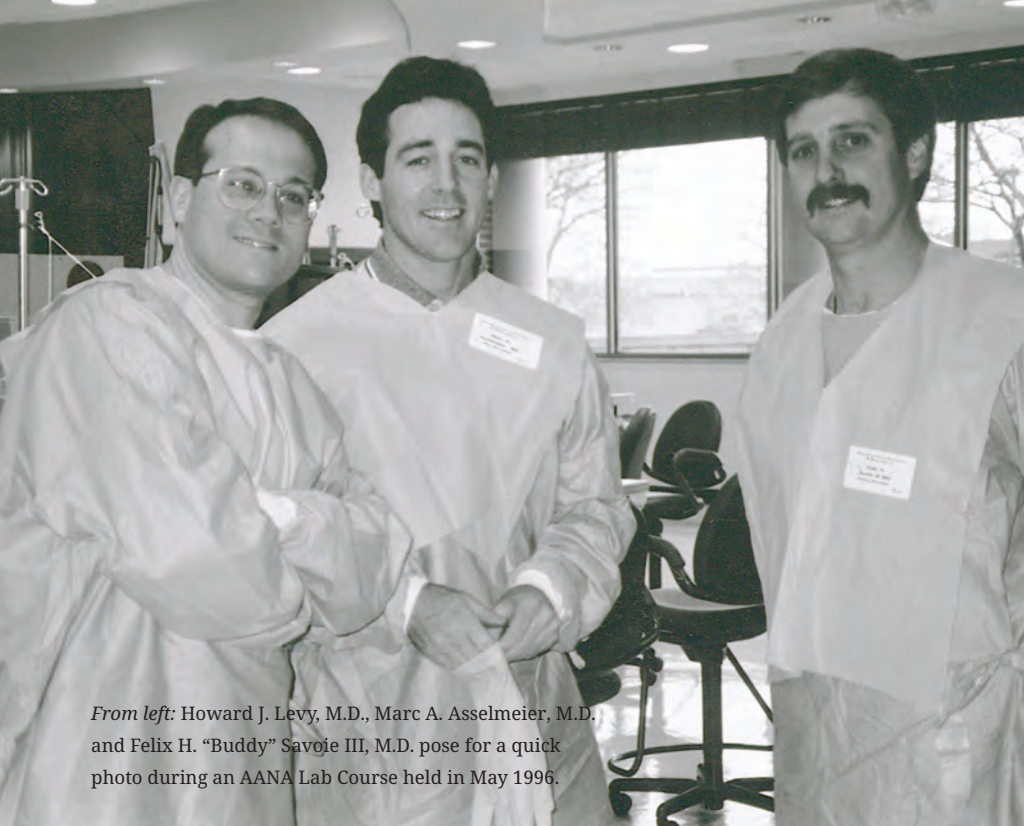
FIGURE 4-15
Pamela Martens
Beaumont.

mission. Careful thought was put into each phase of operation, including state-of-the-art audio-visual equipment; appropriate site lines, lighting, power and fluid management; and Occupational Safety and Health Administration local and national guideline compliance (Figure 4-13). To fulfill its obligation for equipment and materials, AANA turned to its corporate partners for sponsorship.

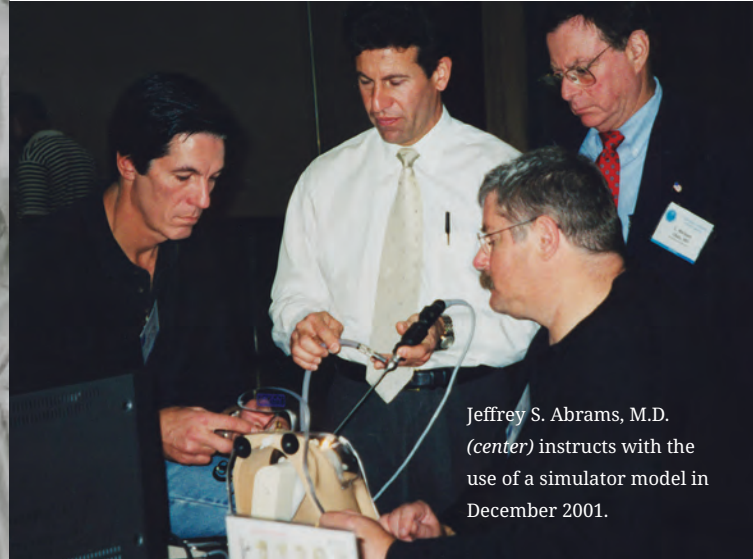
Dr. Sweeney frequently told the story where AANA Leadership met with James Farmer, Ph.D., an educational specialist from the University of Illinois. Dr. Farmer advised that the audience size for a skills course be no larger than 16-20 persons, implying eight-10 total workstations. AANA was able to secure a total of 24 workstations from corporate sponsors, with additional corporate support leading to the standard-sized courses of 24-48 students over the next three decades. Continued corporate partnership was and has been critical to the OLC's ongoing success.

Operationally, the OLC was founded in 1993 as a corporation that a CEO would manage independently of AANA (Figure 4-14). Initially, AANA provided three members to a board of directors (each serving three-year terms) to whom the CEO reported. The original members of the board of directors for the OLC from AANA included Drs. Sweeney, Esch and Ewing. In 2006, two additional members, who would serve two-year terms, were added. Ed Goss, then AANA CEO, proposed a structural responsibility and leadership sequence (later called the Goss plan) that paved the way for operations and governance for what would become the new OLC.

The OLC's original CEO was Joanne Mead, who served the role from 1993-1995. Upon her departure, there was a brief series of interim directors including Pamela "Pam" Martens Beaumont (Figure 4-15),



From left: Howard J. Levy, M.D., Marc A. Asselmeier, M.D., and Felix H. "Buddy" Savoie III, M.D. pose for a quick photo during an AANA Lab Course held in May 1996.



Jeffrey S. Abrams, M.D. (center) instructs with the use of a simulator model in December 2001.



Left and right: Faculty from an AANA Lab Course held in May 1994.





FIGURE 4-16
Patricia Cichlar.

Judy Sherr and Art Solomon, who briefly “held down the fort” until Patricia “Pat” Cichlar (OLC CEO from 1995-2016) assumed the title (Figure 4-16). Over the years, many AANA leaders and board members have played critical roles in the OLC’s maturation and development, but few had more impact over time than Pat. Circa 1995, Pat was recruited from her role as a nurse clinical coordinator/scrub nurse at Evanston Hospital, where she had served as the scrub nurse for Dr. Sweeney.

Pat’s role made her a key witness to the development of arthroscopy since the early 1970’s. She remembers the days before there were cameras and monitors that magnified the view. During those days, the surgeon had to look directly down an arthroscopic eyepiece. For education purposes, some arthroscopes had an educational side-port, meaning the student and mentor would have to move in unison as the scope navigated the internal anatomy of the knee. For this reason, maintaining sterility was a challenge. She also remembers setting up Fuji mums and heads of lettuce so that surgeons who were early in their careers could mirror techniques of debriding chondromalacia or meniscus tears in the early versions of arthroscopic models, which were no more complex than a water pitcher with rubber dams. Pat witnessed early arthroscopic models that were developed and implemented such as the “Swee-Knee” knot tying stations, the ALEX model, Fundamentals of Arthroscopic Surgery Training (FAST) stations and early simulators. Pat was omnipresent through the early years of arthroscopic education by organizing educational courses in hotels and other venues that preceded the OLC, among other key responsibilities.

Over time, Pat worked with 24 presidents of the OLC, countless corporate representatives and hundreds of faculty and staff, all while introducing fresh audiences to the OLC and maintaining a safe yet functional training environment. Pat navigated the individual leadership

style of each president of the OLC and cherished the personal relationships that she developed with each. Pat's goal was to create a personal relationship with each president of the OLC and as many of the course chairs and returning faculty as she could.

Pat's insight and leadership were critical in the transition to the new OLC (discussed in greater detail later) which she proudly considers "one of her babies." She participated in meetings with AANA Leadership, structural design meetings with architects, meetings with corporate representatives who would provide critical infrastructure to the lab (including a redesign of the standard OLC) and so many other parts that were critical to the success of the new OLC. During his service as president of the OLC from 2013-2014, Dr. Hutchinson fondly remembers attending numerous meetings where Pat would assist with the internal design and flow of the new OLC that was essential to its redesigned image, perception and function.

"I am proud to have played at least a small role in providing the environment that propelled the advances of arthroscopic education and trained thousands of Orthopaedic Surgeons to optimize their surgical and motor skills during a critical time in the development of arthroscopy," Pat explained regarding her contributions and service to the OLC.

In addition to Pat, Annette LaBrie, Vivian Taylor (who maintained the instruments, operating room standards and organization) and Lovelle Langston (who served as the houseperson) proved instrumental to some of the first OLC courses. It was common for supporting staff, including Pam, Claudia Villio, Celeste Borhman, Toby Suberlac, Kathy Klabaha, Katie Major, Jeri Busch and Ro Simon, to welcome returning faculty and attendees. Returning speakers and faculty formed quick and long-lasting relationships with the audio-visual team (Ray Moore, Don Kornfeind and Lee Balthasar) who assured

“For education purposes, some arthroscopes had an educational side-port, meaning the student and the mentor would have to move in unison as the scope navigated the internal anatomy of the knee.”

TABLE 4-3

Presidents of the OLC Education and Conference Center.

'94-'95	J. Whit Ewing, M.D.
'95	John B. McGinty, M.D.
'95-'97	James C. Esch, M.D.
'97-'98	S. Terry Canale, M.D.
'98-'99	Howard J. Sweeney, M.D.
'99-'00	James A. Nunley II, M.D., M.S.
'00-'01	W. Dilworth Cannon Jr., M.D.
'01-'02	Joseph D. Zuckerman, M.D.
'02-'03	Joe W. Tippett, M.D.
'03-'04	James H. Beaty, M.D.
'04-'05	Leslie S. Matthews, M.D.
'05-'06	Lowell D. Lutter, M.D.
'06-'07	James P. Tasto, M.D.
'07-'08	Stephen S. Burkhart, M.D.
'08-'09	Edward Akelman, M.D.
'09-'10	Donald H. Johnson, M.D.
'10-'11	Richard J. Hawkins, M.D., F.R.S.C.S.
'11-'12	J.W. Thomas Byrd, M.D.
'12-'13	Brian J. Cole, M.D., M.B.A., FAANA
'13-'14	Mark R. Hutchinson, M.D., FAANA
'14-'15	William A. Jiranek, M.D., F.A.C.S.
'15-'16	Felix H. Savoie III, M.D.
'16-'17	Joseph A. Bosco III, M.D.
'17-'18	Leslie S. Matthews, M.D.
'18-'19	Steven L. Haddad, M.D.
'19-'20	Michael G. Ciccotti, M.D.
'20-'21	Richard L. Angelo, M.D., Ph.D.

video demonstrations and presentations all flowed smoothly and set the highest of professional production standards.

The ongoing success of the OLC has been and continues to depend on its volunteer faculty. Countless AANA members have served as associate faculty, master faculty and course directors over the past 30 years. Each one has made an impact on individual Orthopaedic Surgeons and the future of arthroscopic surgery. Some have served so frequently that the OLC became a second home, as was the case for AANA leaders such as Dr. Sweeney and Felix H. "Buddy" Savoie III, M.D. Dr. Sweeney not only continued to develop the way Orthopaedic Surgeons taught knot tying skills but also made it a personal goal to attend almost every AANA Foundations in Arthroscopy Lab Course to see that Orthopaedic Residents and Fellows improve their motor skills. Dr. Savoie remembers traveling to Chicago so frequently during his tenure as president of AANA and the OLC that he nearly lost track of the total number.

Each past president of AANA and the OLC has brought their own ideas and interventions that have secured the OLC as the greatest location for musculoskeletal education in the world. The OLC has served as the fertile soil for AANA lab courses to advance, grow and develop.

Richard L. Angelo, M.D., Ph.D. credits the OLC as being a cradle of arthroscopic learning and educational intervention.

"The OLC has been the home of the entire AANA Copernicus Initiative," Dr. Angelo described. "Although the work and studies began in 2011, the actual implementation of the first complete proficiency-based progression surgical skills training course, where registrants learned how to do arthroscopic Bankart and rotator cuff repairs, took place in 2019. Only one out

of 12 trainees could meet the proficiency benchmark on a shoulder cadaver at the beginning of the course, whereas 89% and 83% of the participants achieved the benchmarks for a Bankart and rotator cuff repair, respectively, upon completion of the course.”

During his tenure on the OLC Board of Directors, Edward Akelman, M.D. was not only impressed and proud of the improved digital access and advancement in educational programs but also particularly appreciated those brave faculty who were willing to put on live demonstrations during a course.

“You quickly learned that even the most talented surgeons in the world face challenges during surgery, thus leading to the awareness that it is less the challenge but rather how you overcome it,” Dr. Akelman said.

According to J.W. Thomas Byrd, M.D., serving on the OLC Board of Directors and as its president was one of his most cherished career appointments. The OLC Board of Directors tends to fly under the radar, with few recognizing the importance of its work. Nonetheless, the work of the board and the courses that have and continue to occur at the OLC have altered the trajectory of arthroscopy. Dr. Byrd explains further:

As a young [sports medicine] surgeon who cut his teeth on knee, shoulder and elbow arthroscopy, I had the great fortune to be invited by some of the arthroscopy legends to participate in several courses as an associate master instructor. [Dr.] Sweeney was always there, and he became aware of my growing experience in hip arthroscopy. In his early 70's, [Dr. Sweeney] was a gentleman who was still constantly staying on top of the latest developments in arthroscopy, and he came to visit me in 1997. As he departed for the airport, [Dr. Sweeney] said we need to do a hip course at the [OLC]. Later, I flew to Chicago and [Dr. Sweeney], Pam [Beaumont] and I gathered in the back of the lab

and tinkered with a hip specimen during an AANA Foot and Ankle Arthroscopy Course run by [Dr.] Stone. We used a frame designed by [Donald Greene, M.D.] and were able to titrate the amount of traction depending on whether we utilized one or two cinder blocks. Note that during the early [AANA lab] courses there was usually one- or two-foot injuries among participants from dropped cinder blocks, but nothing that was ever too serious.

We did our first Hip [Arthroscopy] Lab Course in 1998 and it went smoothly, with about 18 surgeons in attendance. We made plans for a 1999 [Hip Arthroscopy Lab] Course, and then had to cancel because only one person signed up. We figured we had probably taught everyone who was interested in hip arthroscopy, but [Dr. Sweeney] was undeterred and promptly scheduled one for 2000, which was a success. 2001 was canceled because it was the weekend after 9/11, but following that we grew from one to two to three courses each year with all of them filling up. In these early years, we always had the top thought leaders as faculty because this was the only course dedicated to the hip and the only place you could stay [up to date] on the latest ideas that were going on around the world. You [wouldn't] dare miss the course because it would be another year before you could catch up on what others were doing. This is a credit to the culture of the [OLC], which was simply an extension of [Dr.] Sweeney's personality. Pam, who organized all the AANA lab courses, and Pat [Cichlar] were hand-picked by [Dr. Sweeney] and established a foundation of committed and dedicated staff. The legacy established by these individuals in the early days of the OLC has now been passed to Lisé Puckorius, today's OLC CEO, and the current AANA Staff who continue to carry the banner.

One of Dr. Burkhardt's, a past president of the OLC, fondest memories of service is the teaching itself and how it can impact a person's career.

I specifically remember teaching a young surgeon from Venezuela how to do an arthroscopic rotator cuff repair at the OLC about 12 years ago. He was so enthusiastic that he arranged to visit me in the operating room in San Antonio three different times in subsequent years to further advance his skills. After a few years, as the political and social situation in Venezuela became more dangerous and uncertain, he wrote to me about writing a letter of recommendation for him to [attain] an arthroscopy fellowship [in the United States].

He was awarded that fellowship, moved his family and ultimately became licensed to practice in the United States. But he still had not accomplished his goal to complete one of the most prestigious U.S. sports medicine programs. When he decided to apply, I again wrote a strong letter of recommendation on his behalf; he was accepted and is now only two months away from graduating at one of the most high-profile U.S. sports medicine programs. What began as an educational trip resulted in a career of aspiring to excellence while simultaneously providing safety and security for his family.

AANA Foundations in Arthroscopy Lab Courses: Residents and Fellows

An area that AANA has continually invested in for over 25 years is Orthopaedic Resident and Fellow education. During his tenure as president of AANA, Dr. Esch was receptive to a fresh idea: Why couldn't AANA serve the same universal role for Orthopaedic Resident arthroscopic education that the Arbeitsgemeinschaft für Osteosynthesefragen (German for "working group for bone fusion issues") serves regarding Orthopaedic Resident bone fracture education? The concept was simple and resonated with AANA's mission. If AANA could provide the template for fundamental arthroscopic education at the Orthopaedic Resident level, then by the time they had completed their training, they would have advanced further, safer and more efficiently down their personal

learning curve. And thus, the AANA Foundations in Arthroscopy Lab Course was born.

The first course was held at the OLC in March 2001 with John F. Orwin, M.D., Charles Bush-Joseph, M.D. and Dr. Hutchinson serving as master faculty. Over the next few years, the course had become a hot ticket for Orthopaedic Residents across the country, routinely selling out the three courses per year months in advance. For nearly 20 years, Drs. Orwin and Hutchinson as well as Paul D. Fadale, M.D. have continued to provide oversight to the course at-large (Figure 4-17). The success of the AANA Foundations in Arthroscopy Lab Course is dependent on passionate faculty willing to volunteer their time to optimize the skills of future Orthopaedic Surgeons. The course has also been shown to be a great starting ground for various innovations, including the advancement of knot tying skills led by Dr. Sweeney; the routine inclusion of the FAST workstations led by Gregg Nicandri, M.D.; and the inclusion of arthroscopic simulators into a lab course motivated and led by Robert A. Pedowitz, M.D., Ph.D. (Figure 4-18). Following in the footsteps of key visionaries like Dr. Cannon, Dr. Pedowitz vetted the best available simulation tools currently available. The time had finally arrived to fulfill the early dreams of what simulation devices for arthroscopy might be capable of. If the sincerest form of flattery is imitation, then the AANA Foundations in Arthroscopy Lab Course has achieved great success, as evidenced by subsequent courses targeting Orthopaedic Fellows and parallel courses other organizations offer. Ultimately, the long-term success and impact of the AANA Foundations in Arthroscopy Lab Course must be credited to the AANA Board of Directors and AANA Leadership who annually choose to distribute support for the course. The residency programs' appreciation for the course is evidenced by their choosing to send their Orthopaedic Residents to an AANA Foundations in Arthroscopy Lab Course every year (Figures 4-19 - 4-22).

The New Orthopaedic Learning Center

As time passes, technologies advance, structures age and dynamic organizations grow beyond the physical infrastructure that may have served them well during an earlier phase of its development. This truth has impacted AANA and the OLC. Late in the first decade of the new millennium, leadership in each orthopaedic organization became increasingly aware of the restrictions that the existing physical plant of the original headquarters building had as well as the future costs of updating and maintaining both the physical plant and infrastructure. Dr. Cole further framed the task at hand.

“The biggest challenge was trying to predict what the educational needs will be in two, five, 10 and 20 years into the future,” he explained. “We knew we needed a physical plant that would provide a sustainable environment for educating our peers for decades to come. This was not easy given the inability to predict economic changes or changes in learning preferences over time.”

Thoughtful leaders dreamed of a new structure that could serve as the starting point for orthopaedic



FIGURE 4-17
From left:
Mark R. Hutchinson, M.D.,
FAANA, Paul D. Fadale,
M.D., Pietro M. Tonino,
M.D., FAANA and George C.
Branche III, M.D.



FIGURE 4-18
Robert A. Pedowitz,
M.D., Ph.D. instructs
a course attendee
during the
Copernicus Initiative.



FIGURE 4-19
Faculty at a Foundations in Arthroscopy Course.



FIGURE 4-20

Orthopaedic Residents practice their motor skills at the 2019 AANA Foundations in Arthroscopy Course.

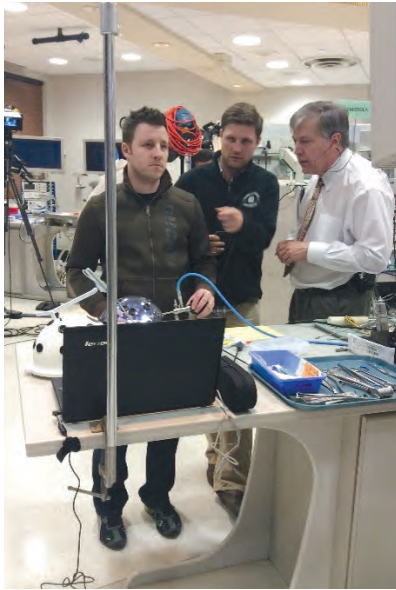


FIGURE 4-21

Mark R. Hutchinson, M.D., FAANA (*right*) instructs Orthopaedic Residents on how to strengthen their triangulation skills on a Fundamentals of Arthroscopic Surgery Training workstation during an AANA Foundations in Arthroscopy Course.



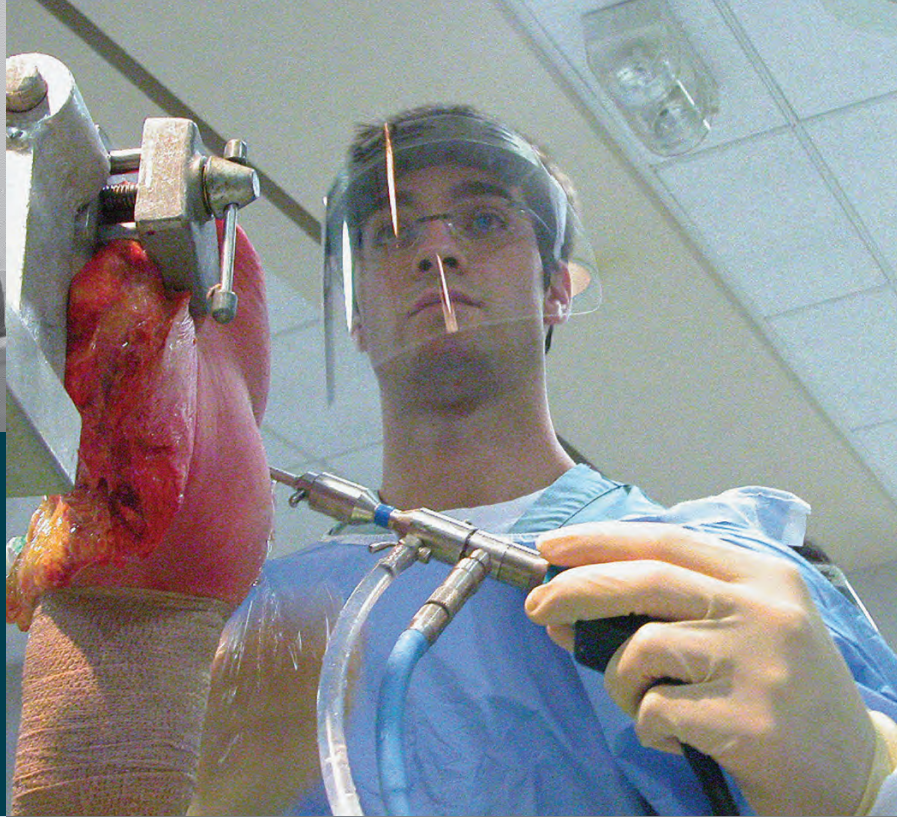


FIGURE 4-22

AANA lab courses provide world-class arthroscopic educational opportunities.





FIGURE 4-23A
Blueprints for the new Orthopaedic Learning Center.



FIGURE 4-23B
Design concept for the new Orthopaedic Learning Center.

surgery to advance into the 21st century. Due to the state of the financial markets at the time, those leaders elected to build a new orthopaedic headquarters. A financial campaign was developed, land was purchased, negotiations were made with the Village of Rosemont and architectural designs were created (Figures 4-23A-B). A key question remained: What role would the OLC play in the new orthopaedic headquarters building? In the early phases of planning, AANA and the OLC evaluated whether the OLC’s educational platform should look at a site independent of the new AAOS building; however, it became obvious that AANA remained committed to hands-on motor skills and surgical training. The OLC became a critical focus for donors, leading to a hugely successful funding campaign otherwise known as the Building Capital Campaign.

Like the original OLC, AANA was able to achieve its goal of a new, state-of-the-art surgical skills learning center, equipped with 16 workstations, with generous support from corporate partners (Figure 4-24).

Dr. Cole remembers key parts of this critical moment in AANA’s and the OLC’s history:

During my year as president of the OLC, we developed a complete paradigm shift with enormous changes in facility leadership, ownership and physical plant. Collectively, we designed the current OLC in the newly built AAOS building as a replacement for the old OLC that clearly was in need of updating. We recognized that to remain sustainable, we needed to evolve from the preexisting facility to a new, state-of-the art facility that embodied the physical space, flexibility and technology needed to teach lab-based cadaveric surgery. In addition, we needed to design a facility that could be useful for non-Orthopaedic Surgeons to fortify an economic model that would increase utilization of the lecture and lab space. We met this objective, and the model has proven largely sustainable over time.



