



**AOAO**

**AMERICAN OSTEOPATHIC  
ACADEMY OF ORTHOPEDICS**

*75 Years of Quality Healing,  
1941–2016*



# The American Osteopathic Academy of Orthopedics (AOAO)

75 Years of Quality Healing,  
1941–2016

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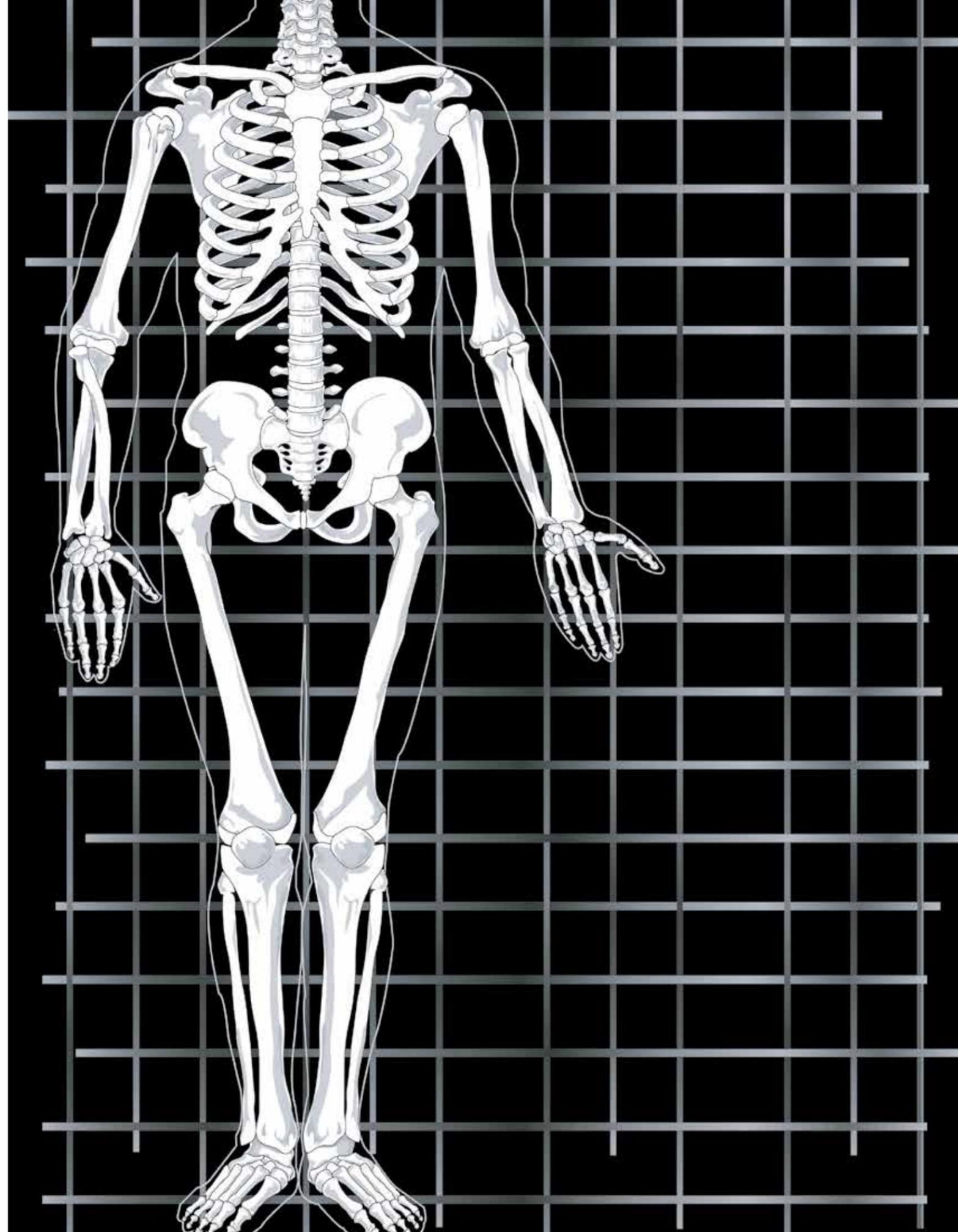
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Appreciative Award Recipients

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# INTRODUCTION

Osteopathic Physicians (DOs), like MDs, complete four years of basic medical education, often followed by two to six years of graduate medical education. Beyond that similar training, the DO designation also includes an additional dimension to patient care with the DO's holistic approach to medicine, emphasizing the following principles:

1. The human being is a dynamic unit of function;
2. The body possesses self-regulatory mechanisms which are self-healing in nature;
3. Structure and function are interrelated at all levels; and
4. Rational treatment is based on these principles.<sup>1</sup>

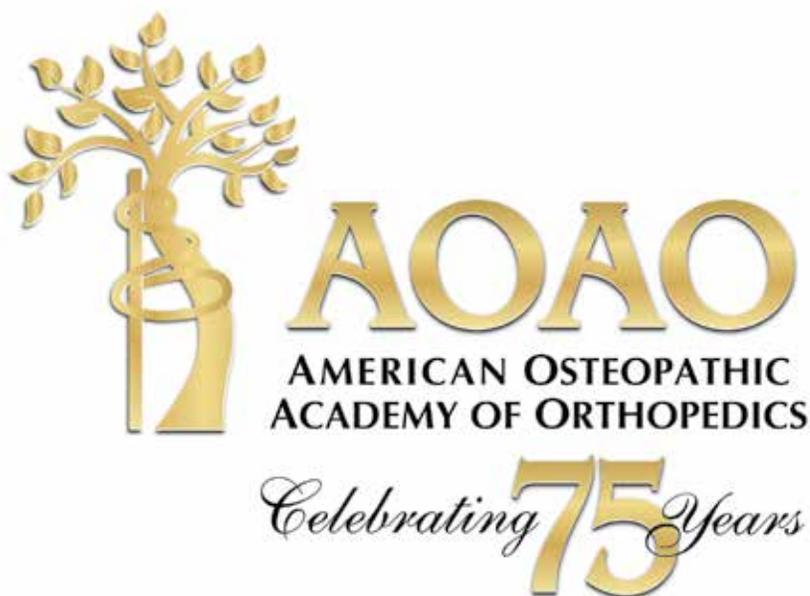
All DOs, regardless of specialty, are trained in Osteopathic Principles and Practice which include, but are not limited to Osteopathic Manipulative Treatment (OMT) a hands-on diagnosis and treatment tool that can be used in conjunction with, or in place of, medication or surgery. As Dr. Carl Mogil, a past AOA president and longtime member, explains, "Osteopathic physicians, I have always believed, have had a natural inclination toward musculoskeletal medicine and surgery because osteopathy was founded on the basis of structure and function. Who better to understand musculoskeletal structure and function than an orthopedic surgeon?"<sup>2</sup> In early 1941, osteopathic orthopedic surgeons met to form an organization that remains to this day, The American Osteopathic Academy of Orthopedics (AOAO).

For 75 years, the AOAO has facilitated the finest training and continuous development of Osteopathic Orthopedic Surgeons to positively improve the care, healing, and quality of life of patients nationwide. From its formation in Detroit in February 1941 until the present day, the Academy has constantly evolved, updating its many activities with innovative approaches, techniques, and information to best serve its members in their practices and careers. From its Annual Meetings, Postgraduate Seminars, Educators Courses, Skills Labs and residency training programs to its information dissemination through journals and newsletters, the AOAO serves its members exceptionally. By receiving the most current techniques and information about their profession through continuing medical education (CME) credits, members maintain a level of excellence in their profession. All these efforts are aimed at increasing the knowledge of all Osteopathic Orthopedic

Physicians, thus enhancing their ability to manage patients in the field of medicine today.<sup>3</sup>

With over 1,700 members (including Active, Life, Military, Disabled, Retired, Honorary, Allied Health and Associate Members), the AOA is relatively small in membership compared to larger medical academies and organizations. But with 44 approved Osteopathic Orthopedic Residency Programs containing over 500 approved residency slots and graduates in excess of 100 Osteopathic Orthopedic Surgeons per year, the Academy continues to grow annually.<sup>4</sup> The Academy's Board of Directors (including President, 1st Vice President, 2nd Vice President, 3rd Vice President, and Secretary/Treasurer and 7 Directors), Executive Director, committees, association management company, and other groups and leaders have ensured the continued success of the organization. The Academy has also provided Osteopathic Orthopedic Surgeons the means for maintaining professional and personal relationships with each other on a regular basis through societies, informal groups, and networking events.

After 75 years, the AOA continues to positively improve the care, healing, and quality of life of patients through their training and development of Osteopathic Orthopedic Surgeons. Because of this, AOA remains one of the most impressive medical organizations of its kind. This is its story.



# CHAPTER 1

## Formation and Early Years of The American Osteopathic Academy of Orthopedics

While orthopedic surgery has been practiced since recorded history, osteopathy dates to the late 19th century when Dr. Andrew T. Still developed a practice in Baldwin City, KS and founded the first school of osteopathic medicine in Kirksville, MO in 1892.<sup>5</sup> By 1901, the American Osteopathic Association (AOA) had been officially established.<sup>6</sup> During this time period, orthopedic surgery made great strides as well, and by the early 20th century, several orthopedic surgeons in the United States came from the osteopathic field. Most of the surgeons performing orthopedic surgery were general surgeons who relied on self-training (in orthopedic surgery and in the field of general surgery) during a time when surgical training was not great.<sup>7</sup>





Dr. J. Paul Leonard, President of the AOA from 1951-52, seen here in 1967.

Over the next few decades, professional organizations and institutions began to be established for surgeons in the osteopathic profession, beginning with the incorporation of the American College of Osteopathic Surgeons (ACOS) on January 26, 1927. That body emerged at an AOA conference in Louisville, KY, when a small group of surgeons “opted to share a mission to set high education standards and provide continuing medical education to osteopathic surgeons.”<sup>8</sup> In 1939, the ACOS approved the formation of the American Osteopathic Board of Surgery (AOBS) for osteopathic surgical specialties, which has been dedicated to the certification processes of osteopathic surgeons since its inception.

Beginning in the early 1930s, orthopedic surgeons in the osteopathic profession began specializing in that field. William W. Jenney, DO, the only orthopedic surgeon among the 11 members of the first AOBS, is considered to be the first orthopedic surgeon in the osteopathic profession who was fully and completely trained in orthopedic surgery and did not pursue any other surgical specialty. Dr. Jenney practiced in

Los Angeles and was a member of the staff of Los Angeles County Hospital, Unit II (where he was chief of the Division of Orthopedic Surgery for a number of years, as well).<sup>9</sup> In Los Angeles, Dr. Jenney later took as an associate Walter Garard, DO (whom he had trained), while Arthur Miller, DO became the first fully trained resident in orthopedic surgery to graduate from the program at the Los Angeles County Hospital, Unit II.

Notable orthopedic surgeons who trained in the osteopathic profession began to emerge elsewhere in the country during this time. Drs. Harold S. “Blondie” Hain, George M. Laughlin, and George A. Still were a few of the early osteopathic surgeons who graduated from the American School of Osteopathy and began to specialize in orthopedics on the west coast.

Orthopedic surgery in the osteopathic profession also emerged in the Midwest and on the Eastern Seaboard as well. Specialists included Drs. James M. Eaton (of Philadelphia, PA), Harold Clybourne (of Columbus, OH), and C. Robert Starks, Sr. (of Denver, CO), among others. By the late 1930s and early 1940s, these orthopedic surgeons who were trained in the osteopathic profession began meeting to discuss the prospect of creating an organization. In a letter to Dr. J. Paul Leonard in December 1978, Dr. Hooker Tospon recalls sitting with Dr. Eaton and Dr. George Rothmeyer in a room in the Cadillac Hotel in 1938



Dr. James M. Eaton of Philadelphia, PA was the second President of the AOA from 1942-44.



Dr. Arthur E. Miller, President from 1958-59, became the first fully trained resident in orthopedic surgery to graduate from the program at the Los Angeles County Hospital, Unit II.



Dr. Harold E. Clybourne (of Columbus, OH) was an influential AOA member, for which the Clybourne Society (created by members of the Columbus residency program) is named.



Dr. C. Robert Starks was the fifth AOA President, holding the position from 1947-48.



Dr. George Rothmeyer was one of the founders of the AOA, meeting with Dr. Eaton about creating an organization for osteopathic orthopedic surgeons in the late 1930s.

or 1939, discussing the possibility of an organization. “I took notes during this meeting and gave them to Dr. Eaton,” writes Dr. Tospon, “but I do not know what happened to them. I was unable to attend the meeting the following year and the year after it was founded.”<sup>10</sup> So with a common purpose and similar backgrounds, orthopedic surgeons in the osteopathic profession in the late 1930s were on their way to forming a professional organization officially.

## The American Osteopathic Academy of Orthopedics Officially Begins

Regardless of any interest in a national organization prior to 1940, The American Osteopathic Academy of Orthopedics officially gained traction in the latter part of 1940 when Dr. Jenney (at that time the chief of the orthopedic service at the osteopathic unit of Los Angeles County Hospital) suggested a group be formed to discuss seriously the formation of a national organization, which would be larger than a study



Dr. Harry S. Schaffer (President, 1950-51) was present at the first AOA meeting on February 26, 1941 at the Detroit Osteopathic Hospital in Detroit, MI.

group, to represent orthopedic surgeons in the osteopathic profession. At a meeting in Los Angeles, participants exhibited a very keen interest in the formation of this sort of organization.