FIGURE 4-24
A groundbreaking ceremony for the new Orthopaedic Learning Center.



Construction of the new American Academy of Orthopaedic Surgeons building, including the Arthroscopy Association of North America headquarters, and Orthopaedic Learning Center.

The doors were ready to open two years later, leading to one of Dr. Savoie's proudest moments serving as president of the OLC. He remembers making a special trip to Chicago with then president-elect of the OLC Joseph Bosco, M.D. and OLC Past President William Jiranek, M.D. solely for the purpose of witnessing the move to the new OLC. Watching the final touches of this dream project for so many, Dr. Savoie and his colleagues were confident that AANA was on sound educational footing for the next generation of Orthopaedic Surgeons and arthroscopists.

In 2016, the OLC Board of Directors hired Lisé A. Puckorius, CAE to serve as the new OLC CEO (Figure 4-25). Lisé has demonstrated passion and endless energy in guiding the organization through unique challenges, faced with increased competition in motor skills education and assumed liabilities of a new functional learning space, changing corporate markets, sponsorships and new technologies such as simulation. Dr. Angelo describes Lisé as bright, professional, knowledgeable and an incredible asset to the organization. Lisé credits the continued success of the OLC to not only Annette and Pat who preceded her, but those who currently serve on the OLC Staff with her, including Kathy, Jeri, Ellen Kaimakis, Jimmy Konrad, Frank Contacessi, Josh Koehn and Mike Owca. She also credits past presidents of the OLC whom she has served including Drs. Savoie, Bosco, Matthews and Angelo, as well as Steven Haddad, M.D. and Michael G. Ciccotti, M.D.

Under her watchful eye, Lisé has seen the OLC Leadership organizations, including AANA, become more collaborative. Lisé also saw the need to modernize and advance the business model on which the OLC functioned. She states:

It was clear that the member organizations were focused on providing high-quality education. The member organizations supported the need to build



FIGURE 4-25
Lisé A. Puckorius, CAE,
the current Orthopaedic Learning
Center CEO.



FIGURE 4-26A
Inside the new Orthopaedic
Learning Center.

FIGURE 4-26B
One of three auditoriums inside the
new Orthopaedic Learning Center.





OLC
EDUCATION & CONFERENCE
CENTER

OLC
EDUCATION & CONFERENCE
CENTER

OLC
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CENTER

Inside the new Orthopaedic Learning Center.



An AANA Lab Course participant practices his technique on a cadaver inside one of the labs at the new Orthopaedic Learning Center.

the next generation of the OLC. The business model for the OLC had to change to be successful [rather than] a financial drain. We had to grow the outside group business. We had grown outside group revenue by 143% from 2015-2019. In 2015, we had \$1,077,973 and in 2019, we had \$2,614,401 in outside group business. We also had to diversify our client base. It is not recommended to be focused on one market segment, so we now have thoracic, periodontal, construction, finance and a variety of other segments. We also had to manage our costs across the board. We have a very small team and a large number of contract workers who make all this happen.

We have had a large increase in the number of courses that are training surgeons using robotics, which has been very exciting for us. We had one client finish their Food and Drug Administration trial and launch the only spinal 3D augmented product in the world. We were excited to launch the OLC Mobile Lab at the AOSSM-AANA Combined 2021 Annual Meeting in Nashville that took place in July 2021 from which we projected the demos from the Mobile Lab into the General Session.

Sharing this history of the OLC would not be complete without mentioning how Lisé and the OLC Staff faced one of the defining moments of the past century: COVID-19. It was Lisé and Dr. Angelo who challenged the entire OLC Staff to “adapt and innovate.” According to Lisé:

I am incredibly proud of the entire OLC Staff's ability to adapt and innovate, especially in 2020. We were remote for two months and still booking future business even though we were not holding any live courses. Staff returned to the OLC in June of 2020 and then exceeded budget all the while wearing the protective wear. It was physically and emotionally challenging and they adapted incredibly well.

We used our relationships with the governmental authorities to obtain permission to open June 1 of 2020 as an essential service. We followed the



James W. Stone, M.D., FAANA (left) and Mark A. Glazebrook, M.D. at AANA's Foot and Ankle Arthroscopy Lab Course demonstration prepare a specimen for broadcast to the meeting participants in order to demonstrate the minimally invasive technique for lateral ligament reconstruction of the ankle.



FIGURE 4-27A

Faculty prepare a demonstration at the AANA Emerging Techniques in Hip Arthroscopy Course held in November 2020.
From left: Shane J. Nho, M.D., M.S. and Steven DeFroda, M.D.



FIGURE 4-27B

Faculty and industry support at the AANA Emerging Techniques in Hip Arthroscopy Course held in November 2020.
From left: Sean Collins, Mike Klein, Shane J. Nho, M.D., M.S. and Steven DeFroda, M.D.



FIGURE 4-27C

Faculty at the AANA Knee & Shoulder Course held in April 2021.
From left: Julie A. Dodds, M.D., Joseph C. Tauro, M.D., FAANA, Kevin F. Bonner, M.D., FAANA and Nicholas A. Sgaglione, M.D.



FIGURE 4-27D

Michael J. O'Brien, M.D., FAANA, instructs Orthopaedic Fellows at the 4th Annual Fellows and Chief Residents Course held in April 2021.

ever-changing Centers for Disease Control and Prevention guidelines as well as the state guidelines. We were continually reminding our clients that we are in Rosemont and not in Chicago, where the restrictions were different. We had to create a new entrance (to alleviate the fears of existing building occupants), make a new electronic waiver, take temperatures and rework the way we distributed our scrubs and the protective wear. We obtained the Global Biorisk Advisory Council Gold Standard certification as a safe and clean location. We were the first Bioskills Lab in the country to receive this recognition. One AANA faculty member shared with me that following the AANA Foundations in Arthroscopy [Lab] Course in October 2020 he felt safer at the OLC than at home!

According to Dr. Angelo, the OLC Staff's ability to drive growth in a safe environment was outstanding and, in and of itself, generated numerous new clients who will become long-term users of the OLC. In order to ensure a safe environment could be offered and maintained with full compliance of all regional, local and national guidelines during COVID-19, OLC Staff and industry came together to assess the adequacy of ventilation by measuring the lab's square footage. Additionally, they worked to guarantee the availability of appropriate personal protective equipment, and to implement all necessary safety protocols for both attendees and staff. The added ceiling height, which was a debate in the original design for the new OLC (Figures 4-26A-B), was helpful in allowing additional attendees to participate in AANA lab courses. Many credited the OLC as being the safest and most well-thought-out and well-designed facility in the country. Ultimately, the resulting outside revenue played a huge role in buffering the lost revenue from canceled courses.

CONCLUSION

After 40 years, AANA and all its educational facets remain a beacon of learning across the globe with respect to arthroscopy education and motor skills as stated in its tagline, *Advancing the Scope™*. The multipronged approach that includes annual academic/didactic meetings, hands-on motor skills experiences and international partnerships/fellowships is critical to the continued advancement of AANA. To accomplish this, AANA remains dependent on highly qualified and dedicated full-time staff but even more so on the passion, commitment and volunteerism of its membership, faculty and leaders (Figures 4-27A-D). AANA remains a unique organization in which its volunteers sacrifice large portions of time away from medical practice to teach arthroscopy, a procedure that has opened the window to a better understanding of anatomy, minimally invasive surgical techniques and surgical outcomes for thousands, if not millions, of patients. Kudos to each AANA Member for being a true beacon of learning and who has presented at the AANA Annual Meeting or AANA Fall Course, served as associate or master faculty at one of AANA's hands-on lab courses or has taken on leadership positions within the organization.



FIGURE 4-28

A tribute to Howard J. Sweeney, M.D., whose contributions to AANA, and especially the Orthopaedic Learning Center, were essential and exceptional.





AANA and Innovation

BY

Richard L. Angelo, M.D., Ph.D.,
Brian J. Cole, M.D., M.B.A., FAANA
and Louis F. McIntyre, M.D., FAANA

INTRODUCTION

Writing a chapter about the Arthroscopy Association of North America (AANA) and innovation would seem like a simple task, like taking corn kernels out of a knee at an AANA Lab Course. After all, AANA has been synonymous with innovation and technical advances since its inception in 1981. The founders of AANA were presented with a unique opportunity; the nexus of several nascent technologies experiencing tremendous growth and development accompanied by a market that was ripe for disruption. Using fiber optics with video transmission sparked a flurry of research into performing surgery that would invade and harm less while revealing more. It was not so much research as devoted tinkering. The research followed.

COWBOY MENTALITY

The early AANA innovators were more concerned with demonstrating efficacy and proof of concept than scientific rigor. AANA lab courses and content reflected that mindset; a mindset of pragmatic and realistic improvements in how surgical care was performed. Since this fiber optic video world was brand new, AANA needed to focus on innovation and teaching.





Orthopaedic Residents and Fellows practice their knot tying skills on one of the early versions of the Fundamentals of Arthroscopic Surgery Training models.



From left: Robert A. Pedowitz, M.D., Ph.D., Richard L. Angelo, M.D., Ph.D., Richard K.N. Ryu, M.D. and Larry D. Field, M.D., FAANA prepare to make uniform arthroscopic Bankart lesions for repair in one of the labs at the Orthopaedic Learning Center.



Richard K.N. Ryu, M.D. (left) and Robert T. Burks, M.D. jaw about who is the better instructor.



Orthopaedic Residents participate in a Copernicus randomized proficiency-based progression trial.

The teaching was all about a new and controversial technique that no one had yet mastered. Everyone needed to be taught, including the teachers. It meant that AANA innovators had to have a thick skin and suffer withering criticism from practitioners of mainstream surgical techniques who were being challenged. Think about it: The public's trust in those who would use knives and extensile incisions to cure them must be ironclad. Iconoclasts who contended otherwise were more than just cranks; they represented a threat to the bond of trust between the surgeon and the patient. AANA innovators were disparaged as more than just wrong in their thinking. They were painted as dangerous. So, on top of being ground-floor innovators presented with unprecedented opportunity, the founders of AANA got to play another role – that of the cowboy. AANA innovation produced a renegade spirit that bucked conventional wisdom. A spirit that contended that all surgical maneuvers can and must be improved. This represented a huge opportunity for surgeons early in their careers. If the techniques the orthopaedic elders professed and performed were outdated, then it was mostly surgeons early in their career who had to master and teach these newer techniques. So, along with a spirit of constant improvement, a youthful enthusiasm pervaded AANA's innovation efforts that persist today. AANA's innovative and renegade spirit has prevailed, and the elders are now all on board with AANA and have been for at least three decades. The AANA innovation spirit asks: Does it work? Is it safe? Is it faster, simpler, easier on the patient?

SKILL DEVELOPMENT

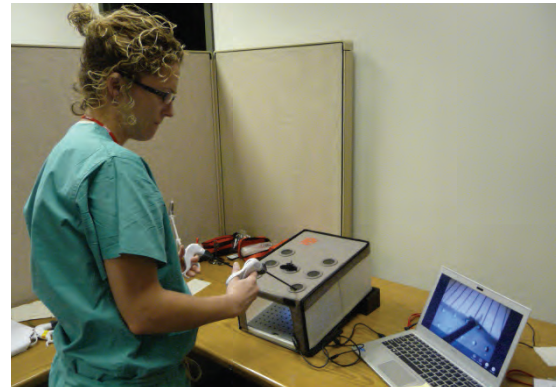
AANA provided a legitimate forum for those original innovators to showcase the tinkering that produced the motorized shaver, the suture passer, the interference screw and the suture anchor. All these devices are must-haves in the armamentarium of the practicing Orthopaedic Surgeon today but were a novelty when AANA was founded. The novel nature of new equipment

and the techniques that went with them required that AANA was an essential platform for teaching. While the instruction had a didactic component, it was mostly based on the transmission of surgical skills. Surgical skills teaching necessitated the development of models, and the model of choice became the cadaver. AANA founders pioneered the innovative use of the cadaver in teaching arthroscopic skills to Orthopaedic Surgeons.

The initial sites of these cadaver labs were the ballrooms of hotels. It was quite the sight to see fancy ballrooms covered in plastic with workstations that included wooden towers for gravity-fed arthroscopy fluid management! The need for teaching was so great that the society planned two large meetings a year: one for more traditional, scientific abstract presentations and another devoted to cadaver labs teaching surgical skills. It is hard to believe now, but in the 1980s, most orthopaedic residencies were not teaching arthroscopic skills because they didn't have attendings who were experts in arthroscopy. Arthroscopy fellowships became popular as a result and AANA was instrumental in nurturing those fellowships. AANA devoted considerable time and effort to administering and accrediting its fellowships. This was a teaching and career-enhancing initiative and ensured that there was an increasing supply of well-trained arthroscopists to care for patients with minimally invasive surgical techniques. The AANA fellowships were arthroscopy fellowships, which differed from the more traditional sports medicine fellowship in that they were much more technique- and device-oriented. As arthroscopy matured as a discipline, the arthroscopy fellowships became more like the sports medicine fellowships and vice versa.

THE ORTHOPAEDIC LEARNING CENTER

AANA founders recognized the deficiencies and exceedingly high costs of cadaver labs across the country set up in hotel ballrooms and spearheaded



An Orthopaedic Resident completes the psychomotor skills baseline assessment for the proficiency-based progression trial.

“Surgical skills teaching necessitated the development of models, and the model of choice became the cadaver.”

the development of a centralized teaching and learning center dedicated to orthopaedics and arthroscopy. AANA pioneered the innovation of the Orthopaedic Learning Center (OLC) at the American Academy of Orthopaedic Surgeons (AAOS) building in Rosemont, Illinois. This was a tremendous effort in collaboration and fundraising, brought to fruition only because of the AANA founders' dedication to teaching and learning. As a result, the state-of-the-art orthopaedic teaching center has spawned hundreds of similar centers all over the globe.

Years of experience at the OLC proved valuable for learning arthroscopic skills for thousands of Orthopaedic Surgeons. AANA leaders saw the value of the center but also recognized the deficiencies of the models and methods used to teach arthroscopic skills at the OLC, and at fellowships and residencies across the country. They realized that there was no way to ensure that students of arthroscopy were attaining the necessary skills to be proficient in the discipline, let alone ways to measure or test those skills.

MAGELLAN PROJECT

AANA thought leaders, through the efforts and research of Richard L. Angelo, M.D., Ph.D., elected to adopt a distinctly unique approach, in which other industries that educated highly skilled professionals were scrutinized to determine which methods were the most effective. In essence, they sought to 'sail the world' in search of the most innovative methods other disciplines were using that might be adapted to enhance AANA's educational initiatives. As Ferdinand Magellan was credited with being the first to circumnavigate the world, the initiative became known as the 'Magellan Project'.^{1,2} Six subcommittees were formed (Didactic, Surgical Skills, Simulation, Outcomes/Metrics, Electronic Media and Health Policy/Advocacy) to 'scavenger hunt' the internet,

journal publications, personal contacts, etc. for educational treasures. Each subcommittee researched promising ideas, investigated best-practice methodologies, tested applications, gathered supporting evidence, determined funding needs and made recommendations to the Magellan Task Force. The formulated plan was to focus on a voyage of exploration for 12 months and then proceed to modify and implement the most effective strategies over the ensuing year.

The Didactic Subcommittee researched developing adult learning theories to create an AANA Podium Presentation Manual to guide program speakers. Based on the investigation into optimal faculty-learner interaction, topic-specific 'round-tables' were formulated to have a subject expert meet with 15 participants and delve into case examples in a Socratic-like format. The Surgical Skills Subcommittee reformatted the skills courses conducted at the OLC. A series of topic-specific modules were established online that offered pre-course material on indications, pertinent anatomy, portals and procedural steps that included still photos and videos. After a diligent search to improve skills training, the group became aware of the proficiency-based progression (PBP) method. Investigation into the merits of the PBP methodology led to the AANA Copernicus Initiative (discussed in further detail in the following section).

The Electronics Subcommittee created a polling project that permitted audience members to submit comments and questions to moderators via text messaging. An online meeting app was developed for the 2011 AANA Annual Meeting in San Francisco which was well received. A social networking initiative introduced 'community modules' to encourage dialogue and discussion of related topics within the membership. Functionality for online continuing medical education (CME) programs was formulated and a pilot program was tested.



From left: Richard L. Angelo, M.D., Ph.D. and Anthony G. Gallagher, Ph.D., D.Sc. inside the lab at the Orthopaedic Learning Center.



2019 Proficiency-Based Progression Course at the Orthopaedic Learning Center.



The Simulation Subcommittee began the development of the Fundamentals of Arthroscopic Surgery Training (FAST) Program.³ The Outcomes/Metrics Subcommittee developed a motor skills evaluation template for an arthroscopic Bankart procedure on a Sawbones model. The assessment was based on a methodology that NASA used to evaluate the astronaut skills needed to pilot a lunar landing module. In addition, this subcommittee developed a 100-question, arthroscopy-specific self-assessment exam that was created to assist AANA members in obtaining Maintenance of Certification (MOC) credits.

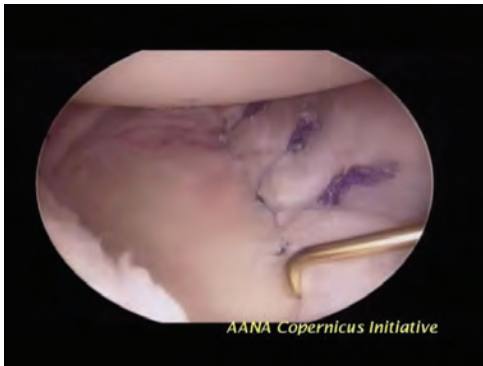
Finally, the Health Policy/Advocacy Subcommittee formulated an educational primer for those participating in a Relative Value Scale Update Committee survey to enable them to accurately reflect the time and effort involved in a specific arthroscopic procedure. The new AANA Health Policy Fellowship was also created and funded. In summary, substantial innovations to and enrichment of the AANA educational curricula were derived from the Magellan Project.

COPERNICUS INITIATIVE

In searching for how to best train arthroscopic surgical skills, AANA became aware of the PBP methodology advocated by Anthony G. Gallagher, Ph.D., D.Sc. The PBP curriculum necessitates that basic skills must be acquired and demonstrated before progressing on to study more advanced techniques. The difference between the apprenticeship model of the past and the proposed PBP method was viewed as a significant paradigm shift in surgical skills education and thus became known as the Copernicus Initiative (Nicolaus Copernicus was credited with the paradigm shift in concept that the sun, rather than the earth, was the center of the universe).

Before going to the AANA Board of Directors to recommend a significant change in the arthroscopic

skills training curriculum, reasonable proof of its superiority was needed. With the direction of consultant Dr. Gallagher,⁴ the PBP merits undertook a meticulous and stepwise investigation. An arthroscopic Bankart repair was chosen as the index procedure to study. Three tools were needed: a metric tool to accurately assess operative performance and develop objective definitions of steps and errors that could be scored in binary fashion; a training tool encompassing a dry model simulator that would permit completion of all the steps and potentially enact all of the errors; and an assessment tool comprised of a cadaver shoulder as the closest surrogate for live surgery. Task deconstruction of an arthroscopic Bankart repair was performed by reviewing many surgical Bankart videos and techniques to identify the objective metric step and error definitions.⁵ Repeated stress testing, revision and editing was conducted to create the final list including 77 critical steps and 45 potential errors. Face and content validity was provided by means of a modified Delphi panel of very experienced AANA shoulder arthroscopic surgeons who came to a consensus agreement on the step and error metrics. Separate shoulder model and cadaveric studies at the OLC compared experienced and novice surgeons in their performance of an arthroscopic Bankart repair using the prescribed metrics.^{6,7} Both studies confirmed construct validity and the ability of the metrics to objectively discriminate operative performance. A controlled, prospective, randomized trial was conducted evaluating a cohort of 44 postgraduate year (PGY) 4 and 5 Orthopaedic Residents on their ability to perform arthroscopic knot tying and an arthroscopic Bankart repair.⁸ Full-length videos were obtained to retrospectively assess performance. Three cohorts were compared: Group A (traditional training) who was provided with relevant lectures, knot tying and cadaver practice; Group B, who was provided the same materials as Group A with the addition of simulator model practice; and Group C who was exposed to a PBP curriculum (registrants had to pass



An arthroscopic Bankart repair as part of the Copernicus Initiative.



FIGURE 5-1
The Fundamentals of Arthroscopic Surgery Training workstation used to teach and assess basic arthroscopic skills.

a cognitive exam on the Bankart metrics before continuing on to meet the benchmarks for knot tying and an arthroscopic Bankart repair on the simulator model and eventually practice on the cadaver shoulder). A final Bankart assessment on a fresh cadaver for all groups revealed that the PBP Group C committed over 50% fewer errors and was five- to seven-times more likely to achieve the performance benchmark than the traditional Group A. Group B, with exposure and practice on the model simulator but no requirement to demonstrate proficiency, performed only marginally better than Group A. Thus, the PBP curriculum for an arthroscopic Bankart repair was proven to be far superior to the traditional AANA skills training methodologies. With this evidence, efforts continued with separate investigations validating the step and error metrics for an arthroscopic rotator cuff repair.⁹

In 2019, a complete shoulder PBP course was conducted for an arthroscopic Bankart repair and arthroscopic rotator cuff repair. Only one of 12 pre-course assessments met the cadaver benchmark, whereas 89% and 83% of the 18 total registrants were able to demonstrate proficiency for the arthroscopic Bankart repair and arthroscopic rotator cuff repair respectively at the end of this first-of-its-kind course.¹⁰

The AANA series of Copernicus Initiative investigations unequivocally showed that PBP training for surgical skills is superior to traditional methods. The work to develop and rigorously validate metrics for additional procedures is substantial, and scalability for additional surgeries to enlarge the portfolio is a forthcoming challenge.

FAST PROGRAM

Forty years of experience with the cadaver model for arthroscopic training demonstrated its durability and recreation of real clinical situations but also its deficiencies of cost, availability, storage and potential disease transmission. AANA knew it needed to innovate



Course attendees use the Fundamentals of Arthroscopic Surgery Training workstations to acquire knot tying skills.



FIGURE 5-2

The AANA J. Whit Ewing, M.D. Simulation Room at the Orthopaedic Learning Center.

to improve its teaching models and did so with the FAST Program. The FAST Program was established in 2011 as a collaborative effort by AANA, AAOS and the American Board of Orthopaedic Surgery (ABOS). The goals were to establish a structured basic skills training curriculum for arthroscopic surgery and to create a cost-effective workstation that would facilitate completion of that curriculum. This would provide orthopaedic residency programs at least one option to satisfy the Accreditation Council for Graduate Medical Education (ACGME) mandates regarding surgical skills simulation. The FAST Program is the curriculum that was designed by the committee led by Robert A. Pedowitz, M.D., Ph.D. and essentially represents the group's efforts to deconstruct arthroscopy into very basic motor skills, followed by construction of training modules that are directed at these specific psychomotor elements (Figure 5-1). This curriculum consists of six basic modules. Each module follows a structured outline and is accompanied by a series of videos to allow for easy duplication.

VIRTUAL REALITY - VIRTAMED

AANA once again altered the classic arthroscopic teaching model with a shift to computerized virtual reality. AANA's commitment to advancing arthroscopic training through simulation is highlighted by the exclusive and preferred partnership with VirtaMed for virtual reality simulation training that originated in 2017 and is headed by Joseph C. Tauro, M.D., FAANA. These simulators provide lifelike haptic feedback by combining anatomically correct synthetic models with original surgical instruments and employing photorealistic graphics that simulate (virtual) arthroscopic and fluoroscopic views. AANA members developed all the content for the surgical procedures and curricula administering them. The VirtaMed virtual simulators are stored in the AANA J. Whit Ewing, M.D. Simulation Room in the OLC (Figure 5-2).

ARTIFICIAL INTELLIGENCE

Artificial intelligence (AI) is beginning to make its way into the operating room as an innovation. AANA has partnered with Kaliber AI to explore the feasibility of incorporating some of the key Bankart metrics into their software. The collaboration holds the potential for accurate machine scoring of operative performance as well as the potential for templated AI guidance systems. The latter could significantly improve the training experience for novices as well as experienced surgeons learning a new procedure. Lastly, current AI capabilities offer much more precise and efficient measurement and landmark tagging tools. These cooperative efforts will ensure that AANA remains at the forefront of arthroscopic education and training.

INNOVATION EXCHANGE

The process of bringing an innovative idea from inception to market has been complicated by the maturation and consolidation of the orthopaedic device industry. Gone are the days of bringing a “napkin sketch” to company engineers and having them create the next wonderful widget! AANA recognized the roadblocks to idea and device development and created the AANA Innovation Exchange in 2018. The effort was envisioned and championed by Raymond Thal, M.D. The objective of the AANA Innovation Exchange is to encourage and facilitate innovation by connecting innovators (AANA members) with potential partners. Partners would include intellectual property attorneys, engineers, medical device companies, venture capital companies, contract manufacturers and innovation incubators. The Innovation Exchange had its first “shark tank” competition at the 2019 AANA Annual Meeting (Figure 5-3). There is no better way to facilitate innovation than to promote and nurture its process.



FIGURE 5-3

The inaugural AANA Innovation Exchange Pitch Competition at the 2019 AANA Annual Meeting in Orlando, Florida.

Top left: Raymond Thal, M.D. addresses the audience.

Top right, from left: Thomas F. Golden, M.D., FAANA, George C. Branch III, M.D., Raymond Thal, M.D., Michael T. Havig, M.D., Louis F. McIntyre, M.D., FAANA, Mark Mescher, AngelMD, Jonathan B. Ticker, M.D., FAANA and Todd C. Battaglia, M.D., M.S., FAANA.

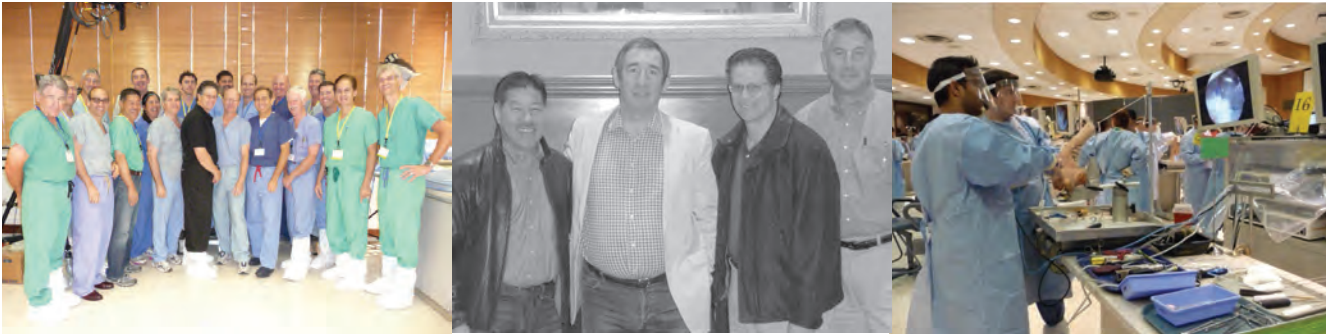
Bottom center, from left: George C. Branch III, M.D., Thomas F. Golden, M.D., FAANA, Jonathan B. Ticker, M.D., FAANA, Raymond Thal, M.D., Todd C. Battaglia, M.D., M.S., FAANA and Mark Mescher, AngelMD.

CONCLUSION

It's unknown what will come next in arthroscopic innovation, procedural development, teaching or testing, but AANA will be there to lead the way. Through scientific advancements, teaching, testing and promoting excellence, AANA has been and will be at the forefront of arthroscopic advancement and improvement. AANA's commitment today to performance-based training and testing is now a primary focus as part of its mission to educate and assure proficiency in the craft.

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Faculty for the AANA Copernicus proficiency-based progression randomized trial that took place in August 2013 at the Orthopaedic Learning Center. *Back row from left:* William R. Beach, M.D., Robert A. Pedowitz, M.D., Ph.D., Anthony G. Gallagher, Ph.D., D.Sc., Joseph P. Burns, M.D., Vipool K. Goradia, M.D., William J. Ciccone II, M.D., FAANA, Scott E. Powell, M.D. and Louis F. McIntyre, M.D., FAANA. *Front row from left:* Wayne R. Christie, M.D., M.S., Jonathan B. Ticker, M.D., FAANA, Richard K.N. Ryu, M.D., Juliet M. DeCampos, M.D., FAANA, Ronald M. Selby, M.D., Richard L. Angelo, M.D., Ph.D., Robert T. Burks, M.D., Kevin D. Plancher, M.D., M.P.H., John C. Richmond, M.D., Paul E. Caldwell, M.D., FAANA, Larry D. Field, M.D. FAANA and Edward Rhett Hobgood, M.D.

The Copernicus core group. *From left:* Richard K.N. Ryu, M.D., Anthony G. Gallagher, Ph.D., D.Sc., Richard L. Angelo, M.D., Ph.D. and Robert A. Pedowitz, M.D., Ph.D.

Orthopaedic Residents participate in a Copernicus randomized proficiency-based progression trial.

Leadership: AANA Luminaries, Advocacy and the AANA Traveling Fellowship

BY

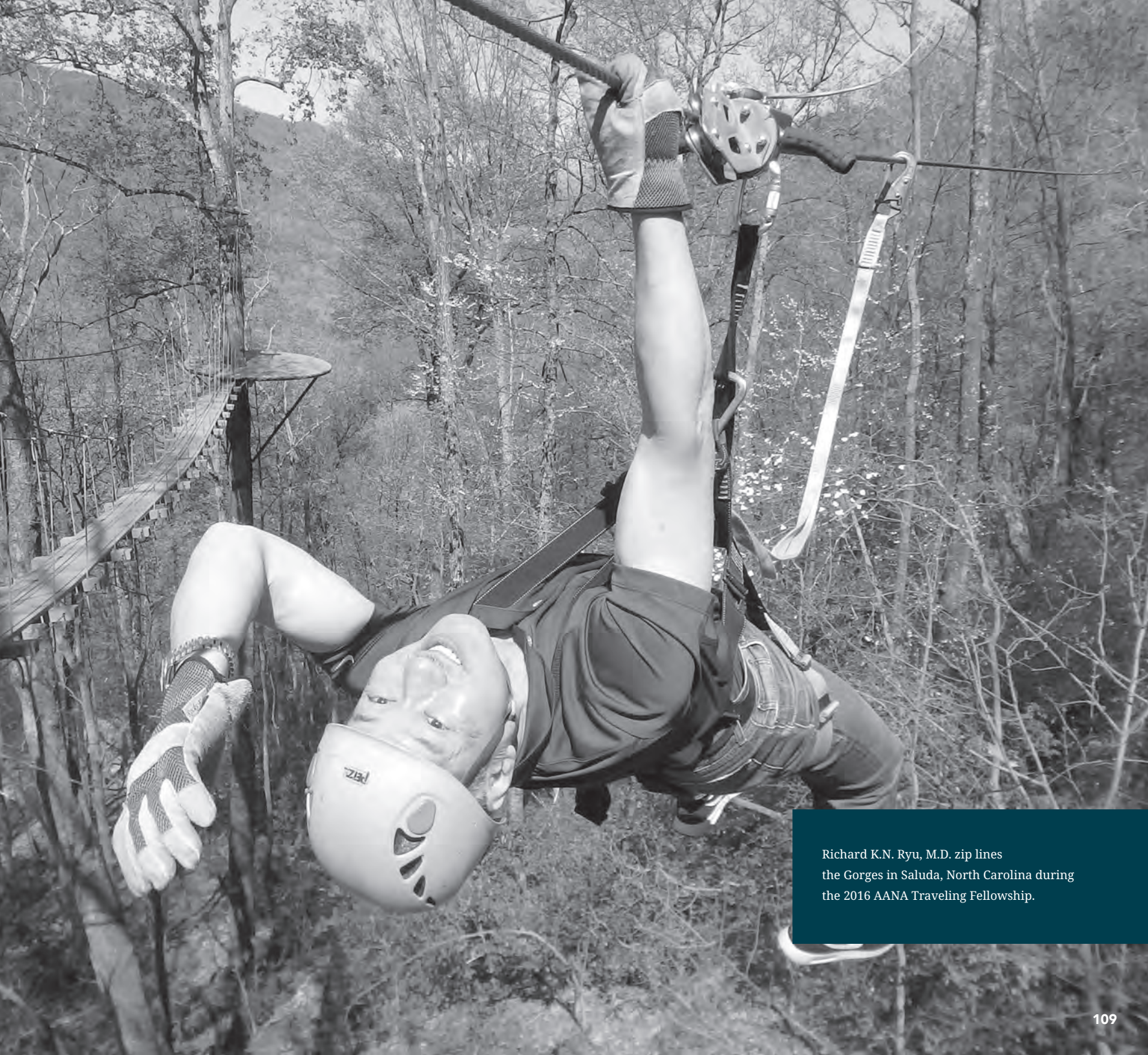
William R. Beach, M.D.,
Mark H. Getelman, M.D., FAANA
and John C. Richmond, M.D.

INTRODUCTION

Covering the important topics of the Arthroscopy Association of North America (AANA) leaders, Health Care Policy and the AANA Traveling Fellowship is a daunting task when AANA has innumerable leaders (honored and unsung). AANA has been a pioneer (under the leadership of William R. Beach, M.D., Louis F. McIntyre, M.D., FAANA and others) in advocating for patients and the benefits they receive, and the AANA Traveling Fellowship has been a resounding success. We carefully reviewed *30 Years of Excellence: The History of the Arthroscopy Association of North America* and have excluded those whose contributions had been honored previously. Even with that, the "AANA Leaders" section is far too abbreviated to include even a small percentage of those AANA members whose contribution to the association, arthroscopic surgery and their patients warrants recognition.

Advocacy needs to be a professional imperative for physicians for the best interest of patients. The formation of the Health Policy (HP) Committee illustrates the forward thinking that has been





Richard K.N. Ryu, M.D. zip lines the Gorges in Saluda, North Carolina during the 2016 AANA Traveling Fellowship.

a hallmark of AANA. That committee, led by Dr. Beach, Dr. McIntyre and Eric C. Stiefel, M.D. over the past 20-plus years has been a model for advocacy to maintain the highest quality of care for patients.

The AANA Traveling Fellowship has evolved in its brief 15-year existence into an intense, high-value educational and social interaction between the AANA Traveling Fellows, the “Godfather” and the world-renowned host arthroscopy centers in North America. With careful planning to keep the three host sites geographically near the AANA Annual Meeting, travel time is minimized and the opportunity for learning and camaraderie is maximized. AANA is indebted to its industry partners for their financial support in this endeavor.

AANA LEADERS



F. ALAN BARBER, M.D.

Dr. Barber has been a prolific contributor to AANA for four decades. He represents the highest commitment to scholarship and teaching. A native of Oklahoma, he attended Oklahoma State University on an Army Reserve Officers' Training Corps (ROTC) Scholarship, and served in the military after training, rising to the rank of lieutenant colonel. He practiced in Plano, Texas for 37 years prior to his retirement in 2020. His contributions to AANA were myriad and included multiple AANA Committee terms and chair positions. He was an associate editor for *Arthroscopy: The Journal of Arthroscopic and Related Surgery* and a member at-large of the AANA Board of Directors prior to serving as treasurer. He is a thoughtful researcher, having published 110 articles in *Arthroscopy*. Dr. Barber has a strong ethos of commitment and giving back to his community.



ROBERT T. BURKS, M.D.

Dr. Burks is one of the most dedicated educators of arthroscopic surgery. Practicing at the University of Utah, he acquired leadership over the Metcalf Course in Arthroscopic Surgery following the untimely death of Robert W. Metcalf, M.D. in 1991. This course was one of the most successful free-standing arthroscopic surgery courses for decades. Dr. Burks served as a member at-large on the AANA Board of Directors prior to serving as secretary from 2013-2015. Under his leadership, the Metcalf Course combined with AANA in 2009.

As a result of its Rocky Mountains location for skiing, this course flourished and became an extremely popular destination training opportunity. Dr. Burks' creativity, keen wit and commitment to education helped make the course unforgettable. The final course was held in 2017 in Snowbird, Utah.



JULIE A. DODDS, M.D.

Dr. Dodds is a consummate clinician, researcher and teacher from the Midwest, having grown up in Iowa and now practicing in central Michigan. She worked in an academic practice at Michigan State University before transitioning to private practice. She has had a strong commitment

to AANA, having served two three-year terms as a member at-large on the AANA Board of Directors and as co-chair of the AANA Diversity and Inclusion Task Force. She was the first woman to serve as a member at-large and has been a role model for many of AANA's female members. Dr. Dodds has an incredible commitment to giving back to her community. In 2005, she purchased a small church in northwestern Iowa (Lone Rock), which was being sold at an auction, due to her love of the traditional values of those who reside in Iowa. She and her sister, Susan Dodds Busch, renovated that United Methodist Church and transformed it into The Quilted Steeple, a house of retreat for quilters and others who desire to gather in sanctity. Dr. Dodds is also a member of the Quilts of Valor Foundation, an organization committed to honoring combat veterans with a "welcome home" quilt as a thank you for their service. She took her sewing and organizational skills to The Quilted Steeple during the height of the COVID-19 pandemic in 2020, when she gathered a host of quilters for a seven-day "Mask-A-Thon" to sew masks and fill a dire need for health care workers early in the pandemic.

Dr. Dodds truly exemplifies a commitment to community service that AANA embraces.



GREGORY C. FANELLI, M.D.

Dr. Fanelli has practiced at the Geisinger Medical Center in Danville, Pennsylvania (just off Interstate 80 in central Pennsylvania) since he completed his arthroscopic surgery fellowship with M. Mike Malek, M.D.

That location led to a seemingly unending supply of high-velocity motor vehicle accidents with multiligament knee injuries. Dr. Fanelli embraced this challenge and became a world expert in posterior cruciate and multiligament knee surgery. He has been actively involved in AANA, having served on numerous committees and as a member at-large on the AANA Board of Directors. He remains a committed AANA educator and participant in educational events (AANA Annual Meeting and lab courses).



RICHARD D. FERKEL, M.D.

Dr. Ferkel is the embodiment of all that a physician should be. He is entirely committed to his patients, his specialty and his craft. He completed a fellowship at Snyder-Fox in Sherman Oaks, California and subsequently joined them in practice, creating the Southern California Orthopedic

Institute (SCOI) and moving the group to its current location in Van Nuys. Working in a thriving practice with accomplished knee and shoulder partners, he embarked on advancing ankle treatment and has been one of the pioneers and global leaders in developing and advancing arthroscopic and minimally invasive

management of ankle pathology. He has multiple patents; has written several textbooks and innumerable peer-reviewed articles on ankle treatment; and developed many of the instruments and techniques currently employed in small-joint arthroscopy. He has been a dedicated and valuable member of AANA and served on many AANA committees, including multiple terms on the AANA Education Committee, over his 30-plus-year career. A native of Rockford, Illinois, he remains a die-hard MLB Chicago Cubs fan and always welcomes an invite to the Orthopaedic Learning Center (OLC) to educate his colleagues and catch a Cubs game. He has served as a master instructor for AANA lab courses since the OLC opened and as fellowship director for the SCOI Sports Medicine Fellowship for over 30 years, training over 150 Orthopaedic Fellows who have added the unique skill of ankle arthroscopy to their sports medicine practice.



FREDDIE H. FU, M.D.

Dr. Fu was perhaps one of the most widely known and respected sports medicine physicians over the last 40 years. Born in Hong Kong, he came to the United States at age 18 to attend Dartmouth College. After graduation he attended the University of Pittsburgh School of Medicine (Pitt Med) and continued on through their orthopaedic residency to eventually establish their division of sports medicine. He became the chair of the Department of Orthopaedic Surgery at Pitt Med in 1997. A thought leader and pioneer in anterior cruciate ligament (ACL) anatomy and surgery, Dr. Fu was the most prolific author on the ACL in the 21st century. Dr. Fu's contributions to orthopaedics both in the United States and abroad led to him serving on the AANA Board of

Directors from 1994-1997 and his presidency of other orthopaedic societies from 2008-2011. Beyond his contributions to arthroscopy and sports medicine, Dr. Fu, with his boundless energy and community commitment, was a leader in transforming the economy, the arts and cultural life in the city of Pittsburg. Much more than the medical community was profoundly affected by Dr. Fu's premature passing at age 70 in September 2021.



JOHN P. FULKERSON, M.D.

Dr. Fulkerson forever changed the treatment of patellofemoral problems with his groundbreaking article in 1983 describing anteromedialization of the patellar tendon attachment through an oblique tibial tubercle osteotomy. His creative design and passion for understanding and treating the patellofemoral joint over the past 40 years has dramatically improved the lives of many patients. Dr. Fulkerson has contributed a great deal to AANA and served as a member at-large on the AANA Board of Directors prior to serving as secretary. He is the founding member of the Patellofemoral Foundation, which is committed to advancing treatment of the patellofemoral joint. Dr. Fulkerson has continued his efforts in treating those patients with severe patellofemoral problems by his continued participation in educational programs throughout the world. Dr. Fulkerson has expanded his talents beyond orthopaedic surgery to running a vineyard in his home state of Connecticut, where he and his wife grow their own grapes and make their own wine, to celebrate his love for nature.



VICTOR M. ILIZALITURRI JR., M.D.

Dr. Ilizaliturri practices at the National Rehabilitation Institute in Mexico City. He is a dedicated hip arthroscopist and became a member of AANA early on after AANA opened its membership to Orthopaedic Surgeons from Mexico. Dr. Ilizaliturri was one of

the founding members of the International Society for Hip Arthroscopy (ISHA) in 2009. He joined the AANA Board of Directors in 2011, where he served three years as a member at-large and became the first Mexican member of the board. Dr. Ilizaliturri continues to be a vital contributor in advancing the discipline of hip arthroscopy.



PETER JOKL, M.D.

Dr. Jokl is a consummate clinician, researcher and educator. He served his entire medical career at Yale University School of Medicine and is now a professor emeritus of orthopaedics and rehabilitation. His passion for sports medicine can be credited to his father, Ernst Jokl, M.D.,

a pioneer in sports medicine research. Dr. (Peter) Jokl was a committed athlete and a competitive tennis player throughout his adult life. He served on numerous AANA committees as well as member at-large for the AANA Board of Directors. His careful, thoughtful demeanor is truly respected. His contribution to AANA's academic and educational mission is highlighted by a long tenure as an *Arthroscopy* associate editor and his appointment to two four-year terms on the *Arthroscopy* Journal Board of Trustees.



CRAIG D. MORGAN, M.D.

Dr. Morgan has had a unique career as a researcher, educator and innovator in arthroscopy and sports medicine. Practicing in Wilmington, Delaware with S. Ward Casscells, M.D., first editor-in-chief of *Arthroscopy*, Dr. Morgan joined *Arthroscopy's* editorial board in 1978, its second

year in publication, serving in that role until he became an associate editor in 1992. Dr. Morgan's creativity includes numerous patents for arthroscopic instruments and devices. He is a pioneer in arthroscopic shoulder stabilization, arthroscopic meniscal repair, anatomic ACL reconstruction and understanding the biomechanics of the throwing shoulder. Dr. Morgan also served on multiple AANA committees as well as two four-year terms on the *Arthroscopy* Journal Board of Trustees.



RONALD M. SELBY, M.D.

Dr. Selby served as editor of the first AANA historical text, *30 Years of Excellence: The History of the Arthroscopy Association of North America* published in 2011. Through his tireless efforts, that text detailed AANA's foundation and documented AANA's first 30 years in existence. Dr. Selby has

served on a myriad of AANA committees and as a member at-large on the AANA Board of Directors. His dedication to AANA is highlighted through his service as chair of the AANA Archives Committee for 10 years, an effort above and beyond the call of duty. He remains committed to AANA to this day.



BENJAMIN SHAFFER, M.D.

Dr. Shaffer grew up in Florida, attending the University of Florida College of Medicine. While there, he developed an interest in sports medicine and ultimately practiced in Washington, D.C. after completing a residency in New York City and fellowship at Cedars-Sinai Kerlan-Jobe Institute

in Southern California. Despite his long exposure to southern climates, he became the head team physician for the NHL Washington Capital. His skill and commitment to his athletes led to a term as president of the NHL Team Physicians Society and NHL physician for the 2010 Winter Olympics. Dr. Shaffer possessed a strong commitment to education to which he excelled and devoted his endeavors in AANA. That excellence led M. Mike Malek, M.D. to recruit him for a leadership role in running the Cherry Blossom Seminar. He served as chair of the AANA Education Committee and as member at-large on the AANA Board of Directors. He was a sensitive and caring physician and surgeon. His brilliant career was cut short due to a tragic suicide at age 57 in 2015, which serves as a reminder to take into account the fragility of life, the importance of mental well-being and the obligation to listen to and care for colleagues.



STEPHEN J. SNYDER, M.D.

Dr. Snyder was one of the founding members of the Sports Medicine Orthopedic Group (SMOG) in 1981 and the Snyder-Fox Sports Fellowship. Along with his partners, the group was renamed Southern California Orthopedic Institute (SCOI), and the fellowship to the SCOI Sports

Medicine Fellowship. He quickly recognized that the developing discipline of arthroscopy would be a huge advancement in the diagnosis and treatment of shoulder injuries. He founded the Shoulder Arthroscopy Study Group to share in the dissemination of knowledge and the advancement of the subspecialty. He joined AANA in 1985 and became the first coordinator of the Shoulder Arthroscopy Section. His contributions to AANA have been numerous. He chaired the AANA Education Committee and served as member at-large on the AANA Board of Directors for several years up until his appointment as treasurer. His skills as a physician and surgeon are renowned. He is a keen observer; he was able to recognize and define the superior labral anterior and posterior (SLAP) tear to the biceps anchor and wrote the seminal article on SLAP tears in 1990. Dr. Snyder is also a truly committed educator at all levels. His pioneering of a low-fidelity simulation ALEX model, which was used for teaching shoulder arthroscopy to Orthopaedic Fellows and surgeons early in their career, was just part of his dedication to teaching. He invented numerous devices and techniques throughout his career that have benefited patients and surgeons alike. His true commitment to education has been honored by AANA in naming the Stephen J. Snyder, M.D. Arthroscopy Instructor Award, which is presented annually to the best AANA Lab Course instructor. To date, he is the only AANA Leader to be honored as Godfather of the AANA Traveling Fellowship who has not been a past president of AANA.



STEPHEN C. WEBER, M.D.

Dr. Weber is one of the many former Orthopaedic Fellows of Richard B. Caspari, M.D. and has been strongly committed to AANA. His thoughtful research as a dedicated upper extremity/shoulder surgeon has contributed to understanding outcomes for many shoulder arthroscopy

procedures. Dr. Weber's commitment to AANA has been ongoing and longstanding. He has served on numerous AANA committees for more than 25 consecutive years and continues to at present. His honesty and integrity have been well respected, and he served as chair of the AANA Ethics and Standards Committee from 2009-2011. Dr. Weber made a dramatic career change in 2016 when he decided to step away from a busy clinical practice and give back to the community. He moved from Sacramento to the Food and Drug Administration (FDA) in Silver Springs, Maryland to serve as a medical officer in the Office of Health Technology under the Center for Devices and Radiological Health. Dr. Weber worked at the FDA for four years and contributed his thoughtful, ethical demeanor to the betterment of medicine. Since 2019, Dr. Weber has become a consultant for the medical technology industry at the firm M Squared Associates, Inc. He continues to give back to teaching through his current appointment at Johns Hopkins School of Medicine.



**TERRY L. WHIPPLE, M.D.,
F.A.C.S.**

Dr. Whipple is considered another early pioneer in developing new disciplines of arthroscopic surgery, specifically for wrist arthroscopy. He was committed to research and was an early member of the AANA Research Committee.

He was a member of Tuckahoe Orthopaedics and partners with two past presidents of AANA (Drs. Caspari and Beach). He was the founding member of Orthopaedic Research of Virginia and a regional, national and international educator. As with many of the early pioneers in arthroscopic surgery, he developed several instruments to facilitate surgery and holds numerous patents. Unfortunately, Dr. Whipple sustained a catastrophic skydiving injury in 1998 that profoundly altered his medical career. He remains a thoughtful contributor to AANA and attended the 2014 AANA Board of Directors Meeting in Williamsburg, Virginia at the invitation of Dr. Beach, who was serving as president at the time.

AANA HEALTH CARE POLICY

Despite widespread acceptance of advocacy as a professional imperative, the concept has continued to be problematic for organized medicine because it exists as a rapidly changing and poorly defined concept. If advocacy is to be a professional imperative, physician leaders must be willing to devote the critical resources, as well as deliberately engage in its practice, to ensure that the best interest of their patients and colleagues are well represented in policy decisions. In this regard, the creation of the AANA Health Policy Committee (which became the AANA Advocacy Committee in 2017) is an excellent illustration of the AANA founders' foresight.

With the creation and development of the arthroscope, there were a myriad of paradigm shifts that had or were about to occur. The business acumen and independent nature of the founders of AANA led to the early realization that the arthroscope was here to stay and that there needed to be a mechanism to financially encourage growth. The initial "AANA Socioeconomic Committee" was chaired by an AANA and American Academy of Orthopaedic Surgeons (AAOS) legend, Douglas W. Jackson, M.D. He was accompanied in the 1980's by equally renowned AANA members such as Dr. Malek and Kenneth E. DeHaven, M.D. along with Lanny L. Johnson, M.D. and Melvin R. Friedman, D.O., all of whom became AANA's first and long-time representatives to the AAOS Coding, Coverage and Reimbursement (CCR) Committee. Procedures and equipment, which have continued to grow and evolve over the last 40 years, were developed when the newly created arthroscope was officially recognized.