Months later, on February 26, 1941 at the Detroit Osteopathic Hospital in Detroit, MI, The American Osteopathic Academy of Orthopedics was founded during a meeting of osteopathic physicians interested in the field of orthopedics (however, the official name would not be decided until the following year). Present at that meeting were 27 physicians (many from Michigan and Ohio), ten of whom agreed to establish the formal group and to proceed with the creation of articles and bylaws for governance. These ten physicians were:

- H.E. Clybourne, DO (Columbus, OH)
- W.E. Darling, DO (Detroit, MI)
- James M. Eaton, DO (Philadelphia, PA)
- W.W. Jenney, DO (Los Angeles, CA)
- J. Paul Leonard, DO (Detroit, MI)
- Leonard C. Nagel, DO (Cleveland, OH)
- George Rothmeyer, DO (Philadelphia, PA)
- Henry S. Schaffer, DO (Detroit, MI)
- C. Roberts Starks, Sr., DO (Denver, CO)
- John P. Wood, DO (Detroit, MI)

Three other physicians who were in attendance at the meeting were given honorary status: C.J. Karibo, DO (Detroit, MI, Department of Radiology); Paul T. Lloyd, DO (Philadelphia, PA, Department of Radiology); and Wallace M. Pearson, DO (Kirksville, MO, instructor of physical medicine).<sup>11</sup> Dr. Jenney became the first president of the Academy, and Dr. Eaton was selected to be his successor in 1942.

While this new group officially met in 1941, it was not until a subsequent meeting the following year (on February 12, 1942, again at the Detroit Osteopathic Hospital) that the group decided on an official name. Members chose from options that included Osteopathic College of Orthopedics, American College of Orthopedics, National Orthopedic Society, and National Orthopedic Academy. But finally it was moved by Dr. H. Schaffer and seconded by Dr. L.C. Nagel that the name



Dr. John P. Wood (President, 1945-46) was one of the founders of the AOA.



Dr. Leonard C. Nagel (President, 1948-49) was present at the formation of the AOA.



(Right) Dr. Hooker Topson (President, 1961-62) is seen here receiving his Award of Fellow from (left) Dr. William Monaghan (1972-73).

of the association would be the Osteopathic Academy of Orthopedics. Later that summer at a meeting on July 12, 1942, the Osteopathic Academy of Orthopedics met at the Stevens Hotel in Chicago to draft and finalize their constitution.

The activities of the Academy in its earliest years were instrumental to its success going forward. For instance, it was noted in early meeting minutes that Dr. Tospon of St. Joseph, MO (and a very influential participant in the new Academy) became a member in 1942. Minutes also show that provisions were made for general surgeons and general practitioners who were keenly interested in orthopedics but were not actively practicing the specialty. This type of membership became very popular in the Academy's early years, helping to expand the membership beyond the actual number of practicing and qualified orthopedic surgeons at that time.<sup>12</sup> And with only a balance of \$99.15 (according to the treasurer's report) in February 1942, it was moved and seconded that the membership fee would be \$10 while the associate membership fee would be \$5.



Dr. Charles Brimfield (President, 1953-54)

It was also during these early meetings that members realized the importance of putting the Academy's activities and objectives down on paper. The Academy kept meticulous minutes of meetings, and at one early meeting Dr. Eaton prepared and presented the following objectives of the Academy, which were ultimately incorporated into the bylaws as a mission statement:

- “To promote and advance the specialty of orthopedics in general and to maintain, support, and encourage high standards of learning and ethics in the pursuit and practice of that specialty.
- To establish, conduct, operate, maintain, sponsor, and promote the establishment of an affiliated organization with the American Osteopathic Association, which shall be composed of duly qualified licensed and practicing osteopathic physicians who shall specialize in the science and practice of the specialty generally known as orthopedics.
- To sponsor, promote, and engage in encouraging educational programs and the publication of dissertations either in the form of books, periodicals, or selected articles dealing with the science and subject of orthopedics within the field of osteopathic medicine.
- To sponsor, promote, and encourage research and study in the science and practice of orthopedics for the purpose of benefiting mankind and advancing the learning and understanding of the profession in this branch of the practice of osteopathic medicine.
- To generally advance the knowledge and understanding of the science of orthopedics and to encourage and instruct osteopathic physicians and surgeons who are interested in the specialty of surgical and nonsurgical orthopedics and the structural relationship to health and disease.
- To cooperate and coordinate the functions of the specialty with the American Osteopathic Association and its divisional societies in all matters determined to be in the best interest of the profession.
- To do any and all other things necessary in connection with the foregoing purposes and incidental thereto.”<sup>13</sup>

Two additional meetings in the Academy's early years were essential to its formation. On July 21, 1947 at the Stevens Hotel in Chicago, bylaws were created and finalized. At that time, the Academy enjoyed a balance of almost \$1,400. In addition to the creation of bylaws, the definition of orthopedic surgery used by the American Board of Osteopathic Surgeons was submitted by Dr. Eaton and was officially adopted as the definition of orthopedic surgery for the Academy (after it was moved by Dr. Clybourne and seconded by Dr. Mulford). It read: “That branch of medical science, art, and practice, which is concerned with the correction of deformities and defects of the bony skeleton and associated structures, the repair of injuries to the bones and joints, and the diagnosis and care of disease of the bones and joints by manual and instrumental means.”<sup>14</sup>

The other important meeting occurred on October 12, 1950, when the Academy was formally incorporated. It was at that time that “American” was added to its name, officially creating the appellation American Osteopathic Academy of Orthopedics. That same year, a complete reorganization of the Academy was conducted, limiting active membership to board-eligible applicants (applicants who had completed an approved

(From left to right) Drs. Richard Borman (President, 1962-63), G. Cole, Hooker Topson (1961-62), J. Paul Leonard (1951-52), Lyons, and Arnold Gerber (1960-61) in 1960.



residency, preceptee training program, or documented postgraduate training beyond internship obtained elsewhere). Finally, in 1950, the AOAO received official recognition by the AOA as an affiliate specialty organization. In under a decade, The American Osteopathic Academy of Orthopedics had arrived.

## Early Residency Programs and Education

Shortly after the Academy's organization, several osteopathic hospitals around the country instituted residency training programs. Locations included Philadelphia (established by Dr. Eaton), Detroit (by Drs. Leonard and Wood), Columbus (by Dr. Clybourne), Los Angeles (by Dr. Jenney), and Cleveland (by Dr. Nagel). The residency programs were under the supervision

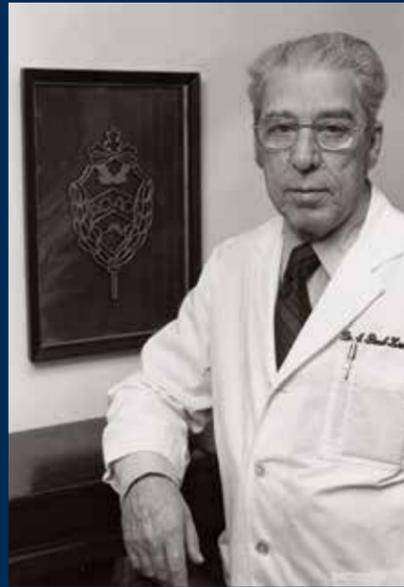
An AOAO meeting in 1959

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The main objective of The American Osteopathic Academy of Orthopedics has been to facilitate the finest training and continuous development of Osteopathic Orthopedic Surgeons, seen here in early instructional sessions.

# Life and Career of Dr. J. Paul Leonard, DO, AOA's First Executive Director



Dr. J. Paul Leonard, AOA's ninth President (1951-52) and first Executive Director

When discussing the earliest years of the AOA, many members would agree that no figure “contributed more relentlessly and unselfishly” in his organizational work for his hospital, church, community, as well as local, state, and national organizations (like the AOA) than Dr. J. Paul Leonard, DO, the Academy’s

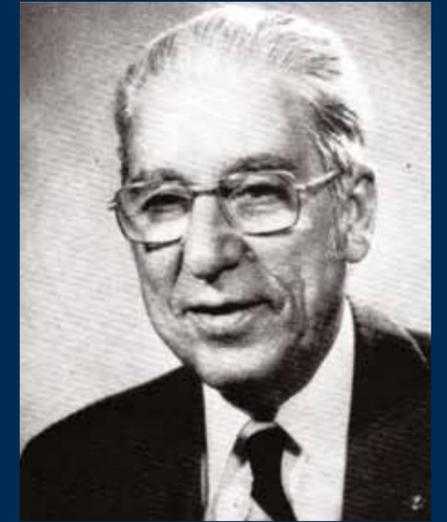
first executive director. Born in Wheeling, WV in 1901 before moving to Albion, PA, Dr. Leonard graduated from Albion High School in 1920 and went on to do his premedical training at Grove City College in Pennsylvania. After receiving his DO degree in May 1925 from Des Moines Still College of Osteopathy and Medicine, Dr. Leonard completed his internship training at Detroit Osteopathic Hospital.

Professionally, Dr. Leonard was integral to osteopathic orthopedics and seemed to be the natural leader of the AOA in Detroit. He established a general practice in Detroit before being granted a general surgical residency in 1930. He was elected to the board of trustees at Detroit Osteopathic Hospital in 1932 and

served continuously on that board, serving as its chairman from 1957 to 1970 before being made chairman emeritus. Always interested in educational development, Dr. Leonard created the Intern Training Committee (an educational program) at Detroit Hospital. In 1941, Dr. Leonard became the founding executive director of the AOA, a position he held until 1975. He possessed great administrative ability and was quite capable of excellent communication with other orthopedic surgeons. The Academy’s deep and sincere appreciation of his work was reflected by the fact that the entire 17th AOA Postgraduate Seminar, held in Kansas City, was dedicated to the contributions of Dr. Leonard. He was also a member of the American College of Osteopathic Surgeons (becoming a junior member in 1942 and a senior member in 1947), was certified in orthopedic surgery by the AOBS in 1947, was promoted to fellowship in the ACOS in 1953, and was awarded life membership of ACOS in 1967. He became a Fellow of the AOA in 1976.<sup>22</sup>

Dr. Leonard was married to Dortha Mae Salisbury and had two children—a son Norman, who became a radiologist in Muskegon, MI, and a daughter Kathryn, who became a violinist. He was active in many professional and philanthropic organizations, and he served as a medical officer to the Parachute Division of the Civil Air Patrol in Detroit during World War II with

a commission of first lieutenant. The AOA is eternally grateful for the work of Dr. J. Paul Leonard. As Dr. Arnold Melnick wrote in 2002 in the *A.O.A.O. Newsletter*, “J. Paul Leonard, DO, truly was a role model and an icon for all.”<sup>23</sup>



Dr. Leonard was presented the Knotty Cane Award in 1963



President Howes (right) presenting the AOA Logo to Dr. Leonard in 1968



Dr. Donald Siehl (right) presented the Oral F. Martin Medal to Dr. Leonard (left) in 1976.



Dr. Leonard receiving the President's Appreciation Award from Rober Fagen, DO, in 1980



Dr. Robert O. Fagen (President, 1959-60)

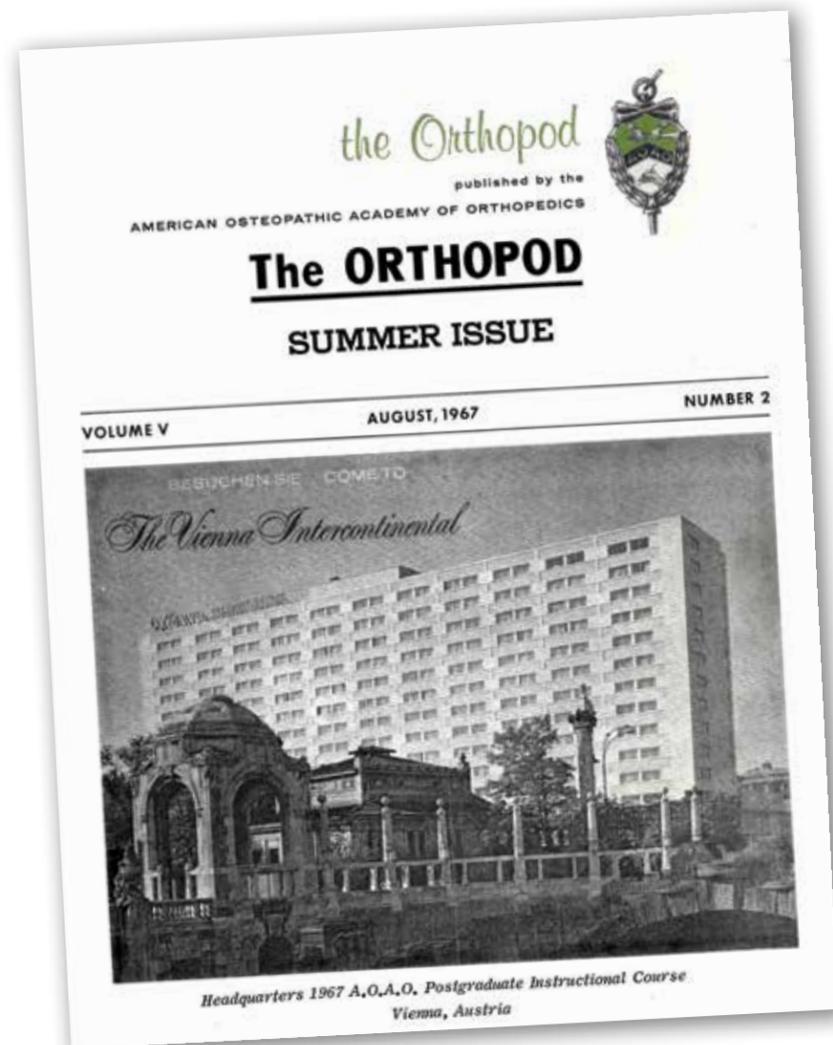


Dr. Siehl (seen here in 1987) was president from 1957-58 and AOA's third Executive Director from 1981-91. He wrote an article, "Why The American Osteopathic Academy of Orthopedics?" in 1959 that applauded the developments in education at the AOA.