(A quick, personal note about Dr. Beach's grateful inclusion in the progression of AANA and advocacy. His mentors and then partners in the early 1990's, Dr. Caspari, John F. Meyers, M.D. and Dr. Whipple, were early AANA leaders and shared a deep love

for AANA's mission and members. Dr. Caspari was the president of AANA and Dr. Meyers was in the presidential line in the early 1990's. Dr. Beach had the opportunity to join their practice. As Orthopaedic Fellows, they were all keenly aware of AANA's importance in their lives. Dr. Caspari asked Dr. Beach if he would like to become more involved in AANA and serve on an AANA Committee. Dr. Beach knew this was his opportunity to join their prized organization. Dr. Beach fully expected to serve on the AANA Education Committee as he was just getting involved in the Orthopaedic Research of Virginia Fellowship faculty. Dr. Meyers subsequently informed him that he was assigned to the AANA Advocacy Committee, with Dr. Malek serving as the chair and Dr. Friedman as the most knowledgeable coder and health policy advocate for AANA. The first meeting at the AAOS CCR was an intimidating but greatly important experience for AANA.)

Since the mid-1990's, AANA has had only three chairs of the AANA Advocacy Committee (Drs. Beach, McIntyre and Stiefel), who have also been members of the AAOS CCR Committee. This committee functions as a point of access for members to communicate questions and concerns relating to compliance and reimbursement issues directly to AAOS coding experts and the American Medical Association (AMA), who is responsible for maintaining the orthopaedic code set. The AANA Advocacy Committee members wrote and marshaled 19 Current Procedural Terminology (CPT®) codes into existence. The most notable of these codes are in Table 6-1. This marshaling process includes presentations at the AMA Relative Value Unit Update Committee (RUC), a volunteer group of over 30 physicians who advise the Centers for Medicare and Medicaid Services (CMS) on the best way to value a physician's work. This contentious body represents the ultimate high-pressure presentation, with the value of the specific surgical procedure in question and at risk.

TABLE 6-1

Most notable CPT® codes written by the AANA Advocacy Committee.

Drs. McIntyre and Stiefel, as well as William R. Creevy, M.D., are credited for their expertise and diligence in presenting many CPT® codes.

The AANA Advocacy Committee has advocated for AANA members on matters including the shoulder as “a single anatomic site.” This controversy with the CMS was a five-year battle to avoid the unfair, inappropriate bundling of arthroscopic shoulder procedures. This ordeal illustrated the best of AANA, AAOS, the American Orthopaedic Society for Sports Medicine (AOSSM) and the American Shoulder and Elbow Surgeons (ASES) in the ability to mobilize, travel, educate, persuade and recruit like-minded individuals to do what was right to protect patient access to appropriate arthroscopic surgical care.

Other routine tasks include maintaining AAOS’s Global Services Data Book, which is the definitive bundling package for musculoskeletal care. This yearly update requires a review of all the arthroscopic and open codes. Today, the AANA Advocacy Committee specifically concentrates on codes the AANA Membership uses to avoid inappropriate bundling by payors and reviewers.

CPT CODES

29827	Arthroscopic Rotator Cuff Repair
29828	Arthroscopic Biceps Tenodesis
29806	Arthroscopic Shoulder Stabilization
29807	Arthroscopic SLAP Lesion Repair
27412	Autologous Chondrocyte Implantation Knee
27415	Open Osteochondral Allograft Knee
27416	Open Osteochondral Autograft Knee
29866	Arthroscopic Osteochondral Autograft Knee
29867	Arthroscopic Osteochondral Allograft Knee
29868	Arthroscopic Meniscal Transplantation



TABLE 6-2

Recipients of the AANA Health Policy Fellowship.

FELLOW

Richard C. Mather III, M.D., M.B.A.	'12-'14
Eric C. Stiefel, M.D.	'13-'15
Thomas H. Wuerz, M.D., M.Sc.	'14-'16
Derek F. Papp, M.D.	'15-'17
Jonathan A. Bernard, M.D., M.P.H.	'16-'18
Jonathan Godin, M.D., M.B.A.	'17-'19
James A. Hurt III, M.D.	'18-'20
Process Delayed Due to COVID-19	'20-'21
To Be Determined	'21-'23

“AANA is about education, innovation AND advocacy.”

In a successful attempt to bolster available advocacy and coding talent, Dr. McIntyre and the AANA Advocacy Committee created the AANA Health Policy Fellowship. This fellowship is a two-year position during which the Orthopaedic Fellow participates with the chair of the AANA Advocacy Committee along with members in CPT® code presentations and sits in on the AAOS CCR Committee and RUC meetings. The Orthopaedic Fellow also presents topics at the AANA Annual Meeting and AANA Advocacy Committee functions. The AANA Health Policy Fellowship is paramount since it is critically important to have a strong bench when it comes to regulation and compliance, especially as government and insurers dictate more surgeon responsibilities (Table 6-2).

Over the years, members of the AANA Advocacy Committee have kept the AANA Membership up to date on regulatory and compliance issues, working tirelessly, and often behind the scenes, to improve access to arthroscopic treatments and ensure fair compensation. Members of the AANA Advocacy Committee dealt with the federal government’s most significant intrusion into the practice of medicine since the inception of Medicare and Medicaid in 1965: the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of the American Recovery and Reinvestment Act of 2009, which was a stimulus bill, and the Affordable Care Act of 2010, just to name a few. Passing these two laws fundamentally changed the practice of medicine. It was the AANA Advocacy Committee’s task to update AANA members on compliance issues related to these laws. Recently, members of the AANA Advocacy Committee provided timely educational updates on issues related to COVID-19 and associated federal subsidies for private practice members.

The AANA Advocacy Committee has also dealt with negative coverage decisions from commercial payers based on the clinical practice guidelines AAOS issued. The committee has sought to influence the design

and construction of guidelines to reflect the current orthopaedic literature and practice reality more accurately. Additionally, the committee has fought negative coverage decisions for arthroscopic procedures in several states, including Georgia, California, Washington, Oregon and New York. The committee takes a very AANA-centric approach to these problems, which involves pragmatically addressing issues to help members succeed in a highly regulated environment and vigorously advocating for the value AANA members bring to the well-being of their patients. In 2017, the AANA Board of Directors realized the importance of this effort and made advocacy part of the organization's mission statement. This is no small change, so this modification to the mission statement demonstrates value and visibility to advocacy, especially when compared to AANA's educational initiatives. What you do is who you are, and the AANA Advocacy Committee working in unison with the AANA Membership provides a service of great value to their patients. AANA is about education, innovation AND advocacy.

The 40-year history of AANA includes a robust 40-year dedication and commitment to advocacy. Members of the AANA Advocacy Committee have been successful participants (although not always successful on outcomes) in the arena of regulation, billing and coding for surgical, arthroscopic and office procedures. The future of the AANA Advocacy Committee and commitment to advocacy moving forward is best summed up in the AANA mission statement: to advance the art and science of arthroscopy and minimally invasive surgery through education, skills assessment and advocacy.

AANA TRAVELING FELLOWSHIP: DEVELOPING AANA LEADERS

The AANA Traveling Fellowship was conceived in 2005 by the AANA Board of Directors under the leadership of James C. Chow, M.D., then president



FIGURE 6-1

The first AANA Traveling Fellowship group visits the Southern California Orthopedic Institute.

From left: Derek Ochiai, M.D. Godfather Howard J. Sweeney, M.D., Dan Guttman, M.D. and Ilya Voloshin, M.D.

Reproduced with permission: Guttman, D., Ochiai, D., Voloshin, I. Arthroscopy. 2007;23(2):216-220.

of AANA. They charged the AANA Fellowship Committee to put together a traveling fellowship focused on arthroscopic shoulder surgery, since there was an abundance of new techniques in the arthroscopic treatment of shoulder pathology at the time. Under the leadership of Mark H. Getelman, M.D., FAANA, John C. Richmond, M.D. and Patrick St. Pierre, M.D., the AANA Fellowship Committee was able to obtain funding for the AANA Traveling Fellows' travel and housing.

The concept was that six sites across North America would host the AANA Traveling Fellows in the three-and-a-half weeks leading up to the AANA Annual Meeting, with the basic template having been developed from several other medical and orthopaedic specialty traveling fellowships across the globe. Having a senior Orthopaedic Surgeon, or Godfather, to shepherd his flock of AANA Traveling Fellows gave an immediate connection between the group and the host sites. Dr. Sweeney (Figure 6-1) was the overwhelming choice from the AANA Board of Directors to be the Godfather for the first AANA Traveling Fellowship in 2006.



FIGURE 6-2

The 2019 AANA Traveling Fellows pose for a quick picture following a highly competitive croquet match at the home of Gary G. Poehling, M.D. in Winston-Salem, North Carolina. *From left:* Andrew J. Sheehan, M.D., Aravind Athiviraham, M.D., F.R.C.S.C., Gary G. Poehling, M.D., Godfather John C. Richmond, M.D., Michael H. Amini, M.D., Fernando Hemández-Pérez, M.D. and site-host/former AANA Traveling Fellow Brian R. Waterman, M.D., FAANA.



The 2019 AANA Traveling Fellows pose for a quick group photo at the Wake Forest University portion of their AANA Traveling Fellowship experience. *From left:* Michael H. Amini, M.D., Godfather John C. Richmond, M.D., Aravind Athiviraham, M.D., F.R.C.S.C., Andrew J. Sheehan, M.D., Fernando Hernandez-Perez, M.D., Brian R. Waterman, M.D., FAANA and John B. Hubbard, M.D.



The 2019 AANA Traveling Fellows attend the lab portion of their AANA Traveling Fellowship experience. *From left:* Fernando Hernandez-Perez, M.D., Andrew J. Sheehan, M.D., Godfather John C. Richmond, M.D., Aravind Athiviraham, M.D., F.R.C.S.C. and Michael H. Amini, M.D.



The 2019 AANA Traveling Fellows pose with AANA gear while attending a reception at the lake house owned by Larry D. Field, M.D., FAANA. *From left:* Michael H. Amini, M.D., Fernando Hernandez-Perez, M.D., Godfather John C. Richmond, M.D., Andrew J. Sheehan, M.D. and Aravind Athiviraham, M.D., F.R.C.S.C.



The 2019 AANA Traveling Fellows enjoy a group dinner during their AANA Traveling Fellowship experience. *From left:* Aravind Athiviraham, M.D., F.R.C.S.C., Godfather John C. Richmond, M.D., Andrew J. Sheehan, M.D., Michael H. Amini, M.D. and Fernando Hernandez-Perez, M.D.

The goal of the AANA Traveling Fellowship is to provide Orthopaedic Surgeons with intense personal exposure to several leaders in arthroscopic surgery; this would be accomplished through observation in operating rooms, clinics, offices, social gatherings and in academic presentations through grand rounds and indications conferences. These social interactions would develop lasting relationships between the AANA Traveling Fellows, the Godfather and their host faculty.

Throughout the 15 years of the AANA Traveling Fellowship, these social interactions have blossomed to be a frequent highlight for the AANA Traveling Fellows and host faculty. These nonorthopaedic interactions/activities have included major and minor league baseball games, professional hockey games, professional basketball games, Broadway shows, cultural tours, downhill skiing, zip lining and several competitive events ranging from pellet shooting contests and go-cart races to ping-pong, basketball and croquet (Figure 6-2). Perhaps the pinnacle of cultural events was hiking to the top of the Tepozteco Mountain Pyramid outside of Mexico City, Mexico.

The AANA Traveling Fellowship has evolved extensively since its inception. An example of this evolution is when the moniker, "Shoulder Traveling Fellowship" was dropped after its first year; the AANA Traveling Fellows, their Godfather and the faculty noted that there was much more to the AANA Traveling Fellowship than just shoulder arthroscopy. It is truly a fellowship that covers the gamut of arthroscopic surgery, from elbow to shoulder down to hip, knee and ankle. Open shoulder surgery has also been a highlight for several host sites through the years. Eleven of the AANA Traveling Fellowship groups have taken it upon themselves to share their experiences, which have been published in *Arthroscopy*. Mary K. Mulcahey, M.D., FAANA (2016 AANA Traveling Fellow) and Brian R. Waterman,

TABLE 6-3

AANA Traveling Fellowship sites that have hosted three or more groups of AANA Traveling Fellows through 2021.

HOST SITES

Southern California Orthopedic Institute	5
New England Baptist Hospital	4
Rush Medical Center	4
San Antonio Orthopedic Institute	4
Andrews Institute	3
Hospital for Joint Disease	3
Mississippi Sports Medicine	3
NYU	3
Steadman Clinic	3



2019 AANA Traveling Fellows in the lab with host Larry D. Field, M.D., FAANA at Mississippi Sports Medicine and Orthopaedic Center. *From left:* Fernando Hernandez-Perez, M.D., Godfather John C. Richmond, M.D., Larry D. Field, M.D., FAANA, Aravind Athviraham, M.D., F.R.C.S.C., Andrew J. Sheean, M.D. and Michael H. Amini, M.D.

TABLE 6-4

Godfathers of the AANA Traveling Fellowship.

NAME

Howard J. Sweeney, M.D.	'06
W. Dilworth Cannon Jr., M.D.	'07
None	'08
Donald H. Johnson, M.D.	'09
James C. Esch, M.D. & James P. Tasto, M.D.	'10
John F. Meyers, M.D.	'11
Walter R. Shelton, M.D.	'12
Stephen S. Burkhart, M.D.	'13
Donald H. Johnson, M.D.	'14
Stephen J. Snyder, M.D.	'15
Richard K.N. Ryu, M.D.	'16
Jack M. Bert, M.D.	'17
Leslie S. Matthews, M.D.	'18
John C. Richmond, M.D.	'19
Postponed Secondary to COVID-19	'20
Richard L. Angelo, M.D., Ph.D.	'21
Robert E. Hunter, M.D.	'22

M.D., FAANA (2014 AANA Traveling Fellow) memorialized the history of the AANA Traveling Fellowship in its first 10 years,¹ which effectively captures the significant impact of the AANA Traveling Fellowship upon their individual careers and the careers of other AANA Traveling Fellows.

The initial three-and-a-half-week duration of the AANA Traveling Fellowship turned out to be an extensive time commitment for the AANA Traveling Fellows and the Godfather as well as somewhat of a strain on the host sites. The primary goal that the AANA Fellowship Committee made when developing the AANA Traveling Fellowship was to have a rotation of six sites that would be repeated every three years. It was a substantial commitment for the local leaders, their faculty and their support staff to host a memorable three days for the AANA Traveling Fellows. The sites that hosted three groups of AANA Traveling Fellows in the first six years (SCOI and Rush University Medical Center) were honored yet overwhelmed and suggested that the potential host sites be expanded. Simultaneous to this, the AANA Fellowship Committee shortened the AANA Traveling Fellowship to 10 days at three host sites, still concluding at the AANA Annual Meeting. That format has continued to the present day, only interrupted by COVID-19 in 2020, and resumed in 2021.

The AANA Traveling Fellowship also evolved in the number of participating AANA Traveling Fellows. The demand was so strong that in 2012, the number of accepted AANA Traveling Fellows grew from three to four. While AANA and all the AANA Traveling Fellows are indebted to the donation of time and education opportunities the host sites provide, they are particularly indebted to those sites which have hosted multiple AANA Traveling Fellowships (Table 6-3). The Godfathers who have participated in the AANA Traveling Fellowship have been instrumental in creating camaraderie and bonds with the host faculty.

These renowned Orthopaedic Surgeons demonstrated their lasting commitment to educating their peers and are listed chronologically (Table 6-4). Richard L. Angelo, M.D., Ph.D. led an expanded AANA Traveling Fellowship (six AANA Traveling Fellows) in 2021.

The AANA Traveling Fellows recognize the importance of the bonds they have developed and look forward to a reunion at the AANA Annual Meeting each year. The Don Johnson, M.D. Traveling Fellowship Alumni Group has been created in honor of Donald H. Johnson, M.D., a past president of AANA and the only physician who has served two terms as Godfather.

Several AANA Traveling Fellows have made impactful contributions to AANA through the years. Those who have served as instructors for AANA lab courses and members of the *Arthroscopy* editorial board are too numerous to list, but a few have gone on to serve in particularly important roles. Five of the former AANA Traveling Fellows have taken the effort and dedication to host subsequent AANA Traveling Fellows. These include Kevin W. Farmer, M.D. (2013 AANA Traveling Fellow), Dr. Waterman, Corey M. Edgar, M.D., Ph.D. (2016 AANA Traveling Fellow), Dr. Mulcahey and Michael J. O'Brien, M.D., FAANA (2016 AANA Traveling Fellow). In addition, five former AANA Traveling Fellows rose through the ranks of the *Arthroscopy* editorial board to become associate editors. These include Aman Dhawan, M.D. (2008 AANA Traveling Fellow), J. Martin Leland III, M.D. (2012 AANA Traveling Fellow), Dr. Waterman, Darius M. Moezzi, M.D. (2015 AANA Traveling Fellow) and Andrew J. Sheehan, M.D. (2019 AANA Traveling Fellow). Finally, through their commitment to education and dedication to AANA, four of the former AANA Traveling Fellows have become members at-large of the AANA Board of Directors. These include Drs. Leland, Waterman and Mulcahey,

as well as Ivan H. Wong, M.D., FAANA (2018 AANA Traveling Fellow).

While we understand the strong commitment that each of the AANA Traveling Fellows has for education, we feel the lasting bonds developed as an AANA Traveling Fellow have been one of the motivations for these highly dedicated members to make the major commitments to AANA that they have.

REFERENCE

1. Mulcahey, M.K., Waterman, B.R. "The Arthroscopy Association of North America Advanced Arthroscopy Traveling Fellowship: A 10-Year History." *Arthroscopy*. 2016;32(10):2179-2184.

The AANA/SOMOS Course: Advanced Arthroscopic Surgical Education and Collaboration

BY

Richard K.N. Ryu, M.D.,
Robert E. Hunter, M.D. and
Matthew T. Provencher, M.D., FAANA

INTRODUCTION

For over a decade, the Arthroscopy Association of North America (AANA) and the Society of Military Orthopaedic Surgeons (SOMOS) Course has been a source of pride for both organizations as it represents the very best in surgical education and collaboration. Developed in 2009 and brought to fruition in 2010 at the Orthopaedic Learning Center (OLC), the course has matured into an annual OLC event, taking place every August with the focus being an intensive hands-on course alternating between knee and shoulder arthroscopy. This course has come to represent the best of AANA's mission to provide world-class arthroscopic surgical education, and in SOMOS, AANA has found the ideal partner.

THE AANA/SOMOS COURSE

While serving as president of AANA in 2009, Richard K.N. Ryu, M.D. was honored to be a guest speaker for the annual SOMOS meeting in Honolulu, Hawaii. In addition to the joys of visiting a tropical paradise, Dr. Ryu had the pleasure of spending meaningful time with SOMOS Past Presidents retired U.S. Navy Reserve Capt. Matthew T.



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Hands-on arthroscopy training at the 2021 AANA/SOMOS Course.



FIGURE 7-1

From left: U.S. Air Force Col. John M. Tokish, M.D., FAANA and retired U.S. Navy Reserve Capt. Matthew T. Provencher, M.D., FAANA.

Provencher, M.D., FAANA and U.S. Air Force Col. John M. Tokish, M.D., FAANA, both of whom spoke eloquently and powerfully about surgical outcomes in the military population. Through their discussions, it became clear that in the military, the revision and failure rates for several challenging arthroscopic procedures were alarming. Given the critical importance of returning injured service men and women back to full functional capacity, they began to brainstorm ideas that could potentially have a positive impact on clinical outcomes. Many of the Orthopaedic Surgeons serving the United States were tasked with treating complex knee and shoulder injuries but were unable to pursue advanced fellowship training due to duty obligations such as deployment. Another complicating factor was that the number of available fellowship opportunities were often scarce based on the military's wartime footing.

As with many early stage projects, the consumption of alcoholic beverages greatly facilitated the concept of a combined course, and in 2010, the first AANA/SOMOS Course debuted at the OLC. Although Dr. Ryu was physically present and eager to assist, Drs. Provencher and Tokish deserve full credit as the true masterminds behind the collaboration (Figure 7-1). Save for 2014 and 2020, due to the sequester and the COVID-19 pandemic, respectively, the AANA/SOMOS Course has been an annual course that connects the best in education with those intent upon improving their knowledge and surgical skills in order to provide optimal care to the military population (Figures 7-2 - 7-6).

One of the course highlights is the Saturday night program which, after a long day in the wet lab, starts off with Chicago-style pizza and beer followed by a presentation from a guest speaker. Invited individuals exemplify the motto of service, sacrifice and leadership, and the course has been honored with outstanding speakers over the past decade. Drs. Tokish and Provencher, respectively, spoke passionately of their



FIGURE 7-2

Retired U.S. Navy Reserve Capt. Matthew T. Provencher, M.D., FAANA (*right*) demonstrates a surgical skill during the cadaver lab portion of the 2019 AANA/SOMOS Course.



FIGURE 7-3

Julie A. Dodds, M.D. (*left*) gives instructions during the cadaver lab portion of the 2019 AANA/SOMOS Course.



FIGURE 7-4

U.S. Navy Cmdr. Lance E. LeClere, M.D., (*center*) high-fives a grateful 2019 AANA/SOMOS Course participant.



FIGURE 7-5

From left: Retired U.S. Army Col. Craig R. Bottoni, M.D. and U.S. Air Force Col. John M. Tokish, M.D., FAANA.



FIGURE 7-6

Denver T. Stanfield, M.D., FAANA (*right*) shares his thoughts with a 2019 AANA/SOMOS Course participant.

experiences as being first on the ground in Afghanistan following 9/11 and the “soft diplomacy” mission of providing state-of-the-art care to those in need while serving on the USNS Mercy in Southeast Asia. Their powerful presentations have served as a template for those who have followed.

The list of speakers includes Capt. Dana Covey from the San Diego Naval Hospital; retired U.S. Air Force Brig. Gen. Kory Cornum, M.D. (Figure 7-7), who at the time was the highest-ranking Orthopaedic Surgeon in the military; Vice Admiral and former U.S. Surgeon General Richard Carmona (Figure 7-8); former Deputy Commanding Officer of the SEAL Training Command, and a current leader of the movement to reintegrate wounded warriors back into society, Capt. Tom Chaby (Figure 7-10); former Superintendent of the U.S. Naval Academy and rear Admiral Thomas Lynch; NATO Supreme Allied Commander Gen. George Joulwan (Figure 7-9); and former U.S. Secretary of the Interior, former U.S. Congressman and former U.S. Navy Seal with over 350 combat missions Ryan Zinke, who served as guest speaker for 2021.

Perhaps the most compelling, and certainly inspiring, presentation was made by Capt. Chris Cordova, who served as a combat medic at the Battle of Kamdesh, well-chronicled in the book, *The Outpost*. The book details the valiant efforts of 54 U.S. soldiers and their partner Afghan troops who were overrun by over 300 Taliban fighters. During this harrowing battle, with the Taliban “inside the wire,” a group of extraordinarily resolute young soldiers reclaimed the camp despite sustaining massive casualties. As a testament to their valor, 28 Bronze stars, 27 Purple Hearts and two Medals of Honor were awarded for gallantry and sacrifice.

Capt. Cordova, who was only 18 at the time, simultaneously kept his wounded comrades alive with

person-to-person transfusions, including himself as a donor, while helping to repel the invading forces. His narrative was beyond riveting and continues to stand out as the single best example of why working closely with military Orthopaedic Surgeons is important in order to provide the best care to these exceptional service members.

In 2018, under the guidance of Julie A. Dodds, M.D., the Quilts of Valor became part of the Saturday night program (Figures 7-9 - 7-10). The Quilts of Valor Foundation was founded in 2003 by Catherine Roberts, whose son was deployed in Iraq at the time. She had a vision of the “healing” and hopeful properties that a quilt worn over the shoulders of an exhausted and endangered service member would provide. With the approval of national or regional Quilts of Valor governing committees, the quilts are awarded and then created on an individual basis. With Dr. Dodds’ vision and effort (she handcrafts the awarded quilt), the recent guest speakers have been presented with these extraordinary gifts that serve as reminders of the sacrifices, courage and leadership shown by the military.

The Saturday night session concludes with a case-based, interactive format during which loud, and strongly held, opinions are not in short supply. Faculty and participants carefully discuss complex and intriguing cases. Occasionally, a consensus is reached. Once the course program officially ends on Saturday night, the “unofficial” program starts at the hotel bar (Figure 7-11) where one can hear further spirited conversations for hours.

Over the years, securing funding for this vanguard effort has been a challenge; however, the AANA Education Foundation (EF) has been extremely generous in providing the necessary support such that tuition, accommodations and travel expenses are covered for all military attendees. Industry partners DePuy Synthes



FIGURE 7-7

From left: Richard K.N. Ryu, M.D. and retired U.S. Air Force Brig. Gen. Kory Cornum, M.D. shares his experiences at the podium as the highest-ranking Orthopaedic Surgeon in the military.

FIGURE 7-8

Vice Admiral and former U.S. Surgeon General Rich Carmona (*center*) with members of Stryker leadership.



FIGURE 7-9

Gen. George Joulwan (*center*) receives the Quilt of Valor from Julie A. Dodds, M.D. (*right*).



FIGURE 7-10

Retired U.S. Navy Capt. Tom Chaby (*center*) receives the Quilt of Valor from Julie A. Dodds, M.D. (*right*).



FIGURE 7-11
U.S. Air Force Col. John M. Tokish, M.D., FAANA tends to the hotel bar when the service could not keep up with the demand.



FIGURE 7-12
Robert E. Hunter, M.D. (*center*) works alongside 2019 AANA/SOMOS Course participants.

Mitek, Smith+Nephew, Zimmer Biomet and Stryker have also assisted with this important meeting through the years by donating to the AANA EF. This course simply could not take place without their support, for which AANA is very grateful. Under the leadership and innovative thinking of Robert E. Hunter, M.D. (Figure 7-12) and the AANA Board of Directors, AANA began a funding effort in 2015 that had never before been attempted. The goal of the organization was to gain funding support from the federal government and more specifically from the U.S. Department of Defense (DOD). It seemed rather logical that the DOD would want to support this effort to educate and train their own surgeons, but AANA quickly discovered that what seemed logical to its members wasn't so logical to others.

Initially, AANA approached the Defense Health Agency (DHA) to see if funding could be secured from their training and education budget. Working closely with the orthopaedic consultants from each branch of the military (U.S. Air Force, Navy and Army), a collaborative effort was made to work through the chain of command, but unfortunately this became less compelling as the message was diluted in this tortuous process. AANA eventually turned to Congress and lobbied both the House of Representatives and the Senate, focusing on both Republican and Democratic members of key authorization and House and Senate Appropriations Committees. By virtue of this herculean effort, AANA was successful in introducing language supporting its initiative along with specific spending levels (\$2.5 million) in the DOD appropriations bill in fiscal year 2020. These funds were passed from the DOD to the DHA and then to the Uniformed Services University of the Health Sciences (USUHS). The funds ultimately went to the Henry Jackson Foundation, where AANA and SOMOS successfully applied for the funds through a grant application that outlined the expanded education initiatives, including an annual AANA/SOMOS Course to take place at the OLC; miniature fellowships consisting

of two weeks that would allow SOMOS members to train with key AANA members in centers of excellence; visiting professorships that would allow two senior AANA members to travel to military teaching centers; scholarships to attend the AANA Annual Meeting; scholarships to other AANA lab courses; and funding for ongoing outcomes research. AANA successfully received additional funding (\$2.5 million) in the fiscal year 2021 DOD appropriations bill and is working aggressively with congressional champions to secure funding language in the fiscal year 2022 DOD appropriations bill.

Much like a successful battlefield endeavor or a challenging surgical procedure, the AANA/SOMOS Course draws its strength from common goals, collaboration and a passion to be better. The AANA Staff, under the direction of AANA CEO Laura M. Downes, CAE, has been exceptional in their dedication

to this important course. Without their dedication and expertise, AANA would be unable to achieve its goals of orchestrating a world-class course (Figure 7-13).

CONCLUSION

As the authors of this chapter, being a part of this unique course for the past decade has been one of the most gratifying and important experiences of our lives, and we know that we are speaking for the many AANA and SOMOS faculty members who have had the honor of participating. The military participants have been attentive, curious, talented and a joy to instruct. Watching these surgeons gain confidence and skill, and knowing that they will share this with whom they treat, is the greatest reward of all. We hope that this special partnership continues for years to come, and that many more AANA members will have the opportunity to contribute meaningfully to this unique educational experience. (Figures 7-14 - 7-16).



FIGURE 7-13

2019 AANA/SOMOS Course: AANA Staff. *Front row from left:* Becca Daly, Laura M. Downes, CAE, Shantal Alonso, J.D., Frances Park, CMP, Kim Santaniello, Alex Andryk and Renee Zagazdon.



FIGURE 7-14

2019 AANA/SOMOS Course faculty. *From left:* U.S. Air Force Lt. Col. Judd Robins, M.D., Richard K.N. Ryu, M.D., U.S. Air Force Col. John M. Tokish, M.D., FAANA, Julie A. Dodds, M.D., retired U.S. Army Col. Patrick St. Pierre, M.D., U.S. Army Lt. Col. Steven J. Svoboda, M.D., Robert E. Hunter, M.D., William R. Beach, M.D., Larry D. Field, M.D., FAANA, John C. Richmond, M.D., Felix H. “Buddy” Savoie III, M.D., Ivan H. Wong, M.D., FAANA, Louis F. McIntyre, M.D., FAANA, U.S. Army Maj. Brian R. Waterman, M.D., FAANA, retired U.S. Navy Reserve Capt. Matthew T. Provencher, M.D., FAANA, Denver T. Stanfield, M.D., FAANA, Mark H. Getelman, M.D., FAANA and Jeffrey S. Abrams, M.D.



FIGURE 7-15

SOMOS Leadership at the 2019 AANA/SOMOS Course. *From left:* U.S. Navy Cmdr. Lance E. LeClere, M.D., U.S. Navy Cmdr. James Bailey, M.D., U.S. Army Lt. Col. Christopher J. Tucker, M.D. and retired U.S. Air Force Col. Mark A. Slabaugh, M.D.



FIGURE 7-16

2019 AANA/SOMOS Course. *From left:* Larry D. Field, M.D., FAANA, U.S. Air Force Col. John M. Tokish, M.D., FAANA, retired U.S. Navy Reserve Capt. Matthew T. Provencher, M.D., FAANA, U.S. Army Lt. Col. Christopher J. Tucker, M.D., U.S. Air Force Lt. Col. Judd Robins, M.D., Mark H. Getelman, M.D., FAANA and Richard K.N. Ryu, M.D.



U.S. Air Force Col. John M. Tokish, M.D., FAANA teaches at the 2021 AANA/SOMOS Course.

AANA Recent Past Presidents 2011-Present



RICHARD L. ANGELO, M.D., PH.D.

2011-2012

Dr. Angelo's greatest support system throughout his career has been his family. Marguerite, his cherished wife of 32 years, enjoyed her role as First Lady, organizing the spouse programs with the same precision as Dr. Angelo demonstrated working with a stellar Arthroscopy Association of North America (AANA) Board of Directors. The Angelos are blessed with a 'full quiver' of three wonderful sons, Dom, Sam and Ben, who have kept him grounded and are reminders of the most important priorities in life.

After completing his orthopaedic residency at the University of Utah, Dr. Angelo completed a shoulder fellowship with Richard J. Hawkins, M.D. and an arthroscopy/sports medicine fellowship with James R. Andrews, M.D. Those experiences ignited a lifelong passion for arthroscopy and surgical education.

During his presidential year, he had the great fortune to have been surrounded by enthusiastic colleagues



Past presidents of AANA.

From left: Richard L. Angelo, M.D., Ph.D.,
Richard K.N. Ryu, M.D., Nicholas A. Sgaglione,
M.D., Jeffrey S. Abrams, M.D. and Felix H.
“Buddy” Savoie III, M.D.



Richard L. Angelo, M.D., Ph.D. with his wife, Marguerite.



Faculty from the September 2019 Proficiency-Based Progression Shoulder Course.

willing to roll up their sleeves to help accomplish meaningful pursuits. The new *Arthroscopy Techniques* video journal was created through the visions of Walter R. Shelton, M.D. and James H. Lubowitz, M.D. In working with Program Chair Larry D. Field, M.D., FAANA and President of Sociedad Latinoamericana de Artroscopía, Rodilla y Deporte (SLARD), the Latin American Society of Knee Arthroscopy and Sports Medicine, and friend Guillermo Arce, M.D. of Argentina, a combined AANA/SLARD meeting was orchestrated. The purpose of this meeting was to exchange key information regarding the practice of arthroscopic surgery with orthopaedic colleagues throughout South America, and the over 400 registrants participated in a rewarding dialogue.

Additionally, Dr. Angelo initiated the Magellan Project in which AANA committees "sailed the world" in search of educational treasures that other industries, professions and disciplines were employing to train highly skilled professionals. Six subcommittees researched promising ideas, investigated best-practice methodologies, tested applications, gathered supporting evidence and determined funding needs. A few of the many fruits of the Magellan Project include the Fundamentals of Arthroscopic Surgery Training (FAST) Program directed by Robert A. Pedowitz, M.D., Ph.D., which harnessed relatively inexpensive technology that interfaced with a laptop computer or a smart phone. A series of modules were developed to train fundamental arthroscopic skills in preparation for learning procedure-based techniques. Additional products of the project included the first Arthroscopy Self-Assessment Program (ASAP) to assist members in obtaining Maintenance of Certification (MOC) credits (Mark H. Getelman, M.D., FAANA); an arthroscopically based online continuing medical education (CME) program (Vipool K. Goradia, M.D.); and the first Health Policy Fellowship under the direction of William R. Beach, M.D. and Louis F. McIntyre, M.D., FAANA.

One of the most ambitious endeavors to originate from the Magellan Project was the Copernicus Initiative, which sought to determine if a proficiency-based progression (PBP) curriculum was more effective than the apprenticeship model for training and acquiring surgical skills. In a controlled, blinded, randomized trial, the Orthopaedic Resident group exposed to the PBP curriculum were five to seven times more likely to achieve the final proficiency benchmark than the control group (apprenticeship model). Subsequently, a pure PBP course that involved training for arthroscopic Bankart and rotator cuff repairs demonstrated dramatic evidence of PBP's impact on acquiring related arthroscopic skills. The Copernicus Initiative research endeavors have progressed over almost a decade and produced nine original scientific publications in *Arthroscopy: The Journal of Arthroscopic and Related Surgery*.

In addition to his orthopaedic pursuits, Dr. Angelo received a doctorate in philosophy from University College Cork in Ireland for his thesis: "Proficiency-Based Progression Training: Quality-Assured Preparation for the Practice of Surgery." As of 2021, he is the current president of the Orthopaedic Learning Center (OLC) and was the Godfather for the 2021 AANA Traveling Fellowship program.

	Step	Error	DNIT*	Comments
Scope Bankart Repair Metrics v30 (7/7/2013)				
* DNIT = Damage to Non-Target Tissue – score an error only for observable creation of damage				
** [N] = Beginning or Onset of Step				
*** [E] = End or Completion of Step				
**** All White Step AND Error boxes must be scored and filled in with either a check (Y) if complete or a 0-[N] if not completed, score all occurrences of DNIT, add comments as helpful				
Definition (*) = see explanation at end of scoring sheet				
I. Portals				
1. posterior portal established [**] posterior view is established from posterior cannula; [****] clear posterior view is obtained				
2. view posterior humeral head and extent of the Hill-Sachs when present [E] initial clear view of the posterior humeral head; [E] Hill-Sachs viewed or ruled out				
3. introduce mid-anterior spinal needle immediately superior to the subscapularis and direct it toward the antero-inferior glenoid and labrum [E] spinal needle enters field of view; [E] spinal needle reaches antero-inferior glenoid				
4. establish a cannula that abuts the superior border of the subscapularis near the lateral subscapularis insertion [E] cannula tracer tip penetrates capsule; [E] tracer is withdrawn from intra-articular				

A selection of the original arthroscopic Bankart metrics related to the Copernicus Initiative.



NICHOLAS A. SGAGLIONE, M.D.

2012-2013

Dr. Sgaglione's service to AANA has been a professional and social highlight in his orthopaedic surgery career. During his presidential year, there were numerous discussions and meetings regarding whether to move to a new office building in Rosemont. This included weighing the pros and cons of joining other subspecialty societies that had decided to stay unified and aligned with the American Academy of Orthopaedic Surgeons (AAOS), who initiated the plan to vacate its existing building which housed the original OLC. Ultimately, engagement and alignment with others and AAOS was decided upon, in part based upon a favorable and effective relationship with AAOS Leadership, specifically Josh Jacobs, M.D. In addition, a task force was created that would evaluate the potential for involvement in the newly planned OLC and deliberate the future of surgical skills training.

One of the themes of the highly successful 2013 AANA Annual Meeting in San Antonio was the collaboration with Mexico (the Guest Nation) and the Asociación Mexicana de Cirugía Reconstructiva Articular y Artroscopía (AMECRA), the Mexican Arthroscopy Association, to grow the number of Mexican members within AANA. Another milestone in 2013 was the retirement of Presidential Advisor and Executive Vice President J. Whit Ewing, M.D., which necessitated decision-making on whether that position would be preserved and if so, who would serve going forward.

During his presidential year, AANA established the Past President's Council to improve communication and engage active and interested past presidents of AANA. Immediately following his election to the AANA Presidential Line, Dr. Sgaglione's wife, Leslie Wanek, Ph.D., passed in a tragic accident, leaving him and his four young children with many challenges. His decision



Nicholas A. Sgaglione, M.D. delivers his presidential address at the 2013 AANA Annual Meeting in San Antonio, Texas.

to carry on as best as he could rather than recuse himself from serving (which he considered) was a sentinel moment for him and his family. This decision underscored his service and dedication with a spirit and effort to embrace resiliency, focus and positivity. It was, in part, an opportunity that allowed him to see clearly.

In his presidential address at the 2013 AANA Annual Meeting, Dr. Sgaglione shared his story. He was born in 1957 in Brooklyn and grew up on Long Island. He graduated from Archbishop Molloy High School and then Manhattan College. He then studied at the Mount Sinai School of Medicine where he completed an internship in general surgery. He completed his residency in orthopaedic surgery at the Hospital for Special Surgery (HSS) in New York. He considers his mentors from his training to be Philip L. Wilson Jr., M.D., John Insall, M.D., Chitranjan Ranawat, M.D. and Russell F. Warren, M.D. He went on to complete an arthroscopy and sports medicine fellowship at the Southern California Orthopedic Institute (SCOI) in Van Nuys, California. It was there that he met his SCOI mentors who introduced him to cutting-edge arthroscopic techniques, the AANA organization and his wife, Dr. Wanek, who was a SCOI research statistician completing her doctorate of philosophy work at University of California, Los Angeles (UCLA). Most influential were Stephen J. Snyder, M.D., Marc J. Friedman, M.D. and Richard D. Ferkel, M.D. Upon his fellowship completion, he returned to Long Island to practice at North Shore University Hospital, which at the time was a teaching hospital for the HSS residency program. He immediately joined AANA and became actively involved, helping as a lab instructor at every AANA Fall Course since 1989. He has served on multiple committees and in 2000 was selected as a member of the AANA Education Committee on which he served for 10 years and as chair from 2006-2008. Dr. Sgaglione also served on the AANA Program Committee as chair from 2008-2009. He chaired the AANA Development

Committee beginning in 2008 and has been active in raising millions of dollars for the AANA Education Foundation (EF). Dr. Sgaglione also served as chair of the AANA EF in 2018 and as a trustee of the *Arthroscopy Journal* Board of Trustees beginning in 2013; his role as chair began in 2018 and continues to this day.

Additionally, Dr. Sgaglione currently serves as chair of the Department of Orthopaedic Surgery at Northwell Health in New York. He holds the title of professor of Orthopaedic Surgery at Zucker School of Medicine at Hofstra University. He is on the editorial board of several medical journals and is the author of more than 100 published articles and book chapters on knee, shoulder, ankle and articular cartilage surgery and arthroscopy. Dr. Sgaglione has co-authored and edited three textbooks on arthroscopy and orthopaedic surgery and continues to lecture internationally on arthroscopy, sports medicine and the care of athletic injuries.



Nicholas A. Sgaglione, M.D. with past presidents of AANA at the 2007 Presidential Gala in Washington, D.C. *From left:* Richard L. Angelo, M.D., Ph.D., Jeffrey S. Abrams, M.D., Nicholas A. Sgaglione, M.D. and Richard K.N. Ryu, M.D.



J.W. THOMAS BYRD, M.D.

2013-2014

A native Nashvillian, Dr. Byrd is the third generation of physicians in his family to serve in his community. He received his undergraduate degree from the University of Miami, medical degree from Vanderbilt University and completed his orthopaedic training at the University of Louisville. He then participated in a sports medicine fellowship under his mentor James R. Andrews, M.D. in Birmingham, and a total joint fellowship at the New England Baptist Hospital in Boston, Massachusetts. Dr. Byrd has spent the last 20 years in mostly solo practice as the founder of Nashville Sports Medicine and Orthopaedic Center. He has served as team physician for the Tennessee Titans, dating back to their arrival in Nashville as the Oilers in 1997. He is a consult for numerous professional sports franchises and individual athletes. Dr. Byrd also developed the technique of hip arthroscopy that is most popularly used around the world and devised many of the instruments commonly used for performing this procedure.

AANA is a meritocracy, and Dr. Byrd considers himself its posterchild. Not because of his innate abilities, but because of the opportunities afforded to him to excel through AANA. Otherwise, how could a solo practitioner from Nashville become president of the largest organization dedicated to minimally invasive surgery in North America?

He equates his leadership style to Denny Crum's (legendary University of Louisville basketball coach) coaching strategy: assemble the five best athletes in the country, roll the ball out to them and stay out of the way. Substantial accomplishments occurred during Dr. Byrd's presidency, but this is a credit to the remarkable team that surrounded him.

While he is proud of his time as president of AANA, his presidential year was little more than a coronation for his prior achievements. It is these achievements for which he is most proud. He epitomizes Sir Isaac Newton's statement: "If I have seen further, it is because I stood on the shoulders of giants."

In 1997, at age 71, Howard J. Sweeney, M.D. came to visit him because he wanted to stay up on the latest developments in hip arthroscopy, an emerging procedure. Dr. Sweeney decided they needed to have an AANA Lab Course pertaining to hip arthroscopy at the OLC. Dr. Byrd, Dr. Sweeney and Pamela Martens Beaumont, who served as interim director of the OLC at the time, gathered in the back of the lab at the AANA Foot and Ankle Arthroscopy Lab Course, chaired by James W. Stone, M.D., FAANA, and devised how to scope a cadaver hip; and in 1998, the first-ever hip motor skills course was born. For nearly a decade, this was the only such hip arthroscopy course. None of the top thought leaders in arthroscopy would miss being there because of the opportunity to gather and share ideas. The beauty of this course was that the faculty also benefited just as much, if not more, than any student in attendance.

Reviewing articles for *Arthroscopy* was intellectually stimulating for Dr. Byrd, and he was especially blessed when Gary G. Poehling, M.D. tapped him to serve on the editorial board and then as an associate editor. It is in these positions that he honed his own skills as an author, learning vicariously through the experiences and labors of those submitting papers. It was only years later that it registered with him how much he could benefit personally through service to others; and AANA was the perfect medium.

At an AANA reception during the 2005 American Academy of Orthopaedic Surgeons (AAOS) Annual

Meeting in Chicago (the year it was moved from New Orleans because of Hurricane Katrina), past presidents of AANA Donald H. Johnson, M.D. and David A. McGuire, M.D. commented on how Dr. Byrd should be the president of AANA. He thought that was a preposterous idea, as he thrived being a small-town surgeon. Only later did he start to realize that AANA saw more in him than he saw in himself.

Overall, Dr. Byrd is very proud of his time serving as president of AANA – not only for his own accomplishments, but for the belief that others had in his ability to lead and educate.



J.W. Thomas Byrd, M.D. (*left*) and Howard J. Sweeney, M.D. tinker with the first-ever effort at performing hip arthroscopy on a cadaver at the Orthopaedic Learning Center in 1997.



WILLIAM R. BEACH, M.D.

2014-2015

Serving as president of AANA from 2014-2015 is the highlight of Dr. Beach's professional career. He would be remiss not to note and thank all the people who were instrumental in keeping AANA moving on its mission of education and advocacy. The AANA Board of Directors and key AANA Committee leaders from 2014-2015 include: Jeffrey S. Abrams, M.D., Jack M. Bert, M.D., Robert T. Burks, M.D., J.W. Thomas Byrd, M.D., Thomas R. Carter, M.D., Brian J. Cole, M.D., M.B.A., FAANA, Julie A. Dodds, M.D., Larry D. Field, M.D., FAANA, Mark H. Getelman, M.D., FAANA, Robert E. Hunter, M.D., James H. Lubowitz, M.D., Louis F. McIntrye, M.D., FAANA, Gary G. Poehling, M.D., Matthew T. Provencher, M.D., FAANA, John C. Richmond, M.D., Richard K.N. Ryu, M.D., Felix H. "Buddy" Savoie III, M.D., Nicholas A. Sgaglione, M.D. and Benjamin Shaffer, M.D.

The life of AANA is as much about the tireless AANA Staff as the rotation of its leaders. AANA has been blessed with dedicated, capable staff. In 2014 the AANA Staff included Holly Albert, Susan Carlson, Ed Goss, Latosha Holden and David Hood.

In 2014-2015, AANA's meetings and travel included the Summer AANA Board of Directors Meeting in Williamsburg, Virginia. With the help of Dr. Provencher, the AANA Board of Directors was able to tour the hospital ship "Comfort" which was anchored in Norfolk, Virginia. They were also able to tour the Oceana Naval Air Station. The Fall AANA Board of Directors Meeting was held in Palm Desert, California; the Winter AANA Executive Committee Meeting in Maui, Hawaii and the 2015 AANA Annual Meeting in Los Angeles, California. AANA business included AANA's final financial commitment to the new AAOS/ AANA office building in Rosemont, which also included commitment to the new Orthopaedic Learning Center.

Dr. Beach, along with the AANA Board of Directors during that time, continued to support and develop many projects:

- Continuing the Copernicus Initiative initiated by Richard L. Angelo, M.D., Ph.D., specifically the surgical skills training and verification.
- Supporting Dr. Ryu's AANA and Society of Military Orthopaedic Surgeons (SOMOS) AANA/ SOMOS Course initiative and the AANA *Advanced Arthroscopic Surgical Techniques Series*.
- Completing the Accreditation Council for Graduate Medical Education (ACGME) program under the leadership of Dr. Richmond and Susan.
- Creating and marketing the Maintenance of Certification (MOC) exam, which Dr. Getelman directed.
- Initiating Fellow's Day at the AANA Annual Meeting.
- Establishing the "Lifetime Achievement Award" at the AANA Annual Meeting – with Lanny L. Johnson, M.D. as the first and very deserving recipient.

When Dr. Beach thinks back to his presidential year, he thinks of three things. First, the significantly under-attended AANA Fall Course, which was disappointing to say the least. However, in usual AANA fashion, Dr. McIntyre and John M. Tokish, M.D., FAANA stepped up to "reinvent" the AANA Fall Course with more focus on the attendees and their learning experience. Those changes resulted in improved courses and higher quality education. Second, AANA was able to design a program which gave members access to the Arthrex Surgical Outcomes System (SOS™). Access to SOS has allowed AANA members to review a state-of-the-art patient-reported outcomes database. Lastly, his fondest memory from his presidential year was of the incredibly talented people who donated their free time to help AANA accomplish its mission of education and advocacy.

Dr. Beach gives a very special thanks to the families of the AANA "soldiers" who sacrifice for the benefit of AANA, to his wife, Betsy, and his children.



2018 AANA Executive Committee Meeting in Cabo San Lucas, Mexico. *From left:* Mark H. Getelman, M.D., FAANA, William R. Beach, M.D., Laura M. Downes, CAE, Raymond Thal, M.D. and James W. Stone, M.D., FAANA.



JEFFREY S. ABRAMS, M.D.

2015-2016

Dr. Abrams served as the 34th president of AANA, which he reflected on as an honor and privilege. This was a year of change and expansion for AANA, and Dr. Abrams had a wonderful team to assist with the rapid growth. There were many instrumental additions made during this time. His focus included creating a combined AANA/American Shoulder and Elbow Surgeons (ASES) Shoulder and Elbow Meeting; introducing the second OLC; releasing a five-textbook AANA series; creating and funding the addition of *Arthroscopy Techniques*; expanding partnerships with industry and assisting with the AANA EF growth; introducing data collection to AANA; driving innovation by introducing the Innovation Center; and orienting the newly selected Laura M. Downes, CAE during her first year as AANA CEO as well as OLC CEO Lisé A. Puckorius, CAE.

Dr. Abrams' presidential year produced the combined AANA/ASES Biennial Shoulder Meeting in Chicago. This meeting combined arthroscopy, minimally invasive procedures, arthroplasty and fracture management. Industry provided access to models for the skills portions of this program. Combining meetings with other orthopaedic societies continues to provide expanded programming opportunities.

The OLC has been a major educational instrument since AANA's inception. This growth was accompanied by moving the AANA office to a new address. Laura was instrumental with the office transition during her first year as AANA CEO. Three leading industry companies provided the towers and service to create 48 working stations as well as a focused demonstration station with cutting-edge audiovisual components to complement the design of the upcoming meetings.