(Right) In 1959, the AOA began publishing *The Orthopod* (seen here in 1967), the organization's official communications instrument. The periodical's first editor was Dr. L. Paul Leonard.

of the Committee of Hospitals of the American Osteopathic Association, while preceptor programs were conducted under the supervision of the American College of Osteopathic Surgeons.<sup>15</sup>

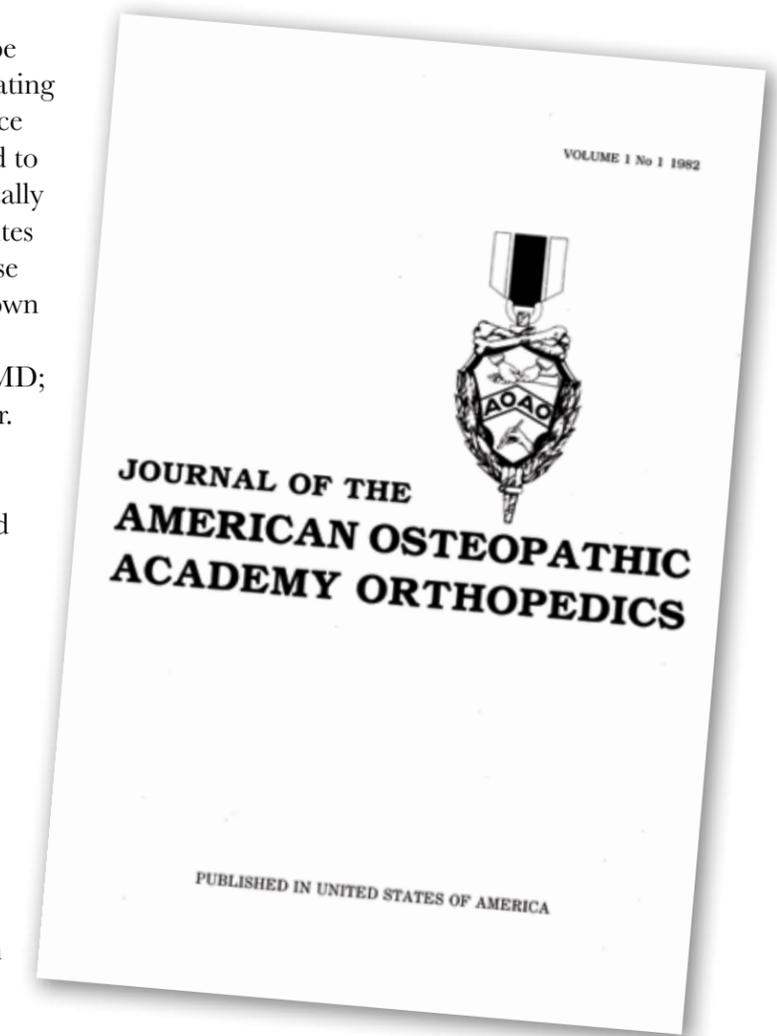
Through the 1950s and 1960s, the AOA continued to evolve due in large part to its emphasis on education to AOA members through instructional courses and the establishment of the AOA's official communication instrument, *The Orthopod*, in 1959. As programs developed in the AOA's earliest years, instructional course lectures for members soon followed. Organized in 1953, lectures were conducted biannually in Los Angeles until 1961, at which time the Detroit Osteopathic Hospital began hosting these meetings (until the late 1970s).<sup>16</sup> Because allopathic orthopedists around the country often did not want to provide lectures to osteopathic orthopedists, the first guest lecturers for the new Academy came from Europe (most notably from Vienna, Austria). The early



annual instructional course lectures proved to be quite successful and were soon hosted at alternating locations around the country for the convenience of the orthopedic surgeons. The Academy tried to alternate between east and west locations, typically locating the Annual Meeting at certain resort sites or commercial locations. Guest lecturers at those early lectures included such internationally-known speakers as Drs. Jorg Boehler, MD; Emanuel Trojan, MD; Franz Endler, MD; Irving Ariel, MD; and Joseph C. Risser, MD of Pasadena, CA. Dr. Ernest Aegerter, MD of Philadelphia, PA was also a favorite speaker. [More on these lectures can be found in AOA Board Certification and Education on the following page.]<sup>17</sup>

Further demonstrating the importance of the AOA, Dr. Siehl penned an article entitled "Why The American Osteopathic Academy of Orthopedics?" in 1958. In it, the influential figure explored the challenges of orthopedic education within the profession and the Academy. Presenting "a great sense of pride in what the Academy had developed and the educational theme that had been maintained," Dr. Siehl also noted that many of the leaders in the AOA had come from the AOA and from the ACOS.<sup>18</sup>

In order to improve communication among members, the AOA began publishing *The Orthopod* in 1959. The first editor of the AOA's official communications instrument was Dr. Paul Leonard (followed by Richard Borman, DO; Robert Ho, DO; co-editors James Laughlin, DO and David W. Smith, DO; and eventually Daniel Morrison, DO). Chuck Gnaegy, who acted as photographer for the ACOS and AOA for many years, contributed significantly to *The Orthopod* by documenting the Academy's history with pictures that were frequently published. *The Orthopod* was augmented by a publication called *The Journal of The American Osteopathic Academy of Orthopedics (JAOAO)* for a short time in the early 1980s, before being discontinued due to a lack of overall submissions. A companion piece to *The Orthopod* – called the AOA Newsletter – was created in 2001 (before its content was merged with *The Orthopod* in 2007). Through all those years, *The Orthopod* has remained the most important tool for keeping members up-to-date about the Academy.<sup>19</sup> Today, the revamped, web-based



In the 1980s, the AOA augmented the communications of *The Orthopod* with *The Journal of The American Osteopathic Academy of Orthopedics*, seen here in 1982.

Continued on page 31

# The Role of AOBOS in Board Certification and of the AOA in Education and Residency Training



## Executive Secretary/Directors

Dean Olson  
 Kay Rittenhouse  
 Gina Carcella  
 Steven and Jane Heithoff  
 Barbara Sharp

## Chairmen

Peter E. Johnston, DO  
 Robert R. Kaneda, DO  
 Howard Pinsky, DO  
 Robert L. Green, DO  
 Steven J. Heithoff, DO  
 Christopher K. Hull, DO  
 Richard F. Howard, DO  
 Bruce N. Le, DO  
 Richard B. Helfry, DO  
 Marko F. Krpan, DO

Becoming a member of The American Osteopathic Academy of Orthopedics involves in-depth training and continued medical education. The Board certification process consists of multiple steps administered by the American Osteopathic Board of Orthopedic Surgery (AOBOS). The AOA plays a key role in the oversight of residency training programs and continued medical education for residents and surgeons through its CME offerings. Below is a description of the history of Board certification for orthopedic surgeons in the osteopathic profession, a history of residency training, as well as those CME educational elements that are critical to the maintenance of the AOA.

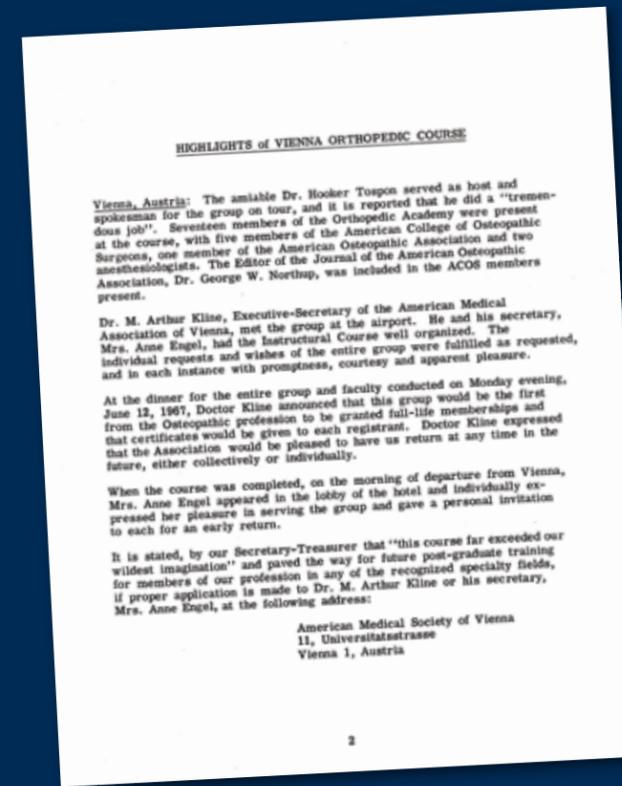
## Board Certification

In 1979, the American Osteopathic Board of Orthopedic Surgery (AOBOS)

was established by the American Osteopathic Association to develop and administer certification and recertification examinations for orthopedic surgeons in the osteopathic profession. The AOBOS examines orthopedic surgeons for certification and recertification, functioning separately from the AOA and working under the authority of the AOA. Since its establishment, the AOBOS has provided the public with “a dependable mechanism to identify physicians who have met a standard to assure excellence in the field of orthopedic surgery.”<sup>24</sup> In order to understand the role of the AOBOS today, it is necessary to discuss the history of the American College of Osteopathic Surgeons (ACOS) as it relates to orthopedic surgeons.

Incorporated on January 26, 1927 by a group of osteopathic surgeons that included Drs. George M. Laughlin, John Deason, S.D. Zaph, O.G. Weed, F.R. Bigsby, A.C. Hardy, Orel F. Martin, and Harry Collins, the ACOS included a focus on orthopedic surgery even during its earliest years. For instance, orthopedic topics were included in the 1929 annual clinical meeting (held that year in Kansas City, MO) with topics such as “Arthroplasty of Hip and Elbow” and “Reduction of Fractures Under Local Anesthesia.”

The ACOS approved the formation of the American Osteopathic Board of Surgery (AOBS) in 1939, which was officially formed the following year with the approval of the AOA. The AOBS was given the mandate to qualify and certify the training in general surgery, urology, orthopedics, and anesthesiology. In 1942, just one year after its establishment, the AOA met in conjunction with the ACOS at the Annual Clinical Assembly of Osteopathic Specialists.



Left to right: Doctors Michael Sanfelippo, Fred Thomas, C. Robert Starks, Seymour Kaufman, William Luebert, Thomas McGrath, Frank Wolfe, Willis Yeaman, Karl Chiari and Hooker Tospon.

Dr. Otto Russe explaining to Dr. J. Paul Leonard the technic for the reduction of a 12th dorsal vertebra compression fracture by means of hyperextension-Üstallkrankenhaus Meidling, Vienna, Austria.

The ACOS and AOA proceeded to establish residency program standards in 1946, and in just two years, training programs were established in 19 hospitals. With the direction of the AOA, the ACOS established a Registry of Training Programs in 1950, and five years later in 1955, Dr. Eaton (chairman of the AOBS and a founding member of the AOA) prepared the “Basic Requirements of an Approved Residency Including the Surgical Specialties” (a document that then served as a guideline for the development of other surgical specialties).

For almost three full decades until the establishment of the AOBOS in 1979, the AOBS conducted the testing and certification of orthopedic surgeons. The Orthopedic Examination for Certification (written, oral, and clinical) was administered by previously certified orthopedic surgeons, and the AOA granted the certifications following the recommendations of the AOBS. Due to an increasing number of residency programs in the osteopathic profession in orthopedic surgery (and therefore an increase in the number of graduates), the AOA began to lobby the AOA to form a certifying board for orthopedic surgeons. The AOA selected a committee consisting of

The AOA maintained an interesting relationship with orthopedic surgeons in Austria in its earliest years, as guest lecturers came overseas to speak at the AOA's early instructional courses. This culminated with the American Medical Society of Austria accepting the AOA for their postgraduate course in June 1967. The seventeen AOA members who attended that symposium became honorary members of the Vienna Orthopedic Medical Society.

Peter Johnston (from Columbus, OH), Dean Olson (from Lansing, MI), Seymour Kaufman (from Cherry Hill, NJ), William Monaghan (from Kansas City, MO), and Bill Smith (from Phoenix, AZ), to develop bylaws, regulations, and the Manual of Procedures for the new Board, the American Osteopathic Board of Orthopedic Surgery.<sup>25</sup>

## Residency Training Programs

Residency training programs have been a critical aspect of AOA's history. The first orthopedic surgery residencies were formalized in 1946, just five years after the foundation of the AOA. Dr. Arthur Miller, DO, MD, the first fully trained orthopedic surgeon in the osteopathic profession in Los Angeles, CA, developed the educational training program model for directors and early trainees

which “introduced a professional dimension” into what has become accepted as AOA’s residency training model.<sup>26</sup> Prior to Dr. Miller’s model, most training in orthopedic surgery in the osteopathic profession was taught by general surgeons as preceptors and was mostly associated with trauma. The California training model was soon exported to other parts of the country (such as Michigan, Missouri, Ohio, and Texas), adopted by the AOA, and continues as a model today.

To develop and oversee postdoctoral residency training programs in osteopathic orthopedic surgery (as well as its associated fellowship training programs), the AOA relies on its Evaluating Committee.<sup>27</sup> The committee, which reports to the Board of Directors, essentially

To ensure that residency program directors and core faculty are up-to-date on recent educational developments and techniques, the AOA established the mandatory Educators’ Course in 1991-92. The 14th annual iteration of the event, held in 2006, is pictured here.