The AANA Education Foundation Donor Reception “Tesla Event” at the 2018 AANA Annual Meeting in Chicago, Illinois. *From left:* Richard K.N. Ryu, M.D., F. Alan Barber, M.D., Stephanie Chamberlain, Victor M. Ilizaliturri Jr., M.D. and Jeffrey S. Abrams, M.D.

Additional companies added instrumentation and assistance with this world-class surgical skills lab.

The AANA *Advanced Arthroscopic Surgical Techniques Series* was organized, published and released during Dr. Abrams' presidential year. Series Editors Dr. Abrams and Richard K.N. Ryu, M.D. planned for anatomic textbooks including knee, hip, shoulder, foot/ankle and elbow/wrist. The techniques-based books were published and distributed to visiting programs, the membership and at the AANA Annual Meeting. The detailed chapters offered stepwise instructional text accompanied by video instruction.

Arthroscopy has been coined as the "crown jewel" of AANA. During this year, AANA introduced and implemented *Arthroscopy Techniques*, an online-only video companion to the journal. The added electronic journal has proven successful and has been populated with videos encompassing the entire spectrum of arthroscopic surgery. Both *Arthroscopy* and *Arthroscopy Techniques* have a national and international readership and are recognized as a leading scientific publication based on the citation factors.

An important theme during Dr. Abrams' presidential year was innovation. Raymond Thal, M.D. introduced the Innovation Center during this time as a pathway for interested innovators to present original patent ideas, instrumentations and procedures.

Dr. Abrams continues to be heavily involved in shoulder surgical education and society support. He currently serves as chair of the *Journal of Shoulder and Elbow Surgery* Board of Trustees and Innovation and Partnership Committee for the Orthopaedic Research and Education Foundation (OREF) and is on the board of directors for the Twentieth Century Orthopaedic Association. He has written over 75 peer-reviewed publications, presented over 950 international

lectures and served on numerous committees for AANA. He is considered an inventor and educator for industry companies and has assisted with product development. He and his wife, Kathleen, enjoy traveling, skiing and playing golf and tennis in addition to enjoying time with their growing family.



The AANA Education Foundation Donor Reception "Tesla Event" at the 2018 AANA Annual Meeting in Chicago, Illinois. *From upper left:* Alan S. Curtis, M.D., FAANA, John D. Kelly IV, M.D., FAANA, Richard L. Angelo, M.D., Ph.D., Jeffrey S. Abrams, M.D. and Louis F. McIntyre, M.D., FAANA. *Pictured, with head turned:* Mark H. Getelman, M.D., FAANA.



The AANA *Advanced Arthroscopic Surgical Techniques Series*, led by Series Editors Jeffrey S. Abrams, M.D. and Richard K.N. Ryu, M.D., includes five separate, comprehensive technique-based books on the elbow/wrist, foot/ankle, hip, knee and shoulder joints.



JOHN C. RICHMOND, M.D.

2016-2017

Dr. Richmond grew up in the southern suburbs of Boston, Massachusetts in a unique location on the water. This location housed a collection of summer homes that became a community of permanent residents established by families whose husbands/fathers had fought in World War II and migrated from the city. His father was an entrepreneur accountant and his mother a schoolteacher. He attended the University of Pennsylvania. His lifelong love for biology blossomed there, and he graduated cum laude with a degree in marine biology. Entering Tufts University School of Medicine in Boston with no preconceived career path, exposure to Orthopaedic Residents and vascular surgery Fellows who had served in the Mobile Army Surgical Hospital units during the Vietnam War steered him towards the path of vascular surgery. He began his residency in general surgery at the Hospital of the University of Pennsylvania in Philadelphia. Early exposure to Bruce Heppenstall, M.D., a young, skilled and enthusiastic orthopaedic faculty member, made the switch to orthopaedic surgery an easy one. Returning to Boston, Dr. Richmond completed the Tufts University Combined Orthopaedic Residency in December of 1981. He had the good fortune to have John B. McGinty, M.D. as a mentor during his residency, cementing his commitment to arthroscopic surgery and the treatment of sports injuries. Finishing residency in 1981, Dr. Richmond had the good fortune to participate in a traveling fellowship that Dr. McGinty organized to visit William G. Clancy Jr., M.D. in Madison, Wisconsin; John A. Bergfeld, M.D. and Jack T. Andrish, M.D. at the Cleveland Clinic in Cleveland, Ohio; Lanny L. Johnson, M.D. in East Lansing, Michigan; Bob Larson, M.D. in Eugene, Oregon; and Jack Houston, M.D., James R. Andrews, M.D. and Champ L. Baker Jr., M.D. at the Houston Clinic in Houston, Texas.



The Richmond family at the 2017 AANA Annual Meeting in Denver, Colorado. *From left:* Mike, John C. Richmond, M.D., Chris, Scott and Scott's husband, Jason.

Following the traveling fellowship, Dr. Richmond returned to Tufts to start the sports medicine section at Tufts New England Medical Center and become the team physician for Tufts University, a post that he held from 1981 through 2006. He was, and still is to this day, committed to patient care, teaching and research. Beginning projects included abrasion arthroplasty, synthetic ligaments and suture anchors. With an interest in innovation and startup entrepreneurship, he performed the basic science and clinical studies to pioneer Depuy Mitek Sports Medicine suture anchors for shoulder instability.

He made his first trip to Mexico to teach in 1986 as the Orthopaedic Surgeons residing there were organizing arthroscopic surgery in their country under Asociación Mexicana de Cirugía Reconstructiva Articular y Artroscopía (AMECRA), the Mexican Arthroscopy Association. Dr. Richmond continued his commitment to arthroscopic education in Mexico and has completed 60-plus visits (the last few via Zoom) to teach and continue camaraderie with Orthopaedic Surgeons in Mexico.

Dr. Richmond joined AANA in 1988 and served continuously on various committees, task forces, the AANA Board of Directors and the AANA Presidential Line. He had the privilege of serving on the AANA Board of Directors during the presidential year of Stephen S. Burkhart, M.D. (2002-2003) when Dr. Burkhart oversaw the development of a strategic plan for AANA. At the Summer AANA Board of Directors Meeting in 2016, the board drafted what is now AANA's mission statement: to advance the art and science of arthroscopy and minimally invasive surgery through education, skills assessment and advocacy. The board also recommended a change to the AANA Bylaws, which was passed at the 2017 AANA Annual Meeting, to expand the board by an additional member at-large in an under age 45 category.

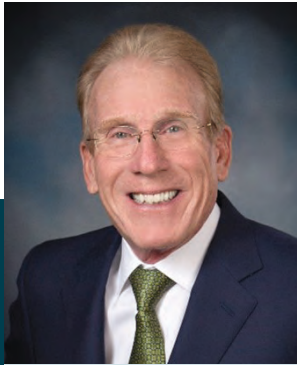
The AANA Annual Meeting is the high point of any presidential year. The 2017 AANA Annual Meeting, held in Denver, Colorado in mid-May, was a success despite several days of snow. Part of its success was due to strong participation from the United Kingdom, the 2017 AANA Annual Meeting Guest Nation, and surgical brethren put together by Mr. Peter Brownson. This included leaders from the British Orthopaedic Association, the British Association for Surgery of the Knee, the British Orthopaedic Sports Trauma and Arthroscopy Association, the British Foot and Ankle Society and the British Elbow and Shoulder Society.

Dr. Richmond's clinical and academic career continued at Tufts University School of Medicine as professor of Orthopaedic Surgery and chair of the Department of Orthopaedics at the New England Baptist Hospital. He has received Distinguished Service Awards from the Massachusetts Interscholastic Athletic Association, Tufts University and the New England Baptist Hospital, in addition to Lifetime Achievement Awards from AMECRA and AANA.

Finally, none of this is meaningful without family. Dr. Richmond has been blessed with an almost 50-year marriage to his wife, Chris. They have two wonderful children (Scott and Michael), who are accomplished and caring. Family life when they were growing up focused on school, music, sports, sailing and skiing.



John C. Richmond, M.D. at the 2019 AANA Annual Meeting in Orlando, Florida.



ROBERT E. HUNTER, M.D.

2017-2018

Dr. Hunter became president of AANA in May of 2017. As he related, "I was fortunate to follow John C. Richmond, M.D., who is one of the most decent and thoughtful men I have known. I learned from him and my presidential year was better because of it."

During his presidential year, Dr. Hunter and the AANA Staff focused on three key issues "while carefully trying not to do any harm." As Dr. Hunter noted, "the AANA Staff does a remarkable job of managing AANA and as president, one's job is to carefully steer the ship and to maintain its course."

The first issue was to address AANA's international outreach. AANA aimed to do three things: make the AANA International Member application much easier to accomplish, reduce the cost to become an AANA International Member and change the AANA International Membership category to remove any and all barriers that would preclude an AANA International Member from serving as chair of an AANA Committee, an AANA Board of Directors Member and even serving on the AANA Presidential Line. AANA was successful in changing and improving these three areas and it laid a foundation upon which Larry D. Field, M.D., FAANA could dramatically increase AANA International Membership.

The second change was consolidating the already close relationship AANA had developed with SOMOS through the annual AANA/SOMOS Course that started in 2010. The AANA Board of Directors voted to extend complimentary AANA Membership to all active-duty SOMOS members, thereby eliminating all financial barriers that might serve as a disincentive to join AANA. AANA quickly found that there were many brilliant SOMOS members who have since become important members and leaders in AANA.

Last but not least was AANA's effort to find extramural funding to support the annual AANA/SOMOS Course and to expand the relationship by adding mini-fellowships. These mini-fellowships would allow SOMOS members to spend time with an AANA Member in a one-on-one setting at a recognized center of excellence. Additionally, AANA was looking to add scholarships to the AANA Annual Meeting, Specialty Day and other AANA lab courses as well as develop a traveling fellowship specifically designed for SOMOS members. Finally, AANA wanted to begin a visiting professorship where two AANA members would travel to a military teaching center each year to spend a week with their staff and Orthopaedic Residents.

The obvious source for this funding was the U.S. Department of Defense (DOD). AANA had never lobbied in Washington, D.C., so the organization had to start at the very beginning by building support for the initiative within the DOD, the Defense Health Agency and Congress and working closely with Orthopaedic Surgeon consultants from the U.S. Army, Navy and Air Force. Many AANA members donated countless hours to travel to Washington, D.C. to walk the halls of Congress gathering support and looking for/finding champions who were willing to push AANA's efforts in both the House of Representatives and the Senate. After four years of work, AANA was ultimately successful in receiving funding in the fiscal year 2020 DOD appropriations bill. AANA was refunded in the 2021 DOD appropriations bill and is working hard to obtain funding for 2022.

As Dr. Hunter concluded, "My year as president of AANA was the highlight of my orthopaedic career and the greatest medical honor of my life. I am forever grateful."



Robert E. Hunter, M.D. works to advance the Society of Military Orthopaedic Surgeons initiative in Washington, D.C.

“My year as president of AANA was the highlight of my orthopaedic career and the greatest medical honor of my life. I am forever grateful.”



LOUIS F. MCINTYRE, M.D., FAANA

2018-2019

It was Dr. McIntyre's honor to serve as the president of AANA. He had become involved with AANA when he was an Orthopaedic Fellow at Orthopaedic Research of Virginia (ORV) in 1991. The surgeons who served as faculty at ORV, Richard B. Caspari, M.D., John F. Meyers, M.D. and Terry L. Whipple, M.D., F.A.C.S. were all very involved in the formation of AANA, and Drs. Caspari and Meyers both served as president of the organization. Their enthusiasm and dedication to AANA inspired Dr. McIntyre to become part of the AANA family. The education and learning experiences as well as the comradery of the members made AANA seem like a family to him, and over the years he took part in the many courses and meetings that AANA offered.

Dr. McIntyre attended the College of the Holy Cross in Worcester, Massachusetts and played rugby, which beat his shoulders up badly. He became interested in an orthopaedic career as a result and completed the orthopaedic program at Long Island Jewish Medical Center (LIJMC). LIJMC sent several Orthopaedic Residents over the years to the arthroscopy fellowship at ORV and he was lucky enough to be one of those Arthroscopy Fellows. After the fellowship, Dr. McIntyre went into private practice in Westchester County, New York, the same city where he grew up. He became very interested in the business and regulatory side of orthopaedics, especially dealing with the challenges of growing and sustaining a mid-sized practice.

As a result of that interest, Dr. McIntyre became part of the AANA Health Policy Committee led by his friend from fellowship, William R. Beach, M.D. He and Dr. Beach collaborated on informing the AANA Membership on regulatory, reimbursement and health policy issues

that were becoming an increasing challenge for practicing Orthopaedic Surgeons. Their efforts improved the visibility and value of the AANA Health Policy Committee and resulted in its transition to the AANA Advocacy Committee. AANA also adopted physician and patient advocacy as a core mission of the organization.

AANA had several important, and even essential, projects in 2018 that were in progress and required the continued commitment of the AANA Board of Directors to see them through across the finish line. The first project, the surgical skills teaching and testing model known as the Copernicus Initiative, was the most important. Richard L. Angelo, M.D., Ph.D. initiated the program in 2010, and it was considered a groundbreaking proficiency-based progression learning platform that revolutionized the way that Orthopaedic Surgeons are taught and tested on surgical skills with a validated model. AANA was able to see the program through to a successful first course that utilized the Copernicus methodology. Patrick St. Pierre, M.D. led the course's development in which over 80% of attendees attained proficiency after one weekend of instruction.

AANA's collaboration with the computer simulation company VirtaMed was finalized in 2018. Joseph C. Tauro, M.D., FAANA implemented an ambitious program of content development and testing at the OLC. This project, with the eventual inclusion of Copernicus methods and metrics, resulted in a paradigm shift in surgical skills teaching and testing.

AANA's efforts to fund educational collaborations with SOMOS required the AANA Board of Directors to make some expensive decisions to keep the project going. The recent success of the effort proved those decisions valuable. In an era of decreasing sources of association funding, this project helps diversify the revenue sources of the organization.

AANA has always been synonymous with innovation; thus, the Innovation Exchange was formed in 2018 to help members bring innovative ideas to market. Raymond Thal, M.D. led this effort in collaboration with AngelMD, the only online community of health care startups, physicians and investors that highlights the promising investment opportunities for its members.



Louis F. McIntyre, M.D., FAANA addresses the audience at the 2018 AANA Annual Meeting in Chicago, Illinois.



LARRY D. FIELD, M.D., FAANA

2019-2020

Dr. Field was born in an Arkansas military hospital and grew up with two brothers in a working-class neighborhood in Natchez, Mississippi. After graduating from high school, he attended and graduated magna cum laude from Louisiana Tech University with a degree in biomedical engineering. Dr. Field then graduated Alpha Omega Alpha from the University of Mississippi School of Medicine and completed his orthopaedic surgical residency training at the University of Mississippi. A fellowship in sports medicine and shoulder surgery at the Hospital for Special Surgery in New York, under the direction of an important mentor Russell F. Warren, M.D. immediately followed his residency. Dr. Field then joined Felix H. "Buddy" Savoie III, M.D. and Walter R. Shelton, M.D., both of whom were also influential mentors, at Mississippi Sports Medicine and Orthopaedic Center in Jackson, Mississippi, where Dr. Field has practiced shoulder and elbow surgery since.

Dr. Field has remained involved in surgical education at many levels throughout his career, including his participation in Mississippi Sports Medicine's highly regarded sports medicine fellowship program where he has served as program director since 2006. He has also been active in clinical research and writing throughout his career and has authored or co-authored six books on shoulder and elbow conditions, more than 100 scientific journal articles and over 80 book chapters, all related to shoulder and elbow problems. In addition, Dr. Field has given more than 500 scientific presentations worldwide and is recognized in the orthopaedic surgery community as an international expert in the management of shoulder and elbow disorders.

Dr. Field joined AANA in 1996 shortly after he began his clinical practice. He has served as faculty at over 50 AANA lab courses throughout his career as

well as contributed to a wide variety of other AANA-sponsored educational offerings and courses. He has also participated and served on numerous AANA committees, including chair positions on the AANA Education Committee from 2010- 2012 and the AANA Program Committee in 2012.

While serving as president of AANA, Dr. Field enjoyed the opportunity to develop and lead several AANA initiatives, including the “AANA5000” initiative. AANA5000 was designed to grow AANA Membership from approximately 4,000 members at the beginning of 2018 to a total of 5,000 members by the end of 2020. Since AANA5000’s initiation three years ago, AANA Membership growth greatly exceeded its goals and has expanded to over 5,500 current AANA members, representing the largest growth that AANA has enjoyed since its inception 40 years ago. The success of AANA5000, however, could not have been possible without the innovative ideas and enthusiastic efforts of the AANA Membership Committee chaired by Paul E. Caldwell, M.D., FAANA. Other achievements during Dr. Field’s presidential tenure included the development of the AANA Innovations Lecture series held in conjunction with Specialty Day, as well as dedication of the AANA J. Whit Ewing, M.D. Simulation Room at the OLC that was designed and built to aid in arthroscopic training of both current and future generations of Orthopaedic Surgeons. Dr. Field was also instrumental in developing and overseeing, with the assistance of professional consultants, a new AANA brand platform featuring a refreshed logo and a new tagline that more accurately reflects AANA’s mission and goals for the future.

Another priority for Dr. Field during his presidential year centered around his belief in the value and importance of collaboration with other stakeholders. As a result, AANA significantly increased its collaborative efforts under his leadership and partnered with the greatest number of like-minded associations and industry

partners in the organization’s history. Such relationships have helped improve educational offerings, reduce the risk of redundancy and foster new relationships that serve AANA members and their patients well.

Lastly, Dr. Field’s presidential year was noteworthy for the unique challenges arising from the COVID-19 pandemic which resulted in cancellation of the 2020 AANA Annual Meeting, the first time an annual meeting has been canceled in its 40-year history. The tremendous support that Dr. Field enjoyed during COVID-19 from the outstanding AANA Board of Directors and the AANA Staff in Rosemont, Illinois, under the leadership of AANA CEO Laura M. Downes, CAE, was extremely valuable and appreciated.

No biography, however, would be complete without mentioning Dr. Field’s wonderful wife, Cindy, and their three children, Eric, Evelyn and Adam. Due to their unwavering support and personal sacrifices Dr. Field has been able to pursue his professional goals at AANA.



Larry D. Field, M.D., FAANA addresses the audience at the 2019 AANA Annual Meeting in Orlando, Florida.



BRIAN J. COLE, M.D., M.B.A., FAANA

2020-2021

Assuming office at the height of COVID-19, Dr. Cole skillfully guided the organization, in collaboration with AANA Staff and AANA Board of Directors, through challenging and uncertain times. Dr. Cole led with great vision, adaptability and poise to pivot AANA's extensive efforts in education and innovation to a virtual format, ensuring that the organization never missed a beat in its professional mission while advocating for the safety and well-being of its members and the communities they serve. During this time, AANA remained relevant and of great value to its membership with the identification of new opportunities to further AANA's mission of education, research and innovation.

Dr. Cole has faithfully served as an Active Member of AANA for more than 20 years. Prior to his tenure on the AANA Presidential Line, he held several positions on the AANA Board of Directors that spanned more than a decade of service. Dr. Cole was also a member of the AANA Finance Committee, AANA Nominating Committee and AANA Committee on Committees, among others.

Despite the unique challenges faced during his presidential year, Dr. Cole helped navigate an increase in AANA Membership of over 10% as well as the rollout of numerous initiatives, including COVID-19 and several other practice-specific resources for its members. AANA also initiated the first-ever AOSSM-AANA Combined 2021 Annual Meeting in Nashville, Tennessee during the summer of 2021, where more than 2,000 attendees experienced their first meaningful face-to-face gathering in more than year.

Most notably, Dr. Cole championed the efforts of the Diversity & Inclusion Task Force to establish AANA as a supportive and welcoming organization

in the orthopaedic and greater medical communities. Other efforts that meaningfully advanced during his presidential year included substantial growth in AANA's endowment, the culmination of a five-year project that yielded \$2.5 million in repeat funding from the U.S. Department of Defense to support AANA's commitment to SOMOS educational initiatives, performance-based training programs and important successes in AANA's ongoing advocacy efforts.

Dr. Cole, a Chicago native, attended The University of Illinois at Urbana-Champaign for his undergraduate studies and went on to receive his combined medical degree/Master of Business Administration from The University of Chicago. He then completed his orthopaedic residency at the Hospital for Special Surgery in New York, followed by a sports medicine and arthroscopy fellowship at The University of Pittsburgh. He then returned to Chicago in 1997 to join the Department of Orthopaedic Surgery at Rush University Medical Center and has remained there ever since.

Dr. Cole rose through the ranks at Rush, becoming professor of Orthopaedic Surgery in 2006 and associate chair of the Department of Orthopaedic Surgery in 2015. He is also director of the Rush Cartilage Restoration Center, and in 2020 was appointed to the Dr. Ralph and Marian C. Falk Endowed Professorship in Biochemistry at Rush Medical College. In addition to his academic roles, Dr. Cole maintains a thriving clinical practice with the affiliated Midwest Orthopaedics at Rush, where he has been a managing partner since 2018. Complementing his many academic and clinical responsibilities, Dr. Cole serves as head team physician for the Chicago Bulls and co-team physician for the Chicago White Sox and DePaul University Athletics.

Dr. Cole's prodigious research efforts in the areas of knee, shoulder and elbow surgery, as well as the basic and translational science of orthopaedic biologics,

cartilage repair, regeneration and transplantation, have resulted in more than 1,000 scientific articles and textbook chapters. Beyond his many accomplishments in academic orthopaedics and in executive service, Dr. Cole's commitment to innovation, learning and disseminating knowledge both within arthroscopy and to the general public make him a true champion of AANA's mission and a pillar in the arthroscopic surgery community.

Last but certainly not least, Dr. Cole is committed to his wife Emily and children, Ethan, Adam and Ava, and has a passion for traveling, skiing, mountain climbing and sailing. He remains grateful for the balance and gratification that his involvement with AANA has introduced into his professional and personal life.



Brian J. Cole, M.D., M.B.A., FAANA (*left*) and Michael G. Ciccotti, M.D. at the AOSSM-AANA Combined 2021 Annual Meeting in Nashville, Tennessee.



MARK H. GETELMAN, M.D., FAANA

2021-2022

Dr. Getelman has been an Active Member of AANA for over 20 years. At the 2019 AANA Annual Meeting, the AANA Nominating Committee selected him to succeed to the AANA Presidential Line. Being selected for the AANA Presidential Line is the greatest honor of his professional career.

Dr. Getelman was born and raised in Miami, Florida and is the oldest of three children. He grew up very active in sports, and often worked on cars or carpentry projects alongside his father. He knew early on that he was destined for a career in orthopaedic surgery, a career which would marry his love for sports and power tools. He was driven to become a physician, attending Tulane University with a singular focus of matriculating to medical school. He graduated Tulane with honors and was admitted early action to the University of Florida College of Medicine. Upon graduating in 1989, he became the first physician in his family.

His medical training began with an internship at Boston University, where he was fortunate to meet his first mentor, Robert Leach, M.D., professor and chair of the Boston University Orthopaedic Surgery Department. Training with Dr. Leach, Dr. Getelman gained early exposure to arthroscopy and became fascinated with the technology. He was immediately hooked and would focus the rest of his career on arthroscopy and sports medicine. Following residency, his goal was to train with the most innovative pioneers in arthroscopy, which led Dr. Getelman to successfully match at the Southern California Orthopedic Institute (SCOI) for his fellowship with world-class arthroscopists addressing knee, ankle and shoulder pathology.

While training in Van Nuys located in Los Angeles, California, Stephen J. Snyder, M.D. would become the mentor and “big brother” who would change his life and influence Dr. Getelman like no other person would. Dr. Snyder is the most creative, humble and innovative Orthopaedic Surgeon who has been a pioneer in the development of shoulder arthroscopy across the globe. The SCOI Sports Medicine Fellowship cemented arthroscopy as the focus of Dr. Getelman’s orthopaedic career. While he originally planned to practice in Florida, Dr. Snyder hired Dr. Getelman to remain at SCOI; this is the only position he has held since his fellowship. Dr. Getelman joined the fellowship training faculty, becoming co-director of the SCOI Sports Medicine Fellowship program. With Dr. Snyder’s guidance, Dr. Getelman also began teaching and lecturing nationally and internationally. Early in his career, he would become a member of AANA.

Once a part of AANA, Dr. Getelman would go on to serve and chair many committees. Along with John C. Richmond, M.D. and Patrick St. Pierre, M.D., he helped create the AANA Traveling Fellowship, later going on to chair the AANA Fellowship Committee for four years. Under the Magellan Project spearheaded by Richard L. Angelo, M.D., Ph.D., Dr. Getelman developed ASAP, AANA’s Arthroscopy Self-Assessment Program, and served as editor for the first-ever AANA Self-Assessment Exam. He served on the AANA Board of Directors and then chaired the AANA Development Committee, where he was responsible for dramatically increasing membership philanthropy. In a single evening, known now as the “Tesla Event,” he raised over \$125,000 for the AANA EF in 15 minutes. He is a proud example of the “meritocracy of AANA.” The hard work, success and dedication to the mission of AANA has led him to becoming its 40th president.