“signs off on all the residents,” says Dr. James Pollifrone, DO, the Evaluating Committee’s current chairman and the AOA’s representative to the Program and Trainee Review Council (PTRC), which is the AOA council that oversees all of the osteopathic internships, residency training programs and fellowships in the profession. Dr. Pollifrone replaced Dr. Carl Mogil, DO, who previously held the representative position. For years the Evaluating Committee members stringently evaluated residency programs themselves, “laboriously [reviewing] a huge volume of paperwork and meeting with residents” personally, recalls Dr. James Ingram, DO, a committee member.<sup>28</sup>

To ensure that residency program directors and core faculty are up-to-date on recent educational developments and techniques, the AOA implemented the mandatory Educators’ Course in 1991 under the guidance of Dr. Morton Morris. As outlined in the “Basic Standards for Residency Training in Orthopedic Surgery,” osteopathic orthopedic residency program directors, faculty, support and administrative staff associated with osteopathic orthopedic residency programs are required to attend the diversified program of continuing education. Courses consist of group discussions, lectures, and questions and answers between participants and presenters in order to familiarize attendees with recent educational techniques in training residents and to make them aware of residency program training requirements and educational standards.<sup>29</sup>

### Annual Meeting and Postgraduate Seminars

“Education is unquestionably the primary function of the A.O.A.O.,” wrote Dr. Richard Couch, DO (President, 1974-75) in the post-convention issue of *The Orthoped* in January 1975.<sup>30</sup> While all orthopedic surgeons in the osteopathic profession must receive four years of basic medical education followed by residency training, they must continue their education in order to remain active in the AOA. The Academy bylaws require members to

complete continuing medical education (CME) programs to maintain their status in the Academy, which is done by registering for and attending one out of every three Annual Meetings (held each fall) AND registering and attending one out of every three Postgraduate Seminars (held each spring). These two events, which have evolved over the years, are the most important occasions for education at the Academy, providing great opportunities for members to remain updated on the current research and techniques in osteopathic orthopedics.

The Annual Meeting has been the main annual event for the AOA since its inception. Held each year in the fall, the meeting was called the Annual Educational Sessions for years and was convened in conjunction with the ACOS and the Annual Clinical Assembly of Osteopathic Specialists. The Annual Meeting provides members with three full days of lectures. Through those lectures, panels, case discussions, and question/answer sessions, the annual conference offers a diversified program of continuing education for practicing orthopedic surgeons. The meeting focuses on recent developments, techniques, and advances in orthopedics, and it has been the mainstay of AOA’s activities since the Academy was founded in 1941. The Annual Meeting also allows the Academy to recognize award recipients during the Annual Awards Ceremony.

The Postgraduate Seminar has evolved over the years. Beginning in the mid-1950s and officially formed in 1960, the event is held each spring. Initially referred to as the “annual instructional courses,” these postgraduate courses in their earlier years were available to orthopedists and family physicians.<sup>31</sup> The events were organized and run by the Post-Graduate Training Committee for Orthopedists and the Post-Graduate Training Committee for the General Physician.

The first guest lecturers of these instructional courses were mostly from Austria, and in 1967, the relationship



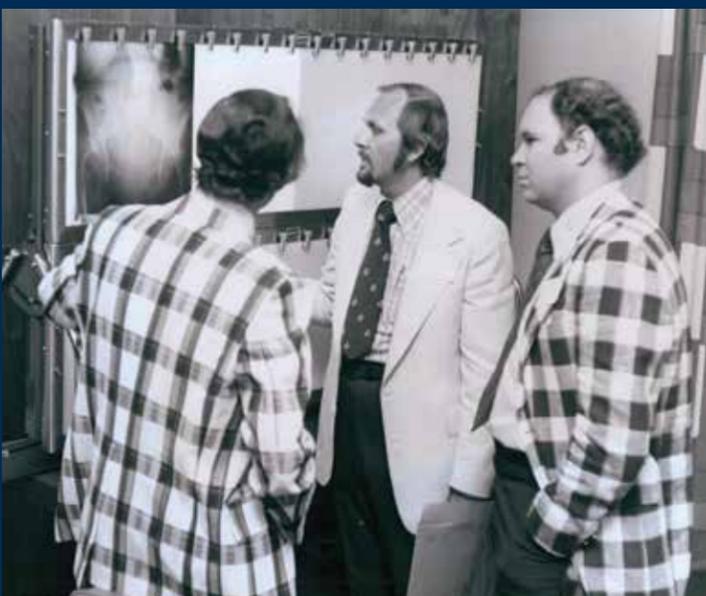
A look at an early Annual Instructional Course

between the AOA and its Austrian counterparts had grown so much so that the American Medical Society of Austria accepted the Academy for their postgraduate course that June.<sup>32</sup> The trip was organized by Dr. Tospon, and the seminar consisted of a five day program related to trauma and orthopedics.<sup>33</sup> The seventeen members of the AOA who attended that symposium became honorary members of the Vienna Orthopedic Medical Society. The AOA’s activities in Vienna continued into the 1970s, as Dr. Philip H. Lewis (chairman of the Post-Graduate Training Committee in 1972) arranged for a post-graduate course to be held in Vienna under the auspices of the American Medical Society of Vienna. The course consisted of two mornings on surgery of the knee, two mornings on surgery of the hand, and one morning on total hip replacement.<sup>34</sup>



An instructional group lecture in 1966

Annual Meetings and Postgraduate Seminars have given AOA members the opportunity to review cases and learn from each other, like Dr. Dick Boisel (center) and Dr. Dean Conoway (right) seen here reviewing an X-ray.



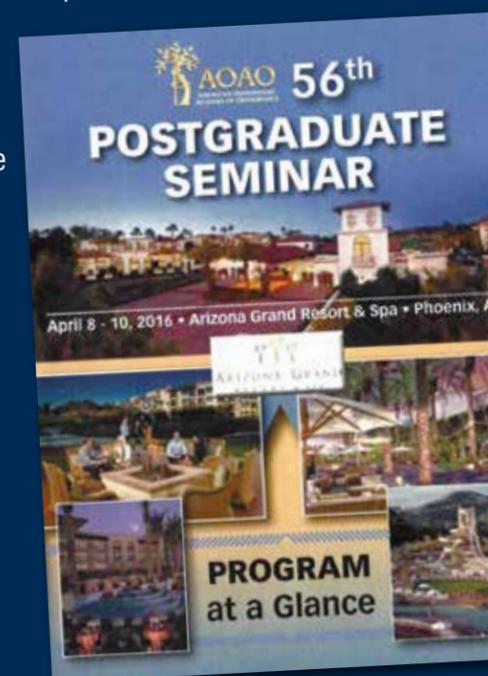
Over the years, the Postgraduate Seminar (as it came to be known) has become an excellent opportunity for members to learn the most modern techniques and updated information about their specialty. It continues to expand, attracting record numbers year after year. For instance, the Academy was proud to announce a record of 478 participants at the event in 2006. By 2015, that number had risen to a new record high of 691 participants.<sup>35</sup> “Year after year, we continue to grow in the sense of people coming to the meeting,” says Dr. George Zimmerman, the AOA’s current president. “We increase the numbers so much with each meeting.”<sup>36</sup>

Not only has the number of participants grown over the years, but the nature of these seminars and courses has evolved as well. While the majority of lecturers in earlier days were MDs, today the majority of lecturers are DOs.<sup>37</sup> The program itself developed over the years. With the emergence of specialty sections in the 1980s and 1990s, the Academy updated the Postgraduate Seminars soon after. In 2007, the 47th annual Postgraduate Seminar was highlighted by “new program patterns with interesting presentations, the first under a revised meeting schedule.” That consisted of every

specialty section of the AOA sponsoring a program section for half a day, with a General Orthopedic program as well.<sup>38</sup> Today, the Postgraduate Seminar is typically a three-day event, still broken up into various sessions for sections that include Trauma, Pediatric, Sports, Shoulder and Elbow, Spine, Adult Reconstructive and Arthritis Surgery, and Hand, with General Sessions dedicated to everything from a lecture on “Private Practice Marketing” to a roundtable discussion on changes in ICD-10 and bundle payments.

At the Annual Meeting and Postgraduate Seminars today, participants can now choose which sessions are germane to their specialty and their needs thanks to concurrent sessions and lectures. Brought to the Board of Directors by the Strategic Planning Committee, the concept of concurrent sessions has improved attendance and has allowed members to maximize their time (and their enjoyment) at the CME programs. “I think it has brought a lot to the meetings,” says Dr. James Mason, DO.<sup>39</sup> Many members also appreciate the addition of lectures on running a practice, ICD-10, billing and CPT codes, Medicare, regulations, and more. “It has been a huge positive,” says Dr. Robert Falconiero, DO.<sup>40</sup> In order to have the most up-to-date information and techniques in an ever-changing medical landscape, the AOA continues to offer innovative and in-depth educational opportunities for its members.

The Postgraduate Seminar has evolved over the years. Today, participants can choose which sessions are germane to their specialty and their needs due to concurrent sessions and lectures.



### Presidents, 1941-1967

- William Jenney, DO (1941-1942)
- James Eaton, DO (1942-1944)
- Harold Clybourne, DO (1944-1945)
- John Wood, DO, FAOA (1945-1947)
- C. Robert Starks, DO (1947-1948)
- Leonard Nagle, DO (1948-1949)
- Troy McHenry, DO (1949-1950)
- Harry Schaffer, DO (1950-1951)
- J. Paul Leonard, DO, FAOA (1951-1952)
- Warren Bradford, DO (1952-1953)
- Charles Brimfield, DO, FAOA (1953-1954)
- Walter Garard, DO, FAOA (1954-1955)
- Karl Madsen, DO (1955-1956)
- John Wright, DO, FAOA (1956-1957)
- Donald Siehl, DO, FAOA (1957-1958)
- Arthur Miller DO, MD (1958-1959)
- Robert Fagen, DO, FAOA (1959-1960)
- Arnold Gerber, DO, FAOA (1960-1961)
- Hooker Tospon, DO, FAOA (1961-1962)
- Richard Borman, DO, FAOA (1962-1963)
- Jack Hutchison, DO, FAOA (1963-1964)
- Frank Wolfe, DO (1964-1965)
- Thomas McGrath, DO, FAOA (1965-1966)
- Charles Hawes, DO, FAOA (1966-1967)

### Get Your 56th Postgraduate Seminar Mobile Meeting Guide!

Available at: [www2.aoa.org/meetings/postgraduate/2016/guide/](http://www2.aoa.org/meetings/postgraduate/2016/guide/)

Your mobile guide features everything you need to know about the 56th Postgraduate Seminar - syllabus included\* - all from the palm of your hand.

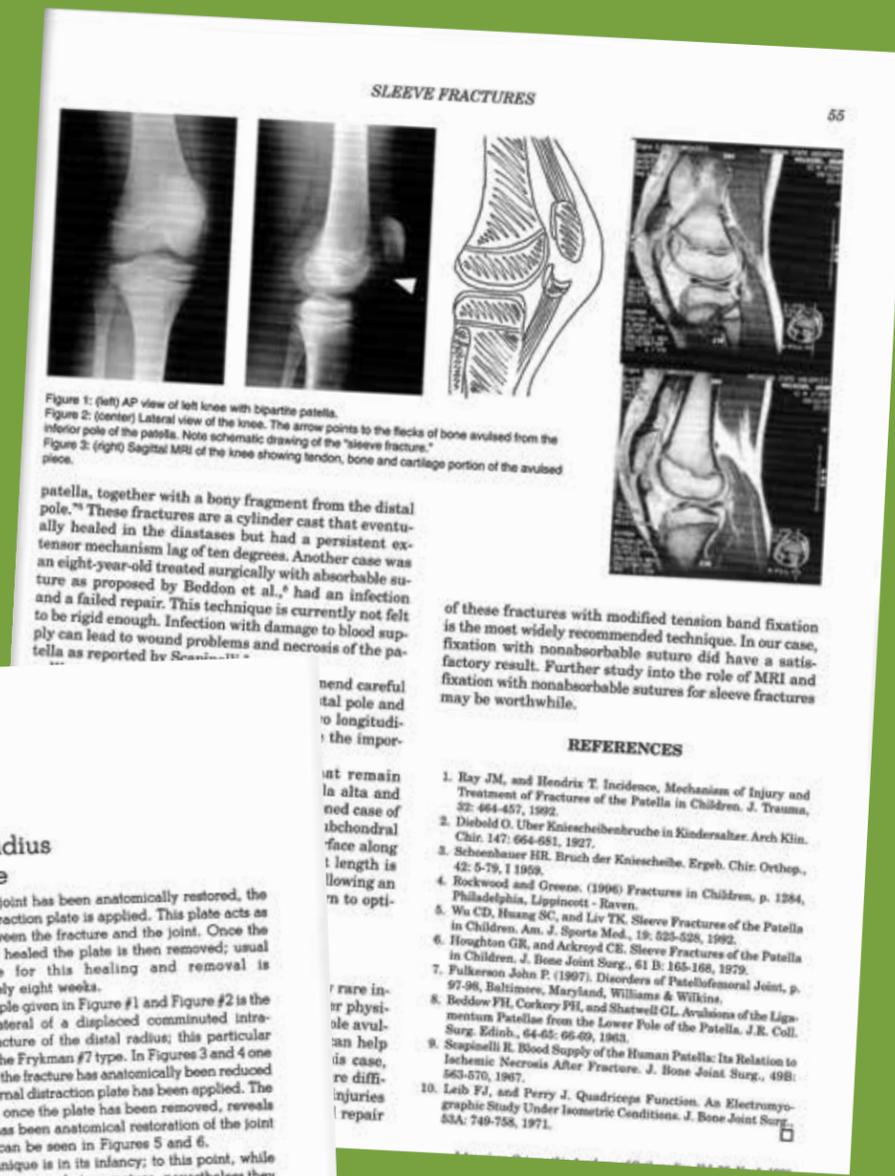
- The program schedule
- Meeting rooms
- And more!
- Evaluations
- Hotel maps

Just capture the QR code below with your mobile device.



\*Audio recorded lectures and slides will be added after the conference.

Periodicals like *The Orthoped* and the shortly-lived *Journal of The American Osteopathic Academy of Orthopedics* have provided AOA members the opportunity to learn about new techniques and information related to osteopathic orthopedics through articles and updates on instructional courses. Seen here is the feature "Tips and Pearls" from 1982, as well as an article from 1999 on sleeve fractures of the patella.



## Tips & Pearls INSTRUCTIONAL COURSE

Edward F. Burke, D.O.

### Open Reduction of Displaced Distal Radius Fracture With Internal Distraction Plate

The comminuted displaced intra-articular fracture of the distal radius, with or without fracture of the ulna, is a most difficult problem for the orthopedist to treat. Most everyone will agree that the repair of a displaced intra-articular fracture is doomed to a very poor result unless anatomical restoration of the joint surface has been accomplished.

However, there is still marked instability of the distal radius because of the fact of the comminution and the over-pull of the musculature including the brachial radialis. Therefore, the distal radius must be stabilized, the most common method being through the use of an external fixator.

What we have devised is a new technique for securing internal stability of the distal radius. In addition to open reduction and internal fixation, the use of an internal distraction plate will achieve the same result.

Once the joint has been anatomically restored, the internal distraction plate is applied. This plate acts as a bridge between the fracture and the joint. Once the fracture has healed the plate is then removed; usual time frame for this healing and removal is approximately eight weeks.

The example given in Figure #1 and Figure #2 is the P.A. and lateral of a displaced comminuted intra-articular fracture of the distal radius; this particular example is the Frykman #7 type. In Figures 3 and 4 one can see that the fracture has anatomically been reduced and the internal distraction plate has been applied. The final result, once the plate has been removed, reveals that there has been anatomical restoration of the joint surface as can be seen in Figures 5 and 6.

This technique is in its infancy; to this point, while the results are somewhat premature, nevertheless they are very encouraging.



version of the e-newsletter, which is published three times a year, contains a report by the President and Executive Director along with current and relevant updates on Academy activities.

With a new way to communicate with its members and increasingly impressive CME offerings at its conferences, the AOA was growing quickly by the early 1960s. Academy membership totaled 74 in 1962, and four years later in 1966 (as the Academy celebrated its 25th anniversary), membership had risen to its highest mark yet: 99 members, consisting of 67 active members, 18 associate members, and 14 registered trainees. This increase showed a "consistent growth" within the Academy, and with the increase in the number of approved residencies, the AOA anticipated "a more rapid growth in the next five years."<sup>20</sup>

By 1966, it had also become more evident that osteopathic orthopedic surgeons were beginning to gain acceptance by their medical colleagues around the country and the world. Allopathic physicians began accepting more speaking invitations at the AOA, and on occasion, DOs from osteopathic training programs rotated with allopathic orthopedists, eventually leading to better communication

(Above) Second from left: Dr. Arnold Gerber (President, 1960-61) in 1987.



Dr. Frank Wolfe (bottom right), Dr. Thomas McGrath (top left and bottom left), and Dr. Charles Hawes (top right) were consecutive Presidents of the AOA from 1964-65 through 1966-67, respectively.





between the two professions. Still, these were difficult times for pioneering osteopathic orthopedic surgeons.<sup>21</sup> Even after 25 years of existence, The American Osteopathic Academy of Orthopedics struggled to gain acceptance in the orthopedic specialty. That would soon change in the years to come.

From left to right: Drs. J. Paul Leonard, William Monaghan, Philip Lewis (President, 1973-74), and Edward Loniewski (President, 1977-78)



# CHAPTER 2

## An Evolving Organization

In 1967, The American Osteopathic Academy of Orthopedics celebrated its 25th anniversary. After a quarter century of existence, membership in the Academy had risen to 102 members (70 active members, 16 associate members, 15 registered trainees, and 1 life member). By 1975, the number of active members had ballooned to 111 with an additional 13 associate members and 38 registered trainees (for a total of 162 members).

Osteopathic orthopedic surgeons and the Academy as a whole were experiencing great resurgences in the 1970s and early 1980s. With the establishment of the American Osteopathic Board of Orthopedic Surgery (AOBOS) in 1979 by the AOA, certification standards for orthopedic surgeons in the osteopathic profession were set. The new Board showed the popularity and importance of osteopathic orthopedic surgeons around the country. This was also around the same time when continuing medical education credits became required for state license renewal, furthering the level and quality of care provided by AOA members.<sup>41</sup>

One major development within the AOA during the 1970s and 1980s that emphasized the growth of the Academy was the creation of specialty sections starting with Hand Surgery, Sports Medicine, and Spinal Surgery.



HAND SURGERY



PEDIATRIC



SPORTS MEDICINE



SPINAL SURGERY

In the 1970s and 1980s, the AOA developed specialty sections (starting with Hand Surgery, Sports Medicine, and Spinal Surgery). The Pediatric Section soon followed in the early 1990s.

1969-1971



Dr. Charles Hawes (right) with Dr. Ralph Lindberg in 1967. Dr. Lindberg was Administrator of the Detroit Osteopathic Hospital and later Executive Director of the Detroit Osteopathic Hospital Corporation, which at the time conducted the largest intern and resident training program in the osteopathic profession.

Having fun in 1968 are (top row, left to right) Drs. Frederick Auwers (President, 1970-71), Dominic Salerno (President, 1969-70), and Constantine Heleotis (President, 1967-68) with (bottom row, left to right) Drs. James Bolin (President, 1968-69), J. Paul Leonard (President, 1951-52), and Charles Rasmus (President, 1971-72).



## Hand Surgery Section

The first specialty section within the AOA, the Hand Surgery Section, was officially founded on October 15, 1980. As early as 1972 and 1973, a small group of AOA members interested in hand surgery met informally at the Annual Meeting (in St. Louis and Atlanta, respectively) to discuss the possibility of presenting papers on hand surgery in association with the Annual Clinical Assembly of Osteopathic Specialists.

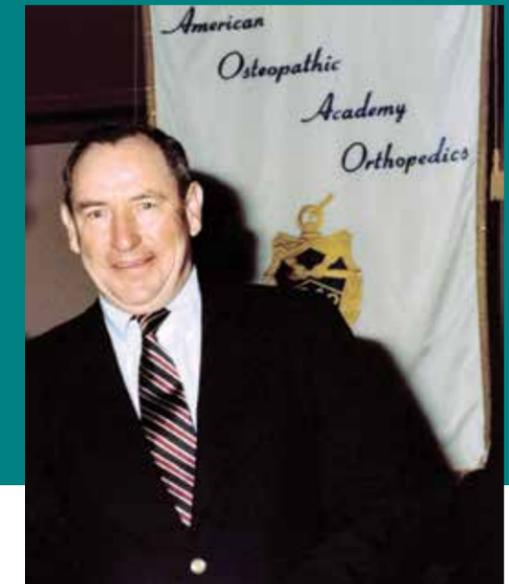
With the intent to remain informal, the group initially maintained no membership rosters, officers, dues, or elections. However, the Board of Directors soon recognized how beneficial it would be to all members to formally organize the Academy membership into specialty sections. After the development of a constitution and bylaws, as well as approval by the Board of Directors, an amendment to the AOA's bylaws allowed for the formation of sections within the Academy. The Hand Surgery Section was formally accepted as the first section of the AOA in October 1980.

The Hand Surgery Section held its first official business meeting on October 14, 1980 at the Diplomat Hotel in Hollywood, FL. Its bylaws and constitution were approved by its members, and the charter officers were elected. Dr. Jerry A. Taylor, DO (of Southfield, MI) became the newly elected president. The goals of the new Hand Surgery Section were "to provide education in the field of hand surgery to all

AOAO members and to aid and assist osteopathic orthopedic residents with obtaining hand surgery rotations as a part of their residency program."<sup>42</sup> Membership was initially open to all AOA members who had a minimum of three months of formal hand surgery training or had performed a minimum of 50 open surgical hand procedures within the preceding 12 months.



Dr. and Mrs. Dominic Salerno (left) with Dr. and Mrs. J. Paul Leonard (right).



Dr. Richard Couch (President, 1974-75)

## Sports Medicine Section

Sports medicine was a component of many osteopathic orthopedic surgeons' practices in the 1960s and 1970s as a large majority of them were team physicians at all levels. Much like those interested in hand surgery, informal meetings were held in 1975 and 1976 by physicians interested in the development of a sports medicine section for the Academy. Members instrumental in the creation of this new section were Dr. John Wood (in organizing the group) and Dr. Harlen Hunter (in writing the bylaws). The Sports Medicine Section was formally recognized by the AOA in 1980, although strict requirements for qualification meant that there were only 27 founding members who were awarded certificates and plaques at the Annual Clinical Assembly in Boston in 1981. By the mid-1980s, the section had stabilized at 80 to 85 members.

An early AOA dinner event

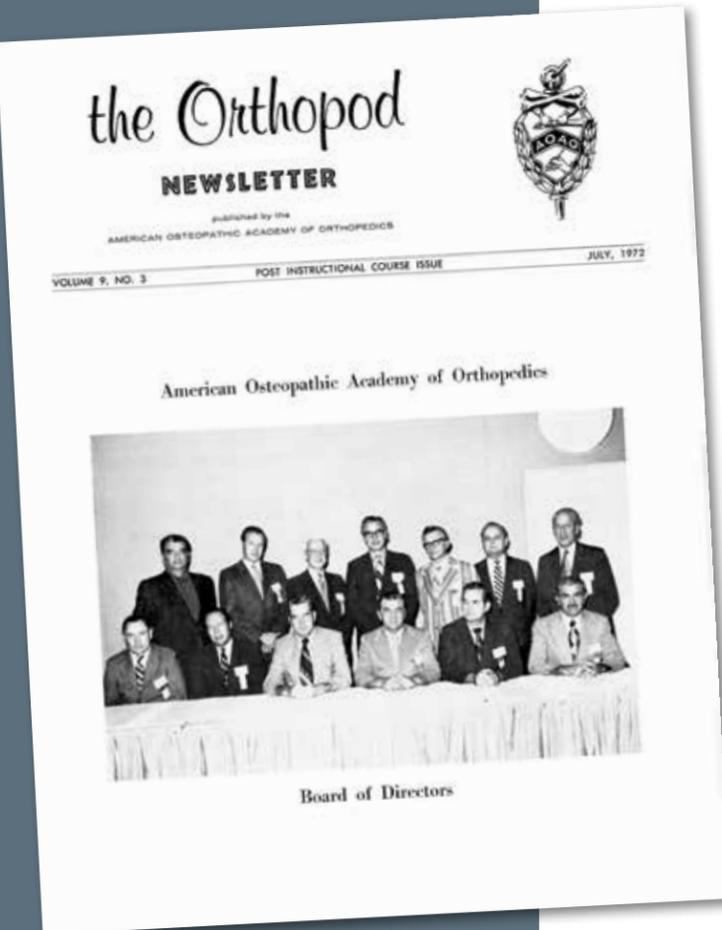




The section's main function in its earliest years was education for sports-related conditions encountered by orthopedic surgeons. But as many of the members (who functioned as team physicians) and their practices evolved, it became apparent that more than general orthopedics was needed in caring for athletes. When insurance companies for professional and college teams recommended credentialing for their sports medicine physician, the AOA section began to work to develop a Certificate of Added Qualification in Osteopathic Orthopedic Sports Medicine, a process that today is nearing completion. Another organization—The American Osteopathic Academy of Sports Medicine (AOASM)—was developed within the osteopathic profession at this time, consisting of approximately 200 non-orthopedic physicians and 20 to 25 orthopedic surgeons. Throughout the 1990s, the AOA partnered with the AOASM and the newly formed American Orthopedic Society for Sports Medicine (a separate MD orthopedic sports medicine group). One such opportunity was the establishment of the *Journal of Sport Medicine*.



The Members and Awards Luncheon at the AOA annual meeting in early October 1973. Annual meetings have always given AOA members a chance to celebrate, reunite, network, and collaborate on innovations in the field.



The Sports Medicine Section officially began a reorganization process in September 2008. During that meeting, which included discussion at the AOA board meeting, new sports medicine officers were appointed who helped reinvigorate the section by reviewing and updating the bylaws, requesting nominations and election of new officers as indicated by the bylaws, and most importantly, continuing to oversee and help direct CME programs.<sup>43</sup>

## Spine Surgery Section

“Spinal surgery in orthopedics has long been a staple of the orthopedic surgeon in the osteopathic profession,” notes a history of the AOA.<sup>44</sup> An explosion of technological implant opportunities in the 1980s (which included such things as pedicle screws, spine plates, and even artificial disc implants) allowed much

improved stabilization in spine surgery. One of the surgeons on the cutting edge of this technology was Arthur Steffee, MD of

Cleveland, OH, who worked alongside Robert Biscup, DO to make significant contributions to the enhancement of the spine surgery specialty. Dr. Steffee trained many orthopedic residents who benefitted tremendously from the extensive knowledge, skills, and innovative approach to orthopedic surgery of the world renowned MD. He was a major innovator, creating the Variable Screw Placement (VSP) pedicle screw and slotted spine plate, and a private company that would become the first dedicated spine implant company in North America.