Dr. Getelman is most proud of his incredible family. Without their love and support, he would not have achieved the same level of success in his career. His love and relationship with his wife Karen and his three children, Nicole, Zachary and Jayme, are truly his greatest accomplishments.



Mark H. Getelman, M.D., FAANA leads the AANA Education Foundation Donor Reception “Tesla Event” at the 2018 AANA Annual Meeting in Chicago, Illinois.

2012 AANA Annual Meeting
 May 17-19, 2012
 Orlando, Florida



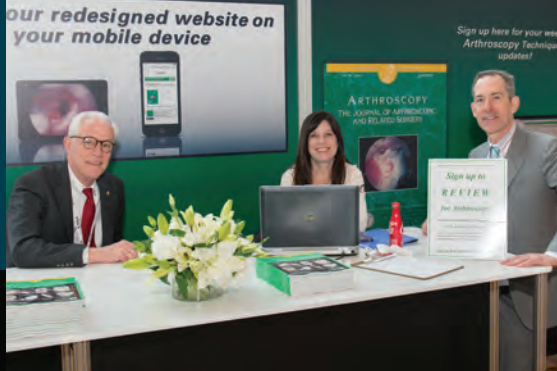
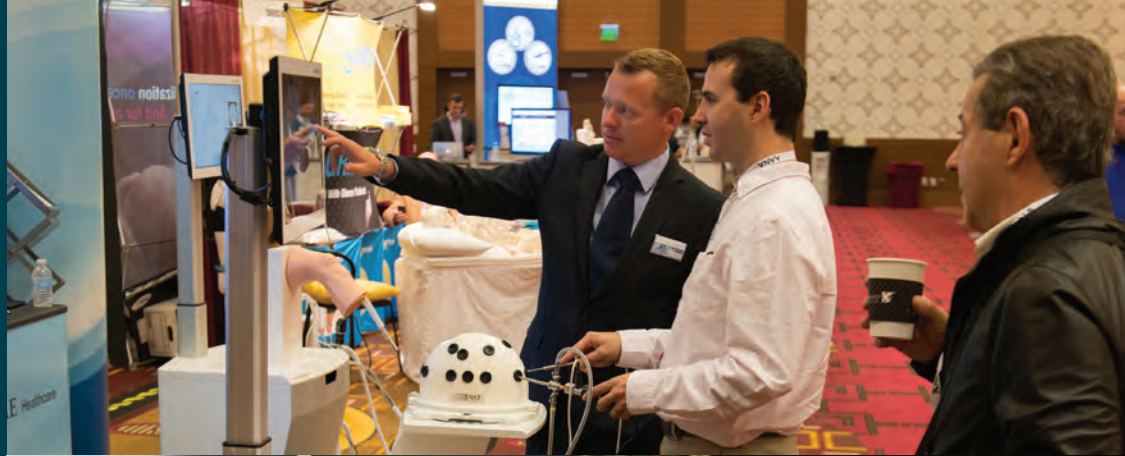
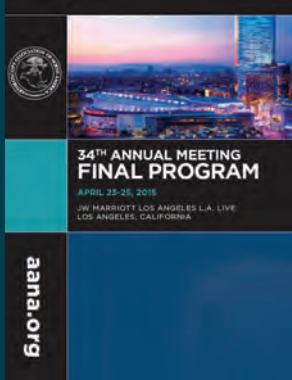
2013 AANA Annual Meeting
April 25-27, 2013
San Antonio, Texas



2014 AANA Annual Meeting
May 1-3, 2014
Hollywood, Florida



2015 AANA Annual Meeting
April 23-25, 2015
Los Angeles, California



2016 AANA Annual Meeting
April 14-16, 2016
Boston, Massachusetts



2017 AANA Annual Meeting
May 18-20, 2017
Denver, Colorado



2018 AANA Annual Meeting
April 26-28, 2018
Chicago, Illinois



2019 AANA Annual Meeting
May 2-4, 2019
Orlando, Florida



2020 AANA Annual Meeting
May 7-9, 2020
Grapevine, Texas
Canceled due to COVID-19



The 2020 AANA Annual Meeting was canceled due to the COVID-19 pandemic; however, the efforts and contributions of 2019-2020 AANA President Larry D. Field, M.D., FAANA deserve to be recognized and showcased.



**AOSSM-AANA Combined
2021 Annual Meeting**
July 7-11, 2021
Nashville, Tennessee



AANA Staff

BY

Laura M. Downes, CAE

LOOKING BACK

The Arthroscopy Association of North America (AANA) was run by a professional association management firm until 1990. Up until that point, Holly Albert was the lead staff member, and when AANA became a stand-alone association in June 1990, she became a direct employee. Ed Goss joined the organization in December 1991 as the executive director and director of finance.

The initial AANA Rosemont team was made up of a dedicated group of individuals who managed the business operations and meetings:

- Ed Goss – Executive Director/Director of Finance
- Holly Albert – Director of Meetings
- Margaret Blahut – Accounting Assistant
- Tiffany Duensing – Director of Information Technology
- David Hood – Director of Finance
- Donna Nikkel – Director of Member Services
- Lauren Bouchard – Meetings Coordinator
- Allison Stanis – Meetings Coordinator
- Beatriz Crespo Vasquez – Secretary/Receptionist
- Christine DiGiovanni – Meeting Services Coordinator
- J. Whit Ewing, M.D. – Executive Vice President



2019 AANA Staff.

Back row from left: Lynnsey Zimmerman, M.S., Christine D. Nogal, M.B.A., CAE, Carrie Corona, David Hood, Robert Kieca, Travis Whitaker, Adam Fultz, Beatriz Crespo Vazquez and Matthew McNutt. *Middle row from left:* Kim Santaniello, Frances Park, CMP, Kristi Harreld, M.A., Becca Daly, Laura M. Downes, CAE, Shantal Alonso, J.D. and Alex Andryk. *Front row from left:* Renee Zagozdon and Kassie Mueller, CMP.



TRANSITION

In 2014, after a productive 13-year tenure, Ed announced his intent to retire in 2015. The AANA Executive Committee formed a Search Committee consisting of William R. Beach, M.D., Jack M. Bert, M.D., Mark H. Getelman, M.D., FAANA and John C. Richmond, M.D. The Search Committee contracted with Tuft and Associates to conduct the search for AANA's next CEO, and subsequently met in Chicago in May 2015 to interview a final group of candidates. Laura M. Downes, CAE, was selected to succeed Ed and joined AANA in August 2015. Laura brought with her an extensive background in association management and leadership. Her previous experience in C-suite positions with medical societies, coupled with her business development prowess, would position AANA for a new chapter of success and rapid advancement. Laura quickly identified the reorganization of the governance structure and operations to closely mirror a for-profit business as a key priority. This approach would position AANA to confidently and aggressively tackle the organization's goals.

ADVANCING THE ASSOCIATION

With the new staff leadership there was a paradigm shift in the way AANA was managed. The AANA Board of Directors was encouraged to focus on planning and policy, while the AANA Staff focused their skills on organizational strategy and operations.

To support the new direction, Laura engaged the AANA Board of Directors in a formal strategic planning process. The outcome was a detailed three-year plan built on four pillars of focus for the organization: advocacy, education, skills assessment and finance.

Top photo: Back row from left: Lauren Bouchard, Donna Nikkel, Margaret Blahut, Ed Goss and Holly Albert. Front row from left: Christine DiGiovanni, Allison Stanis, Tiffany Duensing and Beatriz Crespo Vazquez.

Bottom photo: Back row from left: Beatriz Crespo Vazquez, Susan Carlson, David Hood, Ed Goss, Meghan Farrell, Holly Albert and Margaret Blahut. Front row from left: Lauren Bouchard, LaTosha Holden and Christine DiGiovanni.

ADVOCACY: to be the leading advocate for arthroscopy among regulatory agencies and payers.

EDUCATION: to be the recognized provider of and resource for surgical education in arthroscopy.

SKILLS ASSESSMENT: to be the recognized certifier of proficiency skills in arthroscopy.

FINANCE: to be operating under a business model that supports consistent financial and organizational growth.

Using the strategic plan as a guide, the AANA Staff was expanded to bring in targeted expertise. With new talent and focus, the AANA Staff launched member benefits and programs that ultimately acted as a springboard to increase the organization in size from 3,000 members to over 6,000 by the end of 2020.

EDUCATION & RESEARCH STAFF EXPANSION

One of the core values of AANA's mission is to provide high-quality education to its members, and the AANA Staff understands the intrinsic importance of continually meeting this goal. As technology evolves, the AANA Staff remains at the forefront, exploring delivery through multiple channels and platforms.

AANA's presence and collaborative relationship with the Orthopaedic Learning Center (OLC) has always been a source of pride for the organization. Thus, the AANA Staff, with the support of the AANA Learning Center Committee, has focused on enhancing AANA Lab Course offerings. This has been done by developing a standardized curriculum for the Foundations in Arthroscopy lab courses, structuring agendas to reinforce teaching points while decreasing out-of-office time, upgrading Fundamentals of Arthroscopic Surgery Training (FAST) components for better anatomical representation and utilizing the AANA J. Whit Ewing, M.D. Simulation Room.



AANA Staff pose for a quick picture in the Exhibit Hall at the AOSSM-AANA Combined 2021 Annual Meeting in Nashville, Tennessee. *From left:* Renee Zagozdon, Lynnsey Zimmerman, M.S., Heidi Juiris, Matthew McNutt and Dennis Siena, CPA.



Top photo: Frances Park, CMP (right) assists an attendee at the 2019 AANA Annual Meeting in Orlando, Florida.

Bottom photo: AANA Staff enjoy the President's Party at the 2019 AANA Annual Meeting in Orlando, Florida.

From left: Alex Andryk, Matthew McNutt, Carrie Corona and Travis Whitaker.

AANA has significantly expanded its distance learning portfolio. With the influx of new online programs, the AANA Staff wanted to ensure a positive user experience by providing expert technical assistance and cutting-edge programming; therefore, a new role was created for a trained e-learning manager, Matthew McNutt, to oversee the development and technical aspects. Matthew's position has transformed online education through webinars, live virtual meetings and Learning Management System (LMS)-based self-assessment courses.

With the expansion of programs came the demand for data analytics and educational outcomes tracking. Laura and Vice President of Education and Research Kim Santaniello expanded the department so that AANA could employ a data management and research specialist, Travis Whitaker, to gather, analyze and interpret the data collected to improve course offerings and properly support the AANA Research Committee with their increasing initiatives.

MARKETING SKILLS FOCUS

For the purpose of achieving a high level of visibility and presence with respect to communications and new initiatives for the membership, AANA's marketing department underwent numerous changes.

Formerly, the marketing team consisted of Vice President of Marketing and Operations Christine D. Nogal, M.B.A., CAE in a supportive tactical role. Christine's talents in association management quickly attributed to AANA's success in membership through marketing. Her marketing and communication tactics were driven by data which in turn helped bolster and support AANA Member recruitment, retention and renewals, leading to the largest increase in membership to date.

Laura and Christine then identified the need to hire a marketing communications and graphic design manager, Lynnsey Zimmerman, M.S., to help execute the overall marketing strategy with the goal of enforcing branding guidelines and adding graphic design talent. Immediately upon onboarding, the AANA website, LMS, program and product collateral and emails exhibited a new creative look. A communications specialist, Renee Zagazdon, was then brought on to improve and revamp the *Inside AANA* E-Newsletter and Associated Press (AP) Style communications. Renee's engagement with members has fostered a comprehensive delivery of key updates to help members manage their practice and stay up to date with an increasing amount of available data and information.

PROGRAM HIGHLIGHTS

In addition to standard operations, the AANA Staff has accomplished countless projects outside of their regular workloads. These programs have been instrumental in driving the organization forward:

E-Newsletter – *Inside AANA* has been a part of AANA's print production since the early 1990s. AANA produced a printed and mailed newsletter every quarter that highlighted programs and initiatives. The AANA Communications & Technology Committee, with the support of the AANA Staff, revamped the newsletter in 2017. To deliver on the goal of timeliness and positioning members at the forefront, the newsletter was converted to a digital format released on a monthly basis. Since 2017, *Inside AANA* touts a 0% unsubscribe rate and an average open rate of 31%, all well above industry standards.

Rebranding – In anticipation of AANA's 40th Anniversary, a rebranding was in order. The new logo and tagline, *Advancing the Scope™*, positions AANA as an innovative global resource and leader. The tagline



Left: The first Arthroscopy Report, published in March 1983.

Middle: The first President's Report, published in 1985.

Right: First print edition of the *Inside AANA* E-Newsletter, published in June 1994.



The October 2021 Issue of *Inside AANA* announces that AANA received the 2021 Association TRENDS™ Award for Monthly Newsletter/Communication.



“The organization continues to see consistent growth and has a census of more than 5,500 members.”

brings balance to AANA’s depth and energy and affirms that the organization is continuously seeking out opportunities to provide high-quality education, innovation and events not only in North America, but also worldwide.

Member Engagement – In 2020, a large member engagement initiative was launched to ensure members felt supported, represented and heard. An internal dashboard was developed through AANA’s database; this database provides insights to the AANA Staff and Leadership to understand the relationship between any given member and the organization based on data collection. With this new information in action, the AANA DocMatter Community was launched to satisfy the need for member engagement and to foster the easy exchange of information and clinically relevant advice.

Accreditation with Commendation – In 2015, AANA was surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and was awarded Accreditation with Commendation for six years as a provider of continuing medical education for physicians. In 2021, as one of the first cohorts to be reviewed under newly established criteria, AANA was reaccredited for another four years.

OLC Courses – The skills assessment lab courses took a unique approach to immersive learning by structuring the learner-to-faculty ratio as one-on-one in most cases. AANA Staff Member Christine DiGiovanni and AANA Leader Kevin D. Plancher, M.D., M.P.H. saw this as an opportunity to maximize the attendee’s experience by providing a dedicated mentor to engage with in the lab. Since the COVID-19 pandemic, the team has made strides to create a hybrid experience incorporating pre-course work, webinars and other learning techniques.

International Engagement – In 2017, the AANA Board of Directors pushed forward an initiative to better connect with the organization’s international members and thus, have a significant presence outside of North America. The AANA Staff worked with the AANA Board of Directors to adjust the AANA International members’ dues in order to be more inclusive, and to take into consideration economic differences across the globe. Because of this, AANA’s global presence and outreach has expanded, and the organization has been able to recruit over 300 new AANA International members.

Partnerships and Collaboration – AANA has thrived through its relationships, partnerships and collaboration. The AANA Staff has engaged several other organizations in developing online programs, lab courses and live meetings. This deserves a special thank you from the AANA Staff to the American Academy of Orthopaedic Surgeons (AAOS), the American Orthopaedic Society for Sports Medicine (AOSSM), the American Shoulder and Elbow Surgeons (ASES), the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) and the American Orthopaedic Foot & Ankle Society (AOFAS) teams.

AANA5000 – In 2019, the AANA Staff was tasked with increasing the AANA Membership from roughly 3,500 members to 5,000 members by mid-2020. Through an advanced integrated marketing communications plan, thorough approach to global outreach and engaging the AANA Membership Committee, the AANA Staff was able to deliver on the goal ahead of schedule at the conclusion of 2019. The organization continues to see consistent growth and has a census of more than 5,500 members.



Top photo: Lynnsey Zimmerman, M.S. (center) interacts with attendees at the 2019 AANA Annual Meeting in Orlando, Florida.
Bottom photo: Carrie Corona (right) assists an attendee at the 2019 AANA Annual Meeting in Orlando, Florida.



As of 2022, the AANA Staff is comprised of:

Laura Downes, CAE – Chief Executive Officer
Dennis Siena, CPA – Vice President of Finance
Christine Nogal, M.B.A., CAE – Vice President of Marketing and Operations
Kim Santaniello – Vice President of Education and Research
Adam Fultz – Director of Information Technology
Terri Bruce, CFRE – Director of Foundation Fundraising
Matthew McNutt – E-Learning Manager
Travis Whitaker – Data Management and Research Specialist
Alex Andryk – Education Program Manager
Becca Daly – Senior Manager of Governance and Member Engagement
Alex Wagner – Web Coordinator
Carrie Corona – Senior Accounting and Administration Manager
Lynnsey Zimmerman, M.S. – Marketing Communications and Design Manager
Renee Zagodson – Communications Specialist
Andrea Garza – Marketing Specialist
Frances Park, CMP – Senior Meetings Manager
Beatriz Crespo Vazquez – Education and Meetings Coordinator
Fran O'Malley – Projects Specialist
Heidi Juiris – Project Administrator, AANA Education Foundation



AANA Staff at the 2019 AANA Annual Meeting President's Party in Orlando, Florida.

Back row from left: Lynnsey Zimmerman, M.S., Deborah VanNoy, Renee Zagozdon and Travis Whitaker.

Middle row from left: Alex Andryk, Carrie Corona, Kim Santaniello and Kristi Harreld, M.A.

Front row from left: Kassie Mueller, CMP, Frances Park, CMP, Laura M. Downes, CAE, Becca Daly, Matthew McNutt and Beatriz Crespo Vazquez.

The Future of AANA

BY

Julie A. Dodds, M.D.,
John M. Tokish, M.D., FAANA and
Mary K. Mulcahey, M.D., FAANA

INTRODUCTION

The Arthroscopy Association of North America (AANA) is well poised to make significant contributions to arthroscopy as the organization moves into the future. Through initiatives such as the Emerging Leaders Program (ELP), the Biologic Association (BA), digital learning and the Diversity & Inclusion Task Force, AANA has positioned itself well to be at the forefront of orthopaedic innovation and education.

EMERGING LEADERS PROGRAM

AANA is committed to supporting and developing the future leadership of the organization. In 2016, Brian R. Waterman, M.D., FAANA and Mary K. Mulcahey, M.D., FAANA approached the AANA Executive Committee about creating an ELP to engage the next generation of AANA leaders and provide opportunities for involvement. The program targeted Orthopaedic Surgeons in their first 10 years of practice who were interested in being more involved with AANA. This concept was well received, and the first ELP meeting was held at the 2017 AANA Annual Meeting in Denver, Colorado.¹ This session included talks by





The AANA Education Foundation Donor Event/Speak-easy Casino Night at the 2019 AANA Annual Meeting in Orlando, Florida. *From left:* Mary K. Mulcahey, M.D., FAANA, John M. Tokish, M.D., FAANA and Marina Rodriguez, M.D.

JOIN US FOR THE FIRST MEETING OF AANA'S EMERGING LEADERS IN ARTHROSCOPY

The Emerging Leaders Program is developed for physicians in the first 10 years of their practice who might want to get more involved with AANA.

1 p.m.	Welcome Mary K. Mulcahey, M.D., Brian R. Waterman, M.D., J. Martin Leland III, M.D.
1:05 p.m.	How I Got Involved With AANA and What It Has Meant To Me Jeffery S. Abrams, M.D., AANA Past President
1:20 p.m.	Questions and Answers With Dr. Abrams
1:30 p.m.	Efficiency and Sustaining Energy James H. Lubowitz, M.D., <i>Arthroscopy</i> Journal Editor-in-Chief
1:50 p.m.	Questions and Answers With Dr. Lubowitz
2 p.m.	History of the AANA Traveling Fellowship Mary K. Mulcahey, M.D.
2:20 p.m.	Questions and Answers
2:30 p.m.	Breakout Sessions/Small-Group Discussion
2:45 p.m.	Presentation of Small-Group Summaries/Conclusions
3 p.m.	Meeting Adjourns

FIGURE 10-1A

2017 Emerging Leaders Program Agenda.



FIGURE 10-1B

Faculty from the 2017 Emerging Leaders Program.

From left: J. Martin Leland III, M.D., Mary K. Mulcahey, M.D., FAANA and Brian R. Waterman, M.D., FAANA.

Jeffrey S. Abrams, M.D. about how he got involved with AANA, and *Arthroscopy: The Journal of Arthroscopic and Related Surgery* Editor-in-Chief James H. Lubowitz, M.D. about efficiency and sustaining energy. Additionally, Dr. Mulcahey, Dr. Waterman and J. Martin Leland III, M.D. presented lecture topics, “The History of the AANA Traveling Fellowship” and “Specifics of How to Get Involved With AANA,” respectively. The session concluded with small group discussions to obtain feedback and suggestions for future activities (Figures 10-1A-B).

Similar programs were held at the 2018 and 2019 AANA Annual Meetings, with the 2019 ELP being the most well attended. Pairing the 2019 ELP with the AANA Residents and Fellows Program proved to be a huge success. The ELP included the lecture, “Physician Leadership From the Military Perspective” by John M. Tokish, M.D., FAANA and “Business-Minded Leadership in Sports Medicine” by Nikhil N. Verma, M.D., FAANA, as well as a discussion on the *Arthroscopy* Journal Podcast by Christopher J. Tucker, M.D. (Figures 10-2A-B and 10-3A-B). In 2020, the ELP was formalized with the creation of an Emerging Leaders Task Force by Brian J. Cole, M.D., M.B.A., FAANA. The Emerging Leaders Task Force was comprised of eight very active and engaged AANA members. The task force was charged with creating a thoughtful agenda for the AOSSM-AANA Combined 2021 Annual Meeting and defining opportunities for involvement in AANA. They were also responsible for developing methods and points of contact for members who expressed interest in working with AANA Staff and other AANA committees with the goal of identifying and cultivating leadership potential early on.

The 2021 ELP agenda is the most comprehensive to date. Included in the agenda were several short sessions on different ways to get involved with AANA,

COURSE 206

AANA Emerging Leaders in Arthroscopy
 Brian R. Waterman, M.D., Coordinator
 Mary K. Mulcahey, M.D.
 J. Martin Leland III, M.D.

DESCRIPTION

This program will discuss important leadership skills and effective tactics for diverse practice settings from the perspective of one of AANA's top leaders. Considerations for the changing practices during early and mid-career will be reviewed and methods for effectively utilizing web-based and social media to market a sports medicine clinical practice will be explored.

LEARNING OBJECTIVES

- At the completion of this course, the participant will be able to:
1. Emphasize the "lessons learned" and functional principles of leadership in diverse clinical settings.
 2. Discuss the pertinent considerations when changing practices, including transitioning between academic, private practice, government and hospital-employed systems.
 3. Identify successful and sustainable strategies for incorporating web-based and social media marketing into a sports medicine clinical practice.



FIGURE 10-2B

Faculty from the 2018 Emerging Leaders Program.
From left: Brian R. Waterman, M.D., FAANA, Mary K. Mulcahey, M.D., FAANA, Jack M. Bert, M.D. and J. Martin Leland III, M.D.

FIGURE 10-2A

2018 Emerging Leaders Program Agenda.



AANA leaders attend a faculty dinner at Orthopaedic Summit 2021 in December 2021. *From left:* Kevin F. Bonner, M.D., FAANA, Mark H. Getelman, M.D., FAANA, Mary K. Mulcahey, M.D., FAANA, John M. Tokish, M.D., FAANA, William R. Beach, M.D. and Nicholas A. Sgaglione, M.D.



AANA leaders visit the Exhibit Hall at Orthopaedic Summit 2021 in December 2021. *From left:* Andre Niederberger, VirtaMed, Patrick St. Pierre, M.D., Mark K. Mulcahey, M.D., FAANA and Mark H. Getelman, M.D., FAANA.

**AANA19
EMERGING LEADERS SESSION**

Friday, May 3 | 2:30 - 4 p.m.
Tampa

Join us for an exciting session highlighting important content for Emerging Leaders. Don't miss the opportunity to learn from expert arthroscopic surgeons discussing key topics including business acumen, leadership skills and military career pearls. Gain an understanding of how important resources from AANA and the *Arthroscopy* journal can help you move to the next level. This complimentary session is designed for Residents, Fellows and early career AANA members (10 years of practice or less).

2:30 - 2:35 p.m.	Introductions J. Martin Leland III, M.D., Mary K. Mulcahey M.D., Brian R. Waterman, M.D.
2:35 - 2:55 p.m.	Leadership in Orthopaedic Sports Medicine: Lessons From the Military and Academia John M. Tokish, M.D.
2:55 - 3 p.m.	Introducing the <i>Arthroscopy</i> Journal Podcast Christopher J. Tucker, M.D., J. Martin Leland III, M.D.
3 p.m. - 3:25 p.m.	Priming Your Practice for Success: Business-Minded Leadership in Sports Medicine Nikhil N. Verma, M.D.
3:25 - 3:40 p.m.	Questions and Answers With Drs. Tokish and Verma Cory Edgar, M.D., Ph.D., J. Martin Leland III, M.D., Matthew J. Salzler, M.D.
3:40 - 4 p.m.	General Discussion: Top 10 Ways to Get Involved With AANA Cory Edgar, M.D., Ph.D., J. Martin Leland III, M.D., Matthew J. Salzler, M.D.