Dr. Biscup arranged for a workshop to be held in conjunction with the 1986 AOA Annual Meeting to teach DO orthopedic and neurosurgeons how to perform pedicle screw fixation of the spine. Co-chaired by James N. Weinstein, DO, the program was a huge success, offering osteopathic surgeons the opportunity to learn cutting-edge techniques and procedures

Dr. Richard Emerson (left) with Dr. William Smith (President, 1976-77)



The July 1972 Post Instructional Course Issue of *The Orthopod*

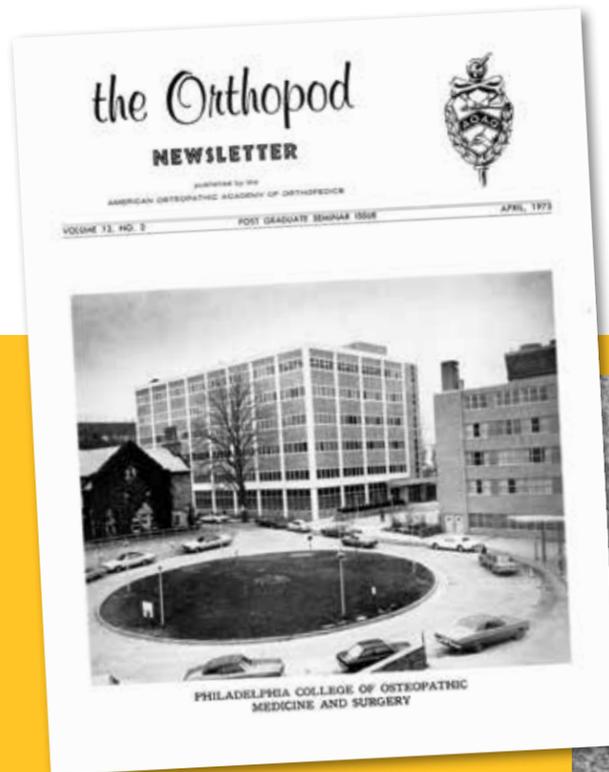


Dr. Edward Loniewski (President, 1977-78) founded the Michigan Osteopathic Academy of Orthopedic Surgeons (MOAOS).

well ahead of many of their MD counterparts.<sup>45</sup> By the end of the decade, Dr. Morton Morris approached Dr. Biscup about starting a section on spinal surgery in the AOA. The new section would provide a forum for education and training of Academy members while also offering possible collaborative research endeavors, for fellowship training programs. After a constitution, bylaws, rules and regulations, and mission statement were generated, the charter was approved in 1990.

The new section held its first meeting at the AOA Annual Meeting in fall 1991. Chaired by Dr. Biscup, the initial meeting and the new Spine Surgery Section were noteworthy in that they included osteopathic neurosurgeons. At the 1993 AOA annual meeting, Dr. Steffee was honored by his many osteopathic friends with a Lifetime Achievement and Honorary Membership Award for his many contributions to the education and training of dozens of osteopathic surgeons at a time when acceptance of DO surgeons was challenged. Since its inception, the Spine Surgery Section has continued to grow and be a vital organization within the AOA.

(Below) Dr. Lee Vander Lugt (center) receiving the Ethicon Award for first place for his paper titled "A Case Report: Severe Multiple Fractures of the Pelvis with Three Unusual Associated Injuries" in October 1977. He is seen here with Mr. John Henige (left), the representative from Ethicon, and President William Smith (right). Dr. Vander Lugt would go on to be AOA's fifth Executive Director.

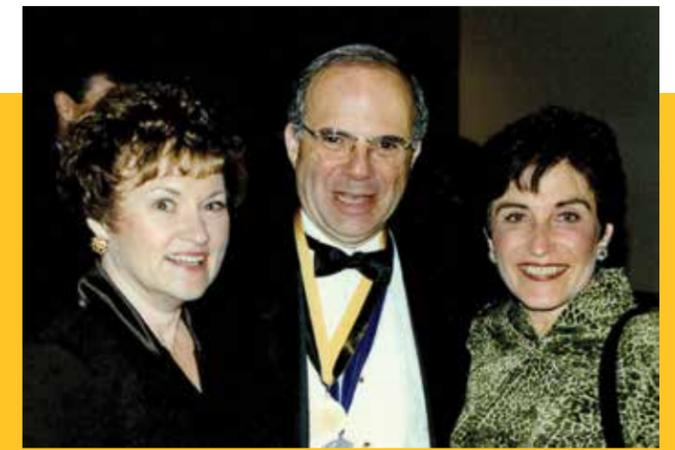


The April 1975 cover of *The Orthopedic*

## Camaraderie and Societies

As the AOA has evolved over the years, one aspect of the Academy has remained the same: the camaraderie shared between members, as seen in formal societies within the AOA or in informal interactions at Postgraduate Seminars, Annual Meetings, and other events.

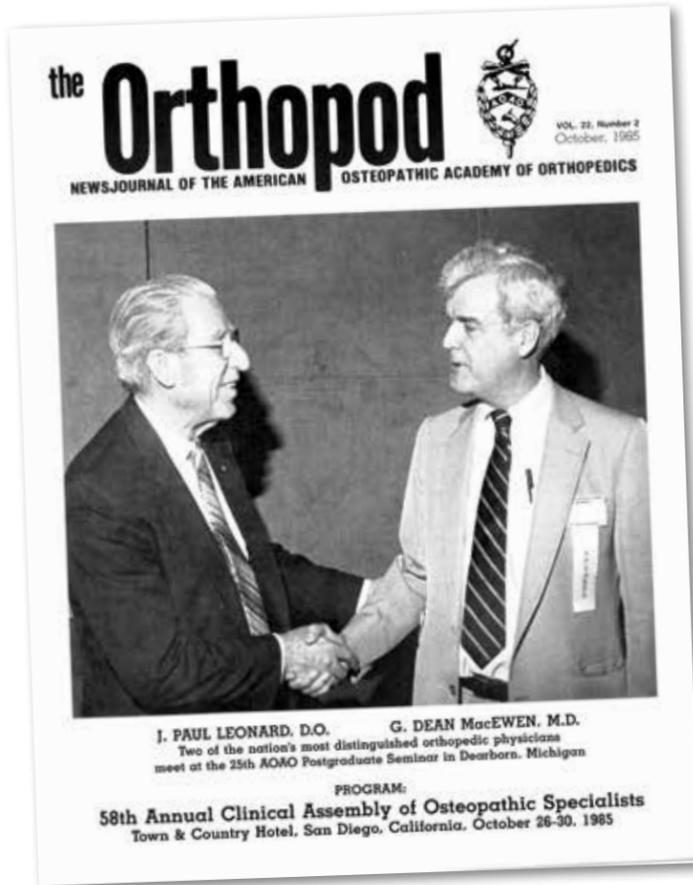
There are several well known AOA societies that have developed over the years, one of which was the Midwest Osteopathic Orthopedic Society, or the MOOS. Consisting of AOA members and residents located from the areas of Dallas/Fort Worth, Tulsa, St. Louis, Oklahoma City, and Kansas City, the scientific group would convene twice a year to discuss cases, review X-rays, and talk casually about their careers and practices. Early members of this group included Drs. Button, Felmlee, Monaghan, and Luebbert. The "getaway weekends" also allowed members to form friendships and to relax. As the group evolved and more residents emerged in the area, meetings changed over the years. Dr. James Pollifrone recalls that members "meet with the residency director, their staff, and the residents, so you still get to know this little conclave of guys out in the Midwest."<sup>46</sup>



(Above left) Dr. Raymond Schlueter (President, 1980-81)

(Above right) Dr. David Smith (President, 1981-82)

(Left) Dr. Bernard Zeliger (President, 1983-84)



Other societies have emerged over the years as well. AOA has relatively limited membership numbers, meaning there has historically been little need for state or county orthopedic societies. But due to the large population of osteopathic orthopedic surgeons in Michigan, the Michigan Osteopathic Academy of Orthopedic Surgeons (MOAOS) was founded by Edward Loniewski, DO in the 1970s. The group was incorporated, bylaws were written, and officers were elected at that time. The MOAOS has grown through the years, offering a yearly scientific paper writing competition among many other activities.

In addition to Michigan, the Clybourne Society (in honor of Dr. Harold Clybourne, and based out of Columbus, OH) and the Siehl Society (in honor of Dr. Donald Siehl, and based out of Dayton, OH) were created for those members of their respective residency programs. The societies would meet every few years, typically gathering for a cocktail reception. "Those are a lot of fun," says Dr. James Mason. "You see guys who have gone through the same residency program over a 30- to 40-year time span... those who are older

than you and those who are younger than you, those you taught and those who taught you."<sup>47</sup> Those societies' meetings have also allowed residents to interact with practicing physicians. Dr. James Ingram, DO noted that the Clybourne Society always encourages residents who are going through the residency program to ask in a non-threatening way those questions which may not come up on a day-to-day basis. "The whole thing has become much more open."<sup>48</sup>

Continued on page 44



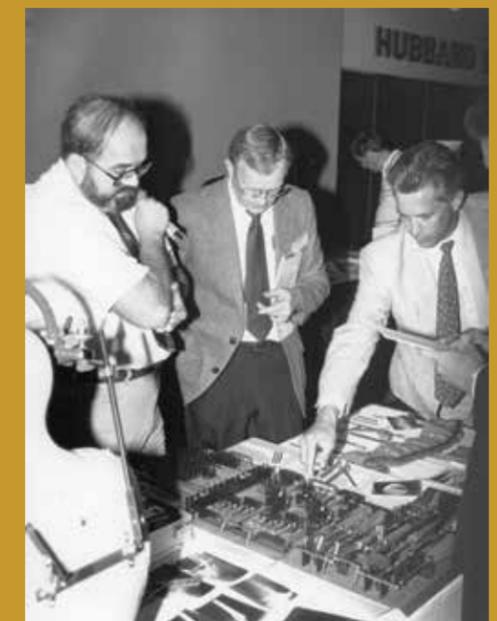
Dr. Harold Battenfeld (President, 1984-85) and Dr. John Drabing (President, 1986-87)



(Left to right) Drs. Dwight Jacobus, Carl Mogil (President, 1988-89), and Evan Young in 1984.



The 25th anniversary Postgraduate Seminar in 1985 was held in Dearborn, MI.



# AOAO's Second and Third Executive Directors



## William Monaghan, DO (1975-1981)

In 1975, William Monaghan, DO took over as AOA's second Executive Director, a position he held until 1981. Due to his reputation

(Left) Dr. Charles H. Rasmus presenting Dr. William J. Monaghan with his Past-President's plaque

as a "straight shooter" and his ability to organize, Dr. Monaghan was "drafted" to take over the position after Dr. Leonard stepped down from the post. Significant changes were made in the Academy during his tenure, although it took years to see these changes come to fruition. Dr. Monaghan brought many businesslike skills to the position. He was instrumental in membership expansion, the development of subsections in the Academy, and the creation of the title of Fellow for those surgeons with extraordinary achievement in the Academy.<sup>52</sup> He is credited with recognizing a need for revising some bylaws in order to facilitate more uniform governmental structure. Revised bylaws and the procedural manual were developed during regular meetings with Wesley R. Slater, DO, and William Button, DO, and much of the protocol during the Annual Meetings as members know it today emerged during Dr. Monaghan's reign as Executive Director.<sup>53</sup>

Dr. William Monaghan was born and raised in Morgantown, WV. He tried to enlist in the U.S. military

after high school but was rejected due to a heart murmur. He turned to the Canadian Air Force, passing the examination and eventually concluding his military service with a version of the GI Bill to attend college. He later graduated with a DO degree from Kansas City College of Osteopathic Medicine. Dr. Monaghan married Kathleen McGrath, R.N. and began a residency under the tutelage of his new brother-in-law, Thomas T. McGrath, DO.

Dr. Monaghan was a dedicated DO, having come from two generations of osteopathic physicians. His training came from one of the original Los Angeles-trained surgeons, Dr. Leonard C. Nagel, DO. One of Dr. Monaghan's trainees, Harold Battenfield, DO, recalls the lengths that Dr. Monaghan went to in order to receive training: "When Bill began private practice, orthopedic courses were rare and not open to osteopathic physicians. He learned that one way to obtain outside education and get into a course was to wear a salesman's badge. Therefore, he negotiated with the local salesman to use the company's products in exchange for the use of his identity badge in order to get into postgraduate courses."<sup>54</sup> A dedicated and forward thinking leader, Dr. William Monaghan did much to move the AOA forward in his six short years as Executive Director.

## Donald Siehl, DO (1981-1991)

In 1981, Dr. Donald Siehl, DO of Dayton, OH became AOA's third Executive Director. A natural and extremely competent leader who dedicated his life to the



Dr. Donald Siehl, AOA's third Executive Director, and his wife in the early 1990s

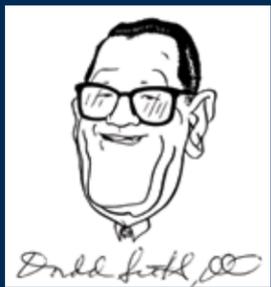
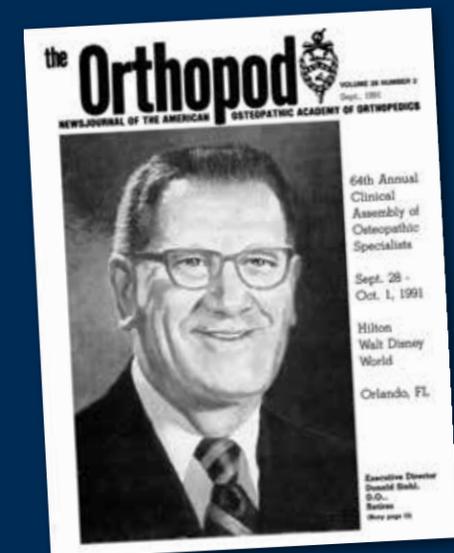
osteopathic profession and its service organizations, Dr. Siehl came from a very long osteopathic genealogy. He earned his DO degree at the Kirksville College of Osteopathic Medicine in 1943 and served his internship and residency at Doctors Hospital in Columbus. During his career, Dr. Siehl represented presidential leadership or served as an officer of every osteopathic college, board, Academy, and committee with which he came in contact. He served as president of the AOA, ACOS, AOA, and Ohio Osteopathic Association (OOA). He also served as Secretary/Treasurer of the American Osteopathic Board of Surgery for 12 years, during which time Dr. Siehl maintained the stature of the AOA within that certifying organization.<sup>55</sup>

Dr. Siehl was a particularly well respected and highly decorated figure in the AOA and the osteopathic profession in general.<sup>56</sup> He was named a Fellow in the AOA and the ACOS, and he was designated as a life member of the AOA, the ACOS, and the AOA. Dr. Siehl was a highly revered professional and teacher in orthopedic surgery. He served as program director at Grandview Hospital in Dayton, OH, where he graduated more than 35 orthopedic surgeons under his watch. He was recognized as a Northrup lecturer, Scott Memorial lecturer, A.T. Still lecturer, and AOA Distinguished Service Certificate awardee. He received the ACOS Distinguished Osteopathic Surgeon award, the Orel F. Martin medal from the ACOS, and the Distinguished

Service Award from Grandview Hospital. He received the Charles A. Ballinger Purdue Frederick Award for being a distinguished osteopathic surgeon, the AOA Knotty Cane Award, and the AOA President's Appreciative Award (which he received six times throughout his career). In Ohio, Dr. Siehl was presented with a citation for meritorious service and in 1991, the Donald Siehl, DO Bioskills Lab of Grandview Hospital was dedicated to his exemplary history as a trainer. Finally, in 1991, he was given the inaugural AOA Donald Siehl Appreciative Award, the highest award granted by the Academy that was named for the legendary AOA member.

Dr. Siehl died on September 30, 1994, just three years into his retirement as Executive Director of the AOA.<sup>57</sup> Dr. Siehl is still remembered for his wonderful personality and all the contributions he made to the AOA and the osteopathic profession. "He was a very quiet man," recalls Dr. Lee Vander Lugt, "but he was very big in the Academy and had a very strong training program in Dayton, OH."<sup>58</sup> Dr. George Zimmerman, AOA's current President, remembers AOA's third Executive Director fondly. "Dr. Siehl was an orthopedic surgeon committed to the osteopathic profession," he says. "He was, in a Midwestern term, a stand-up guy."<sup>59</sup> With the Donald Siehl Appreciative Award, the legacy of

Dr. Siehl will live on in the Academy.





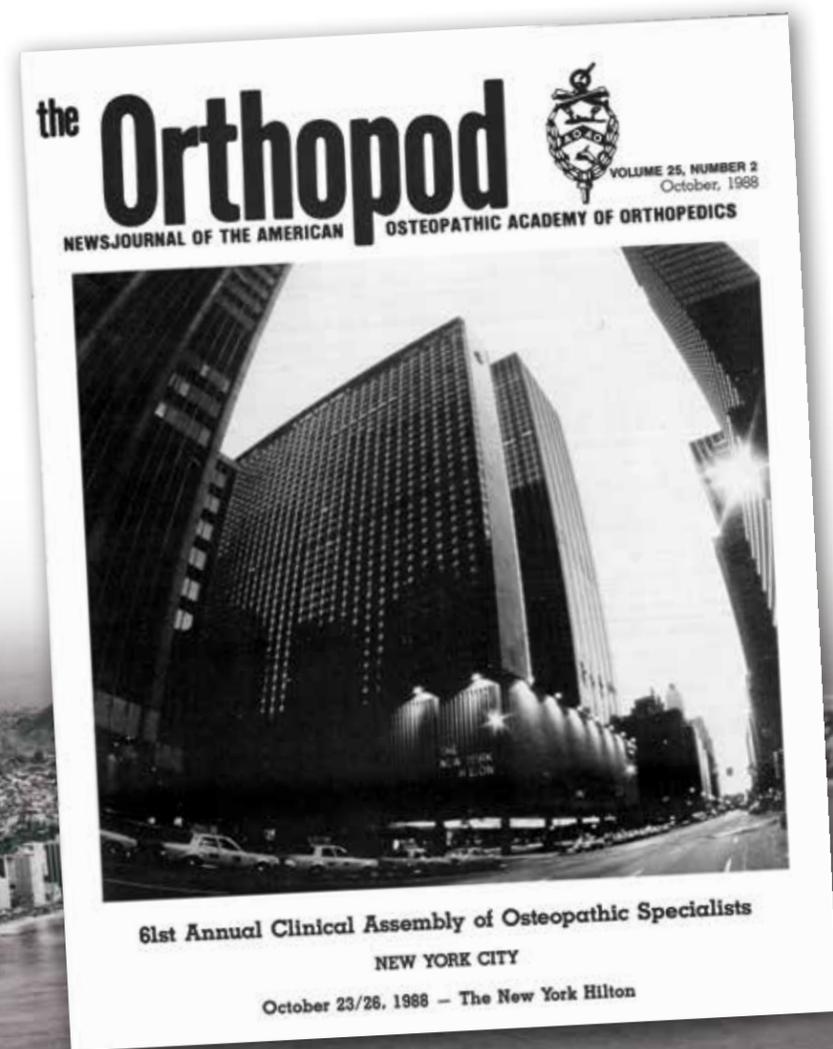
Dr. Edward McDermott  
(President, 1987-88)



Dr. Daniel Morrison (President,  
1989-90)

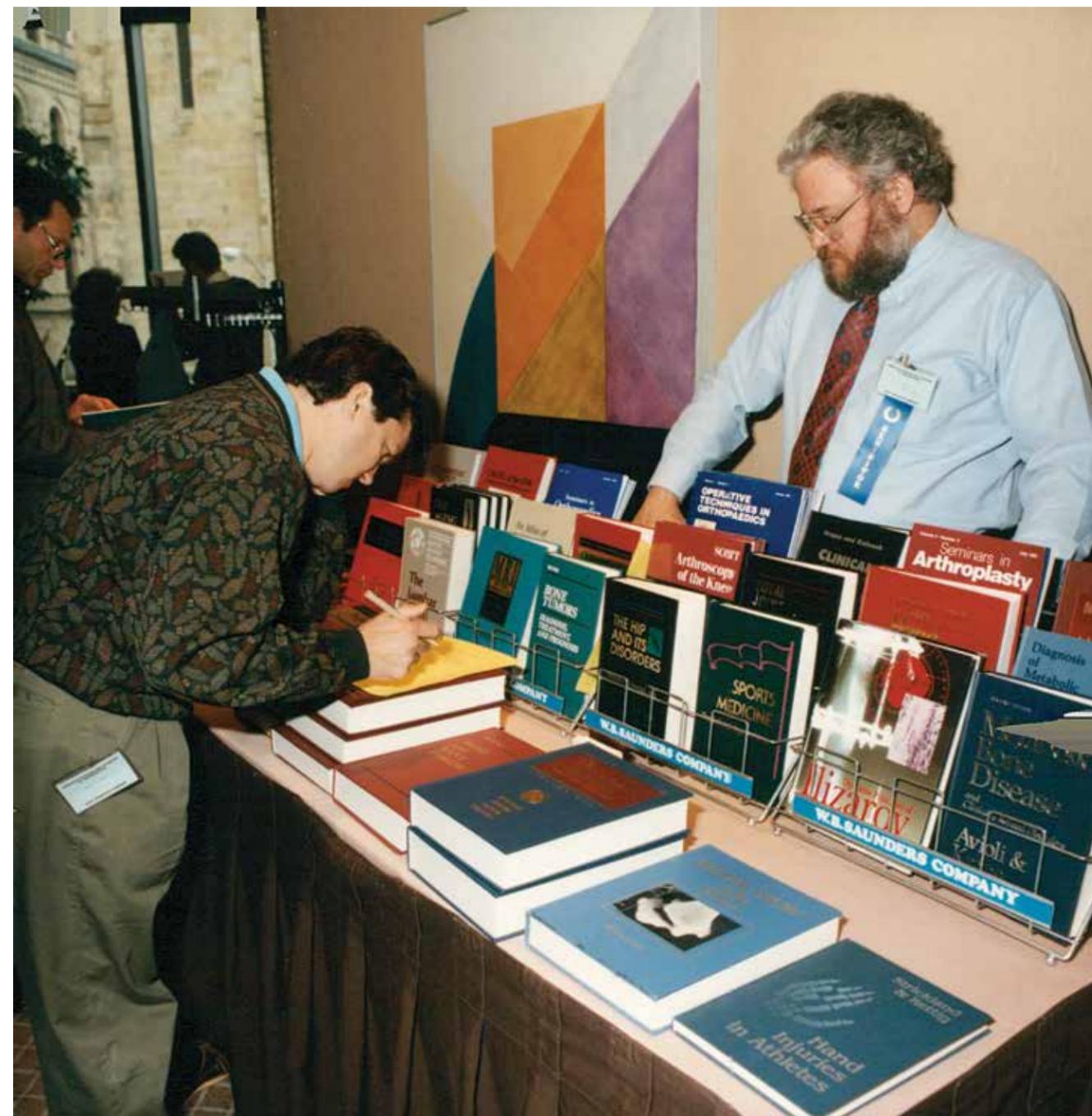
AOAO and other related organizations have enjoyed various locales for their conferences and courses, from metropolitan cities to beautiful seascides.

Even if members may not belong to a specific society, the AOA has provided ample opportunities for them to network and engage with their fellow members. The social aspect of Postgraduate Seminars, Annual Meetings, section listserves, and other events or platforms has allowed members to form longstanding professional and personal relationships with other AOA members. Because meetings involve smaller groups of members, those gatherings feel much more low key and comfortable to Academy members. Though membership has grown over the years, “the camaraderie has never changed,” says Dr. Brent Bamberger.<sup>49</sup> Many members even see the membership increase as a positive. “It’s gotten bigger,” says Dr. Mason, “but as you grow your friendships and your network of acquaintances, it’s more fun. I used to connect with just my old mentors, but now I connect with younger people too.”<sup>50</sup>



As The American Osteopathic Academy of Orthopedics neared its 50th anniversary, there was much to celebrate and many reasons to look forward to continued success. The Academy continued to grow, boasting record numbers in general membership and participant totals at seminars and Annual Meeting. It had added several new sections dedicated to blossoming specialties, and its members continued to collaborate and network with each other and their MD

An exhibitor in the late 1980s offers AOA members the newest literature and information.



# The Award of Fellow



After twenty-five years of existence, the AOA began to honor longstanding and senior members of the organization for special achievement in 1976. At a meeting held in New Orleans, LA, Wendy Slater (an artist and wife of then AOA president, Wesley R. Slater, DO) designed and created the prototype for the Academy's Award of Fellow medallion. The Board had agreed that the medallion would be a sterling silver accolade incorporating a graphic illustration of "the mythological god of medicine, Aesculapius, carrying a knotty wooden staff entwined with a single snake representing life-giving powers." The Board also agreed that there would be three oak leaves growing from the foundation of the AOA (representing the Academy's ideals of integrity, ability, and dedication), a symbolic book (representing knowledge), and pages of the book (representing the torch of life). To commemorate the AOA's origin, the year 1941 was also incorporated into the medallion. With this information in hand, Wendy put together an award that honors achievement in the AOA.

Interestingly, original bylaws of AOA provided for fellowship recognition for outstanding AOA members; however, there is no record of any such award being granted before 1976. The initial class of honorees in 1976 included Drs. John P. Wood, Donald Siehl, Thomas T. McGrath, Arnold Gerber, John M. Wright, Hooker N. Tospon, George Rothmeyer, Robert O. Fagen, and Charles H. Brimfield. These were awarded for meritorious service to the Academy, and since its first year, the Award of Fellow has been bestowed upon many of the outstanding trainers, mentors, and earlier orthopedic surgeons who paved the way for future generations of orthopedic surgeons.

Today, the AOA presents the Award of Fellow to members who have served the Academy, their hospital/practice, community and/or certifying board. It is presented for meritorious

accomplishment and service to the Academy, profession, and mankind. Fellow candidates receive points for their experience in leadership positions within the Academy (as well as other member organizations), for their published research, and for their role in osteopathic orthopedic education. After completing the minimum number of points necessary to qualify, candidates must be sponsored by a Fellow member of the Academy. Applications are reviewed by the Fellow Award, Honors, and Memorials Committee, and all recipients of the Award of Fellow are conferred at the Annual Meeting. "The Award of Fellow started a long time ago," recalls Dr. James Pollifrone. "It is a big deal, because these are people who were very involved in their hospitals and in the national committee structure for this group."<sup>60</sup> As Dr. Ingram notes, the Award of Fellow is like obtaining the level of Eagle Scout. "It is very much an honor to have that title," he says. "It is a huge stepping stone for anybody who wants to serve the organization above and beyond showing up and getting their CMEs."<sup>61</sup>

## Presidents, 1967-1992

- Constantine Heleotis, DO, FAOA (1967-1968)
- James Bolin, DO, FAOA (1968-1969)
- Dominic Salerno, DO, FAOA (1969-1970)
- Frederick Auwers, DO (1970-1971)
- Charles Rasmus, DO, FAOA (1971-1972)
- William Monaghan, DO, FAOA (1972-1973)
- Philip Lewis, DO, FAOA (1973-1974)
- Richard Couch, DO, FAOA (1974-1975)
- Wesley Slater, DO (1975-1976)
- William Smith, DO, FAOA (1976-1977)
- Edward Loniewski, DO, FAOA (1977-1978)
- William Button, DO (1978-1979)
- Seymour Kaufman, DO, FAOA (1979-1980)
- Raymond Schlueter, DO, FAOA (1980-1981)
- David Smith, DO, FAOA (1981-1982)
- Dean Olson, DO, FAOA (1982-1983)
- Bernard Zeliger, DO, FAOA (1983-1984)
- Harold Battenfield, DO, FAOA (1984-1985)
- Morton Morris, DO, JD, FAOA (1985-1986)
- John Drabing, DO, FAOA (1986-1987)
- Edward McDermott, DO, FAOA (1987-1988)
- Carl Mogil, DO, FAOA (1988-1989)
- Daniel Morrison, DO, FAOA, FACOS, FAAP (1989-1990)
- Boyd Bowden II, DO, FAOA (1990-1991)
- M. Larry Copeland, DO, FAOA (1991-1992)

counterparts. It was easy to see why Dr. Carl Mogil was so optimistic in his President's Address in the fall of 1989: "In my work, conversations and travels this year I have come to the conclusion that the future is bright for those of us who want to work at it. Our Academy is larger than it has ever been and has more members who want to be part of a growth pattern. The Osteopathic Orthopedic Surgeon is younger, brighter, and eager to advance into the twenty-first century. If our principal aim is to provide the public with the best quality of service in the area of orthopedic surgery, we will prosper as individuals and as a group."<sup>51</sup> For the next 25 years, the AOA would continue to prove him right.