FIGURE 10-3A
2019 Emerging Leaders
Program Agenda.

FIGURE 10-3B

Faculty from the 2019 Emerging Leaders Program. *From left:* Cory Edgar, M.D., Ph.D., John M. Tokish, M.D., FAANA, Nikhil N. Verma, M.D., FAANA, Mary K. Mulcahey, M.D., FAANA, Christopher J. Tucker, M.D. Matthew J. Salzler, M.D. and Brian R. Waterman, M.D., FAANA.



as well as talks titled, “The Role of Mentoring in the Professional Development of Sports Medicine Surgeons,” “Leadership and Balance,” “Meritocracy: The AANA Philosophy” and “The Importance of Diversity, Equity and Inclusion in Arthroscopy.” Some of the initiatives that the Emerging Leaders Task Force identified and developed will be delegated to the appropriate AANA committees. Currently, there is not a defined ELP Membership; rather, this programming has been made available to interested Orthopaedic Surgeons who are early in their career. AANA’s senior leaders continue their commitment to promoting professional development by supporting initiatives geared toward surgeons in the first 10 years of practice.

A FOCUS ON COLLABORATIVE RESEARCH

AANA is firmly rooted in innovation. Forty years ago, that innovation was centered on the arthroscope, a revolutionary approach to the practice of orthopaedic surgery. Over the past four decades, this innovative spirit has repeatedly expanded into other areas of AANA’s mission. The Copernicus Initiative, discussed in greater detail in Chapter 5: AANA and Innovation, revolutionized the way surgeons teach the technical skills of arthroscopic surgery; further, these educational innovations have demonstrated that surgeons can be trained more efficiently and effectively when compared with traditional methods.

As AANA looks to the future, there is significant potential for collaborative research with other organizations. The organization has embarked on several partnerships that may break new ground in how surgeons treat their patients. AANA is a founding member of the BA, which is a scientific collaboration involving nine nonprofit foundations dedicated to the discovery and scientific scrutiny of regenerative medicine products in musculoskeletal medicine (Figure 10-4). These products are exciting due to the potential for augmenting the healing process; however, there is concern due to the



Mary K. Mulcahey, M.D., FAANA (*center*) with female faculty and Orthopaedic Residents at a 2018 AANA Foundations in Arthroscopy Lab Course.



Mary K. Mulcahey, M.D., FAANA (*right*) instructs Ana Lilia Rendon Castillo, M.D., an Orthopaedic Resident from Mexico City, Mexico, at a 2018 AANA Foundations in Arthroscopy Lab Course.

MEMBER ORGANIZATIONS OF THE BIOLOGIC ASSOCIATION

AANA, AMSSM, AOSSM, ASES, ICRS,
AAPM&R, International Orthobiologics Foundation,
ON Foundation and OREF.



FIGURE 10-4
Member organizations of the Biologic Association (BA).

lack of understanding regarding how they work and how effective they truly are.

The BA established the Biologic Association Registry and Biorepository (BARB), a multicenter collaboration, that will serve as the largest “engine” to study these products. The first of the projects, which was developed in 2021, looked at platelet-rich plasma (PRP) in the treatment of knee osteoarthritis. Over 40 different immunoregulatory factors were characterized and compared in those who respond to PRP therapy and those who do not. The project advanced an understanding of PRP’s mechanism of action and how it may be improved. More importantly, this project has served as the blueprint for building a collaboration to study other existing and future orthobiologic products. The BA has put in place standard operating procedures (SOPs) for data collection/management, specimen storage and analysis; SOPs for collecting patient-reported outcomes and obtaining initial funding have also been put into place. The BARB is modular and flexible, allowing other institutions to adopt the SOPs and become part of the ongoing multicenter collaboration.

As a founding member of the BA, AANA’s innovative spirit is evident in the vision and design of this approach to shared, cooperative research. It is well accepted that orthobiologics represent the next great innovation in minimally invasive approaches to treating musculoskeletal disease. Therefore, it’s not surprising that AANA, whose mission statement includes the advancement of minimally invasive surgery, is at the forefront of this endeavor.

DIGITAL LEARNING

The COVID-19 pandemic greatly changed the way in which many organizations implemented surgical education and communication. AANA was no exception.

COVID-19 brought AANA's online learning activities front and center, along with the addition of new and valuable offerings.

The creation of the Arthroscopy Self-Assessment Program (ASAP) (Figure 10-5) marked AANA's first venture into digital learning. Initiated by Mark H. Getelman, M.D., FAANA, the first iteration of ASAP launched in 2005 and allowed Orthopaedic Surgeons to earn continuing medical education (CME) credits by demonstrating their knowledge of arthroscopic principles via remote testing. This self-assessment examination is now in its third version and continues to be a valuable source of CME credits; it also helps to satisfy the American Board of Orthopaedic Surgery (ABOS) requirement to qualify for ABOS recertification.

Part of AANA's entry into digital exchange was with "AANA Live," an interactive platform that allowed AANA members to exchange ideas, review articles and discuss surgical cases. AANA would later partner with DocMatter, a member-exclusive online medical community platform where users can participate in ongoing discussions related to arthroscopy and minimally invasive procedures. Using the platform, AANA members can also discover and share insights on new devices, medications, services and other products that their peers are using and collaborate with colleagues on best practices around clinical issues, guidelines, protocols, product usage, etc., related to specific interests and expertise.

The AANA E-Learning Work Group, under the leadership of Cory Edgar, M.D., Ph.D., was initiated in 2019 and oversees the growth of AANA's online components. This work group meets monthly to ensure the continued offerings of unprecedented remote learning opportunities. With shrinking budgets for in-person learning and restrictions in travel that COVID-19 imposed, remote learning has been an

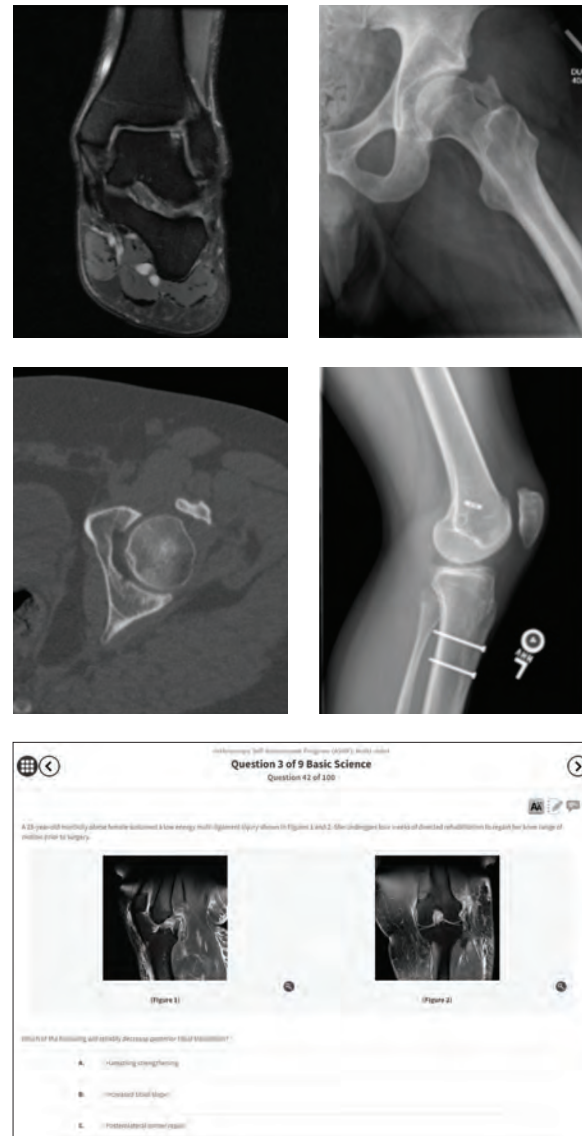


FIGURE 10-5
The Arthroscopy Self-Assessment Program (above) includes questions on basic science, foot/ankle, hip, knee and shoulder joints.

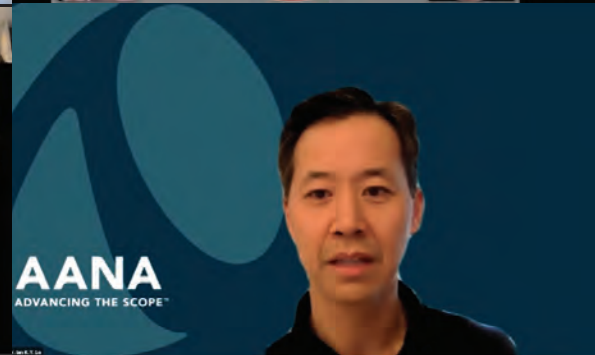
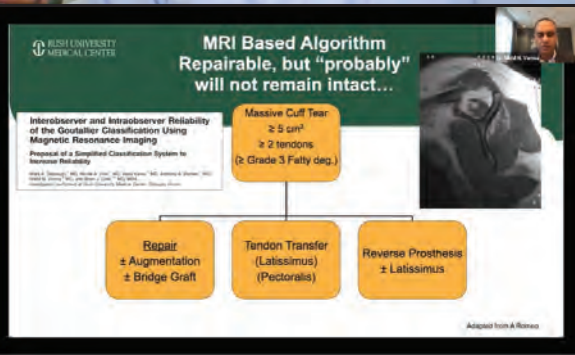
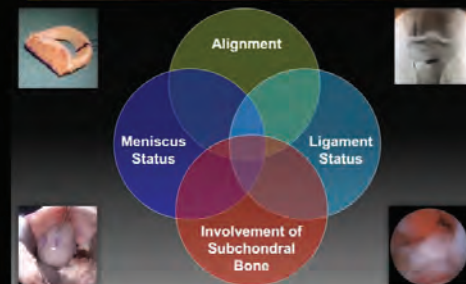
PATIENT 1

History and Presentation

- 32yo female with worsening anterior hip pain
- Reduced hip flexion strength and passive range of motion during hip flexion
- Physical Exam:
 - Full extension, flexion to 85°, external rotation to 20°, and internal rotation to 20°
 - Positive subspine impingement test and FADIR, no other positive provocative maneuvers
 - Patient demonstrated reduced strength with straight leg and seated hip flexion.



Critical Considerations



Facility and Region

Largely Hospital and Inpatient Concerns

- Locations where outbreak has most likely peaked
- Low burden of disease in the facility/system
- Ample resources locally
 - ❖ Staff
 - ❖ ICU Beds
 - ❖ PPE
 - ❖ Ventilators
- ❖ Independent ASC → Hospital ASC → Community Hospital → Academic/COVID Hospitals

AANA ARTHROSCOPY ASSOCIATION OF NORTH AMERICA

FIGURE 10-6

Various recordings of Webinar Wednesdays. *Top left:* Shane J. Nho, M.D., M.S. (*top right corner*) presents during "Hip Arthroscopy." *Top center:* John J. Christoforetti, M.D. presents during "Hip Arthroscopy." *Top right:* Rachel M. Frank, M.D. (*top right corner*) presents during "Pediatric Meniscus and Cartilage Pathology." *Middle left:* Jennifer J. Beck, M.D. presents during "Pediatric Meniscus and Cartilage Pathology." *Middle center:* Nikhil N. Verma, M.D., FAANA (*top right corner*) presents during "Evaluation and Management of Challenging or Irreparable Rotator Cuff Tears." *Middle right:* Ian K.Y. Lo, M.D., F.R.C.S.C., FAANA presents during "Evaluation and Management of Challenging or Irreparable Rotator Cuff Tears." *Bottom left:* Brian J. Cole, M.D., M.B.A., FAANA presents during one of AANA's exclusive COVID-19 webinars, "COVID-19 and Reopening Your Practice."



The AANA Presidential Line hosts the first Virtual Cocktails & Conversations Happy Hour of 2021. *Top left:* Larry D. Field, M.D., FAANA, James W. Stone, M.D., FAANA and Mark H. Getelman, M.D., FAANA. *Bottom left:* Brian J. Cole, M.D., M.B.A., FAANA and John M. Tokish, M.D., FAANA.

essential tool for AANA and will continue to be in the future. Among these virtual opportunities are recorded and live presentations from AANA lab courses and the AANA Annual Meeting along with Webinar Wednesdays (Figure 10-6), a monthly webinar series where thought leaders in arthroscopy discuss timely and trending topics in a case-based format.

Since COVID-19, AANA continues to release new online education offerings, including Scope. Released in May 2020, Scope is an online program that sends one question directly to physicians' email inboxes on a weekly basis and provides an invaluable learning experience, along with important CME credit, without having to devote a large amount of time in a single setting. AANA has also taken the initiative to expand its video library. Viewers can glean basic-to-advanced surgical techniques, along with diagnostic and treatment pearls, presented by some of the top Orthopaedic Surgeons in the world.

AANA has positioned itself well moving into the future, with its solid base of offerings via the internet and other online platforms. Thanks to the AANA Staff and leaders who are well-versed in and enthusiastic about what can be accomplished via e-learning, the possibilities are very exciting!

DIVERSITY AND INCLUSION

In 2020, the AANA Board of Directors, under the leadership of Dr. Cole, created the Diversity & Inclusion Task Force in response to the recognized lack of diversity in orthopaedics. As of 2021, Don A. Buford, M.D., FAANA and Julie A. Dodds, M.D. serve as co-chairs. The task force's duties include examining ways in which AANA could better include diverse candidates in leadership and engagement. Other goals include exploring ways to meet a diverse membership and ensuring a diverse selection of presenters and faculty at AANA educational activities (Figure 10-7). The mission is to create an awareness of

implicit bias and a culture that embraces diversity, equity and inclusion.

Under the task force's guidance, AANA created the following Diversity & Inclusion Statement: *AANA is committed to supporting a diverse and inclusive membership with programming and leadership that promotes an understanding and respect for all people. We believe that diversity contributes to and influences innovation and success keeping AANA at the forefront of minimally invasive orthopaedic surgery.* The commitment to this statement was highlighted by the development of the Diversity Lecture at the AOSSM-AANA Combined 2021 Annual Meeting. This inaugural lecture was presented by Richard K.N. Ryu, M.D. and inspired attendees to recognize, understand and appreciate diversity. Additionally, the Diversity Research Award will be presented to a lead author of a manuscript who self-identifies as a diverse individual. AANA is making a greater effort to identify and quantify

“AANA is committed to supporting a diverse and inclusive membership with programming and leadership that promotes an understanding and respect for all people. We believe that diversity contributes to and influences innovation and success keeping AANA at the forefront of minimally invasive orthopaedic surgery.”

Diversity & Inclusion Task Force

Primary Duties

1. Identify the inclusion and diversity strengths, weaknesses, opportunities and challenges (SWOC) within the organization.
2. Develop a diversity and inclusion statement to be included in an AANA core values statement. Review Branding Guidelines document and ensure diversity and inclusion principles are recognized.
3. Examine ways in which AANA includes and excludes (via conscious or unconscious bias) AANA members in leadership and engagements and seek to promote diversity and inclusion at this level.
4. Explore ways for AANA to recognize and meet the needs of its diverse membership.
5. Work collaboratively with the AANA Education Committee and AANA Annual Meeting program chair to ensure a diverse selection of presenters and faculty are invited/selected to participate in AANA's educational activities.
6. Create an awareness within AANA of bias (both conscious and unconscious) and discrimination and create a culture that embraces diversity, inclusion and equity for AANA members.
7. Respectfully celebrate and document the success of inclusivity approaches.

FIGURE 10-7

Primary duties of the AANA Diversity & Inclusion Task Force.



Attendees at the 2019 AANA Annual Meeting
in Orlando, Florida.



An attendee participates in a lively debate at the 2018 AANA Annual Meeting in Chicago, Illinois.



Course attendees listen to a lecture at an AANA Lab Course.



Attendees pose for a quick photo at the 2019 AANA Annual Meeting in Orlando, Florida.

underrepresented in medicine (URiM) students and surgeons within the membership in order to better address disparities. Recognizing the need to encourage these underrepresented individuals to not just become arthroscopists, but also start careers in orthopaedic surgery, AANA Leadership is making efforts to reach out to high school students, undergraduates and medical students. As of 2021, programs to network with students at all levels are in development, including a two-day course directed at first-year medical students who are starting to determine the course of their careers. AANA is excited to foster diversity and inclusion in arthroscopy and orthopaedics, and feels this commitment makes it a stronger organization. This position will lead AANA into the NEXT 40 years.

CONCLUSION

AANA is committed to supporting and developing future leadership of the organization, being at the forefront of innovation in arthroscopy and sports medicine and promoting diversity and inclusion within minimally invasive orthopaedic surgery. Through initiatives such as the ELP; collaborative research and the founding of the BA; digital learning; and the creation of the Diversity & Inclusion Task Force, AANA is well positioned to lead innovation and education moving into the future.

REFERENCES

1. Massimo, P. "AANA's Emerging Leaders in Arthroscopy." *Inside AANA E-Newsletter*. 2017:1, 4.



Attendees visit the Exhibit Hall at the 2018 AANA Annual Meeting in Chicago, Illinois.

End Note

Guidelines for Arthroscopic Practice

BY

Jessica H.J. Ryu, M.D., FAANA
Michael J. O'Brien, M.D., FAANA,
Renee Zagazdon and
Jonathan B. Ticker, M.D., FAANA

Shortly following the founding of the Arthroscopy Association of North America (AANA), leadership assigned the AANA Ethics and Standards Committee to develop and publish guidelines for safe and effective clinical practice of arthroscopy. Arthroscopy was a new technology and innovation which was rapidly evolving in use and application. Drafts for the guidelines were written and reviewed at the executive and board levels. Legal opinion was sought to ensure careful construction of the guidelines. For example, the initial title was to be "Guidelines for Standards of Practice of Arthroscopy." This and other words in the draft were adjusted to "soften language,"¹ and the title became "Suggested Guidelines for the Practice of Arthroscopy" (Figure EN-1).

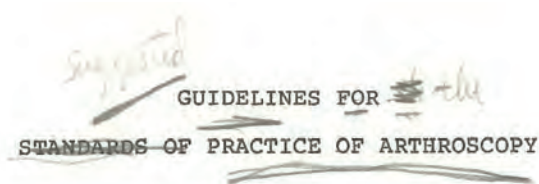


FIGURE EN-1

A draft of the
Guidelines title.

As stated by Julie Manson, AANA legal counsel at the time, and after a conversation with Thomas Nelson, executive director at the time, "... the document is merely to provide guidance to health care institutions in granting clinical privileges to Orthopaedic Surgeons. It is not intended to be used as a 'sword' against surgeons who do not fulfill each and every criterion contained therein. Nor is it intended as an official statement at the minimum level of training and

experience endorsed by the Association which has the potential of being used against a practitioner in a malpractice or other lawsuit.”² Protecting AANA from legal entanglement was also a consideration. After final approval, these guidelines were available in June 1984³ and published in the first issue of *Arthroscopy: The Journal of Arthroscopic and Related Surgery* in 1985 (Figure EN-2).

Arthroscopic training advanced rapidly, and the application of the arthroscope soon became desirable to fields outside of orthopaedics, including nonsurgical specialties. In 1986, in an effort to further ensure safe clinical practice of arthroscopy, which was evolving from primarily a diagnostic tool into an operative approach including repair, AANA sought leaders to provide their current “indications for arthroscopies/arthroscopic surgical procedures.”⁴ This and other efforts led to a revision of the Guidelines, especially in the section on “Training,” and a change in the title from “Arthroscopy” to “Arthroscopic Surgery.” In addition to “Diagnostic Arthroscopy” with content addressing medical practitioner use, verbiage was added for “Operative Arthroscopy” to ensure the necessary

Suggested Guidelines for the Practice of Arthroscopy

This statement was prepared by the Committee on Ethics and Standards of the Arthroscopy Association of North America.

Privileges

The decision to grant and renew privileges in arthroscopy is typically made by individual hospitals with input from medical staff committees and appropriate department chairpersons in accordance with individual hospital and medical staff bylaws, rules, and regulations. It is desirable to include in the decision-making process individuals who have a working knowledge of arthroscopy as well as board certification or its equivalent in orthopaedic surgery.

Training

Adequate training for the practice of arthroscopy may be evidenced by regular attendance at arthroscopic educational courses and/or successful completion of a fellowship training program in arthroscopy and/or experience with skilled arthroscopists. Experience in any or all of the above should be documented and skills may be demonstrated by observed performance, patient records, and peer review.

Practice

The arthroscopist should:

1. Perform an adequate history and physical examination as well as laboratory workup of the patient or determine that these have already been performed.
2. Explain the procedure to the patient, including its benefits, possible risks, and complications.
3. Exercise due consideration in selecting the correct arthroscopic procedure for a particular condition.
4. Prepare a report of the procedure that includes the operation itself and the findings.

Continuing education

The arthroscopist should maintain a high level of expertise in arthroscopy. In order to remain informed the arthroscopist may update his or her knowledge and skill by regular attendance at postgraduate arthroscopic meetings, collaboration with arthroscopists, and continual review of current arthroscopy literature. The arthroscopist should obtain necessary training before undertaking a new procedure.

Performance review

The performance of the arthroscopist should be reviewed regularly. The numbers of procedures, indications, results, and complications should be made available to appropriate medical staff members of individual hospitals which are charged with granting, reviewing, and renewing clinical privileges.

FIGURE EN-2

Suggested Guidelines for the Practice of Arthroscopy in 1985.

Arthroscopy

The Journal of Arthroscopic
and Related Surgery

Official Publication of the Arthroscopy Association of North America

Suggested Guidelines for the Practice of Arthroscopic Surgery

This statement was prepared by the Committee on Ethics and Standards
and the Board of Directors of the Arthroscopy Association of North America.

Privileges

The decision to grant and renew privileges in diagnostic arthroscopy and or arthroscopic surgery is typically made by individual hospitals with input from medical staff committees and appropriate department chairpersons, in accordance with individual hospital and medical staff bylaws, rules and regulations. In situations where arthroscopic surgical privileges are requested, a Board Certified orthopedic surgeon or equivalent specialist, with considerable experience in the field of arthroscopic surgery should be involved in the decision making process to grant these privileges.

Training

Diagnostic arthroscopy: Medical practitioners who wish to use arthroscopy for diagnostic purposes only (including synovial biopsy), should have an appropriate period of training to learn pertinent anatomy, correct techniques, and to become competent in the recognition and management of complications.

Operative arthroscopy: Training for the practice of arthroscopic surgery should include the completion of an accredited orthopedic surgery residency, or equivalent surgical training, based on specific anatomical areas and surgical specialty. The arthroscopic surgeon should be fully trained in surgical principles and techniques to safely perform open procedures on that region of the body before learning or undertaking arthroscopic surgical procedures. Adequate training in arthroscopic surgery should be included during the post graduate training period.

Practice

The arthroscopist should:

1. Perform an adequate history and physical examination as well as laboratory workup of the patient or determine that these have already been performed.
2. Explain the procedure to the patient, including its benefits, possible risks and complications.
3. Exercise due consideration in selecting the correct arthroscopic procedure for a particular condition and be prepared for additional or alternative procedures.
4. Prepare an operative report of the procedure that includes the indications for the operation, a description of the operation itself and a systematic reporting of findings in each anatomic area.

Continuing education

The arthroscopist should maintain a high level of expertise in arthroscopy. In order to remain informed, the arthroscopist should update his or her knowledge by regular attendance at post graduate arthroscopic meetings and should continually review current arthroscopic literature.

Performance review

The performance of the arthroscopist should be reviewed regularly. The numbers of procedures, indications, results and complications should be made available to appropriate medical staff committees of individual hospitals which are charged with granting, reviewing and renewing clinical privileges.

training is completed in an "accredited orthopaedic surgery residency, or equivalent surgical training"⁵ (Figure EN-3). The original and revised versions both stressed "Continuing Education," one of the hallmarks of AANA since its inception.

Arthroscopy has evolved in many ways that the founders of AANA may not have envisioned. However, AANA has evolved and played a leading role in the promotion and dissemination of the science and application of arthroscopy. While these guidelines may be viewed as historical, they helped to establish an approach that led to better outcomes in a safer manner for patients. Though, is it historical? With the reemergence of needle scopes and other technologies, and safer ambulatory and in-office procedures, we should keep in mind what the founders of AANA set out to do.

REFERENCES

1. Letter from Julie N. Manson to Thomas C. Nelson, February 17, 1984.
2. Letter from Julie N. Manson to Thomas Nelson, April 27, 1984.
3. AANA Memo from Nancy Boehme to the AANA Ethics and Standards Committee, June 12, 1984.
4. Letter from Robert E. Porter to Alexander Kalenak, December 19, 1986.
5. Suggested Guidelines for the Practice of Arthroscopic Surgery, revised June of 1987.

FIGURE EN-3

Suggested Guidelines for the Practice of Arthroscopic Surgery,
as published in the January 2022 Issue of *Arthroscopy*.

“We act as though comfort and luxury were the chief requirements of life, when all that we need to make us happy is something to be enthusiastic about.”

– *Attributed to Charles Kingsley and Albert Einstein.*

Credits

Authors

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Notes

Notes

Notes



Cheers!