Dr. Boyd Bowden II (President, 1990-91) and Dr. Mark Gittins (President, 2007-08)

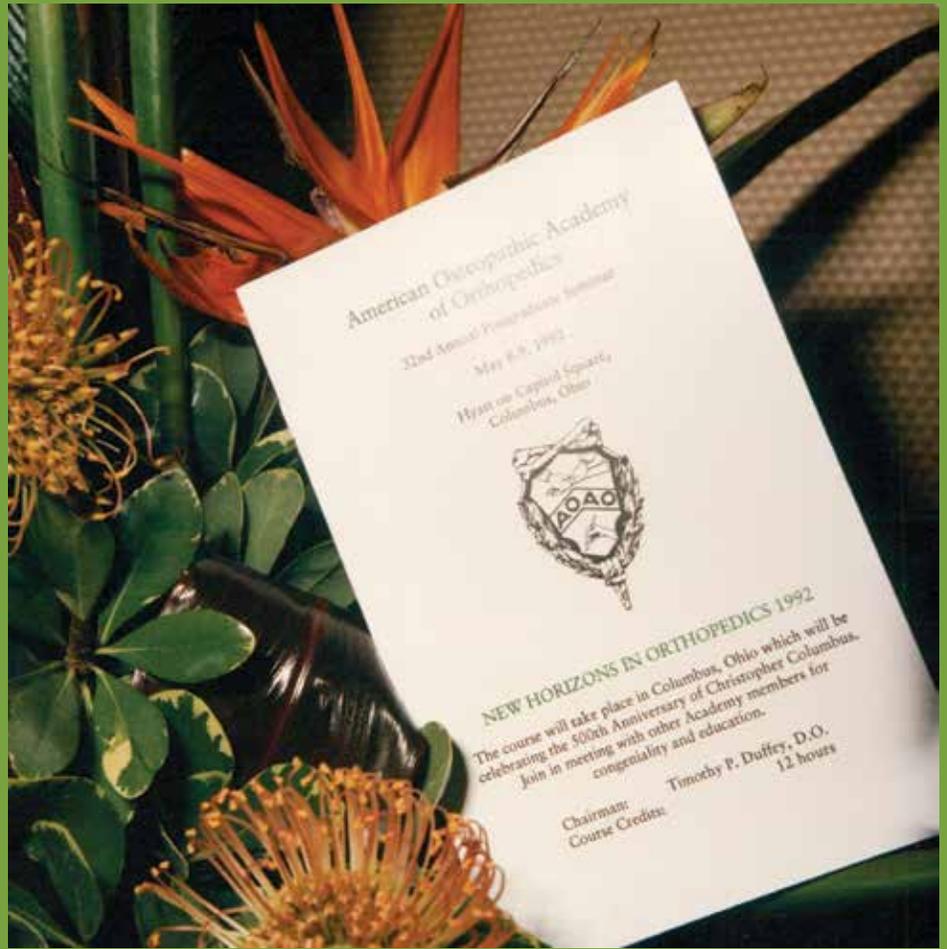


(Left) Dr. Gregory Hill (left) at the 1990 Annual Clinical Assembly with Dr. Gerard Papp.





Dr. M. Larry Copeland (President, 1991-92)



Exhibits have always been an important element of AOAQ Annual Meetings and Postgraduate Seminars. They offer members the chance to discover new techniques and devices for their work.



## CHAPTER 3

# Into the 21st Century

As it passed its 50th anniversary, the AOA continued to grow. In the spring of 1993, Robert M. Mandell, DO (President of AOA from 1992-1993) wrote that “our Academy is alive, well, and willing to carry on the wishes of its membership” while maintaining the focus of the Academy’s primary purpose: “the education of our membership.” Membership had increased “from an initial handful of doctors” to an organization numbering 470 members, with an additional 150 candidates in training in over 30 osteopathic institutions across the country.<sup>62</sup> Over the next 25 years, the AOA would add more subspecialty sections and continue to grow in number, but it would have to overcome the tragic loss of one of its most important figures as it transitioned into a new era of management and operations.

## AOAO Adds Specialty Sections

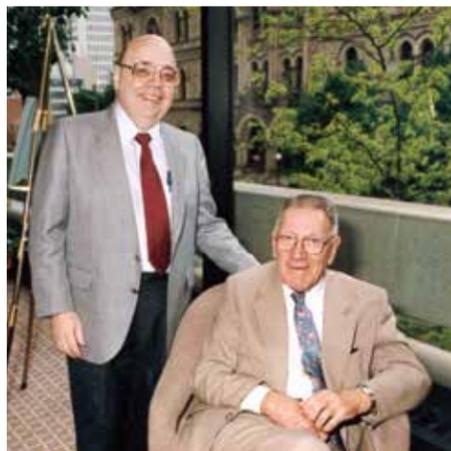
### Pediatric Section

On September 25, 1994, a preliminary meeting was held at the Grand Hyatt Hotel in Washington, D.C. to form the Pediatric



Dr. Robert Mandell  
(President, 1992-93)

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Dr. Morton Morris and Dr. Donald Siehl at a 1992 event

Section of the AOA. At that meeting, officers were established and board members were appointed in accordance with the bylaws. The primary mission of the new section was finalized: “to conduct, operate, and maintain a pediatric orthopedic seminar to be held in connection with the AOA fall meeting and the ACAOS program.”<sup>63</sup> The objective of the section remains the advancement of educational activity of pediatric orthopedic surgery, focusing on the enhancement of pediatric care with musculoskeletal problems.

### Adult Reconstructive and Arthritis Surgery (ARAS) Section

At the fall 1998 Annual Meeting in Chicago, IL, a formative group of surgeons interested in adult reconstructive surgery agreed to meet for the purpose of forming a section for adult reconstructive and arthritis surgery (ARAS). Those in attendance decided the structure and content of the bylaws of the subspecialty section, even receiving input and suggestions from AOA leadership about their bylaws and entry requirements during a general meeting. The bylaws were fully formulated and shared by November 1998, and with appropriate approval by the AOA Board of Directors, the ARAS Section began playing an active role in the development of the lecture curriculum for the annual fall and spring meetings.<sup>64</sup> Soon after, the bylaws were officially approved at a meeting in Seattle, WA.

A social hour at an AOA event in the early 1990s



### Foot and Ankle Surgery Section

With its first meeting on May 4, 2000, the Foot and Ankle Surgery Section consists of fellowship-trained foot and ankle surgeons. The first president was David Prieskorn, DO and its purpose was predominantly educational. In light of the relatively small membership, it was elected to have informal meetings as scheduled

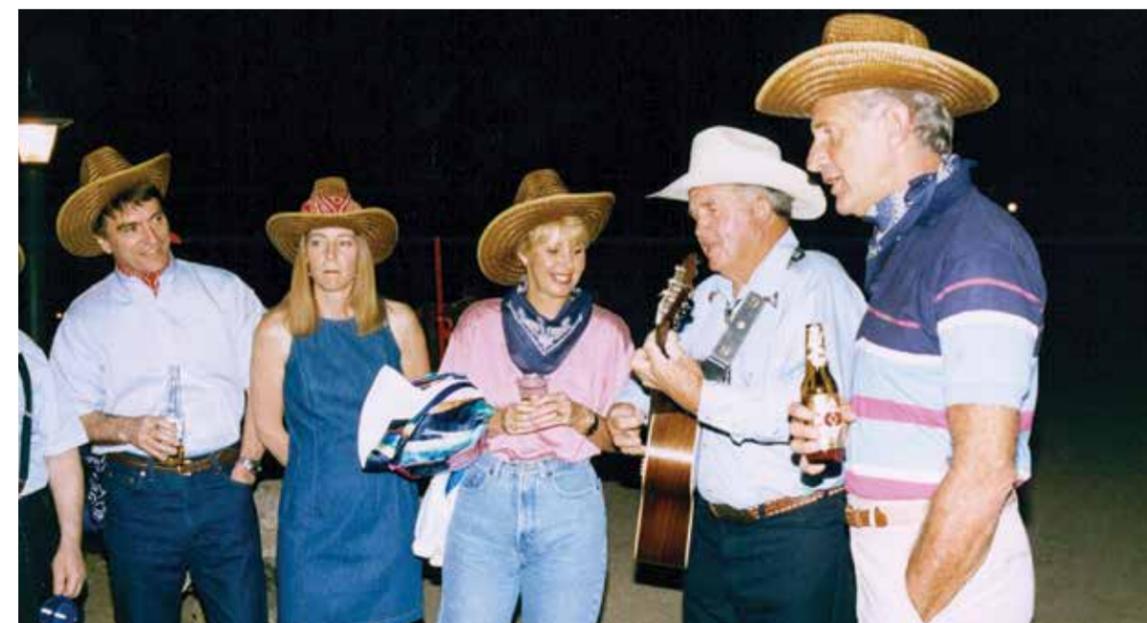


by the president. The section’s purpose is to provide academic opportunities for those with a special interest in foot and ankle surgery. Today it has its own Bylaws and is an active participant in the Annual Meeting.

### Shoulder and Elbow Section

The AOA’s most recent section—Shoulder and Elbow—was formed in 2014. Based on the board’s main objective of high quality lectures and educational content on Shoulder and Elbow disorders, and according to its president (Jack E. Kazanjian, DO, FAOA), the attendance has been stellar at the section’s respective AOA meetings thus far. It has welcomed numerous renowned national and international speakers at its symposia, including previous and current presidents

The Board of Directors’ Western Cookout, held during the 1993 Scottsdale Mid-Year Meeting





(Left) Dr. Harold Battenfeld (President, 1984-85) and (right) Dr. Glenn Smith (President, 1993-94)

of the American Academy of Orthopedic Surgery (AAOS) and the American Shoulder and Elbow Surgeons (ASES) as well as the best and brightest of its osteopathic colleagues. The section has also collaborated with its colleagues in the Hand and Sports Medicine Sections, creating a collegial environment that stimulates academic growth.<sup>65</sup>

## A Period of Firsts

As the AOA neared the 21st century, it experienced several new “firsts” in its history, many of which were transformative developments in the evolution of the Academy. In 1999, Debra Spatz, DO became the first female member of the Academy to be awarded the honor of Fellow in the AOA.<sup>66</sup> The following year, she became the first female



member of the Board of Directors. Specializing in pediatrics at her practice in Prince Frederick, MD, Dr. Spatz eventually became the first female president of the AOA in 2006-07.

The AOA also expanded its communication platforms during this time, offering the first newsletter in 2000. Called the *A.O.A.O. Newsletter*, the publication was created after Executive Director Dr. Morton Morris saw the need for greater communication with the members. The intention was for the newsletter to include important news to be disseminated more frequently while *The Orthopod* could be able to focus on publishing scientific articles for the members.<sup>67</sup> In 2007, the newsletter was discontinued, but *The Orthopod* and the Academy’s website continued to publish newsworthy information, legislative updates, addresses, programs, and other material.



(From left to right) Dr. Jerry Gurkoff (President, 1996-97), Dr. Sovistos, Dr. Morty Morris, and Dr. I. Weisband (President, 1995-96)

The late 1990s and early 2000s were also a period of great innovation and advancement of osteopathic orthopedic procedures and techniques. The AOA has always remained on the cutting edge of the orthopedic profession. As noted by Dr. Carl Mogil (who became the first orthopedic surgeon to do joint replacement and arthroscopy because he bought the first arthroscope in his hospital for \$1500), “The thing that I thought was remarkable about the AOA was that there was an open mindedness toward innovations, and I just happened to be fortunate enough to come along” at the right time. “Our organization has always been receptive to new techniques.”<sup>68</sup> One such example was at the 41st annual Postgraduate Seminar in Columbus, OH in 2001, when the AOA had its first live television transmission of a surgical procedure (with Stephen M. Howell, MD, an internationally recognized authority in the treatment of sports-related injuries to the knee, performing the surgical demonstration in a separate room while televised to the entire meeting).<sup>69</sup> As Dr. Zimmerman explains, “We always are striving to be open minded to everything.”<sup>70</sup>



Scenes from 1994



Dr. Terry Weis (President, 1994-95)



The 1995 Postgraduate Seminar, which was held in Denver, CO, gave many AOA members the opportunity to spend time at Coors Field to see a Colorado Rockies home game.



A group of AOA Board of Directors and other members in 1996

(Left) Dr. Lawrence Varner (President, 1997-98) with (right) Dr. Boyd Bowden II (President, 1990-91)



## AOAO Transitions After Tragedy

In the 1980s, a young orthopedic surgeon named Lee Vander Lugt, DO met and befriended AOA's Executive Director, Dr. Morton Morris. "I'm not sure why," says Dr. Vander Lugt, "but Dr. Morris and I hit it off. He was very outspoken, while I'm more laid back and quiet."<sup>71</sup> Dr. Morris encouraged Dr. Vander Lugt to get involved in the Evaluating Committee, and he soon became a Director on the AOA Board of Directors. Dr. Vander Lugt recalls a discussion he had with the Executive Director, who approached him one day and said, 'I'm not going to do this forever, and I'd like for you, if you're interested, to see if I could try to push the board to have you take this over.' At the time, Dr. Vander Lugt was in line to become president in 2009, after which time he would take over for the retiring Executive Director. Unfortunately for the Academy and the osteopathic profession in general, Dr. Morris passed away suddenly in May 2008. The Board of Directors recognized the need for an interim Executive Director and asked Dr. Vander Lugt to fill in for the time being. After nine months, the board completed a search process, eventually deciding to offer Dr. Vander Lugt the position full-time. "I never did

become President," says Dr. Vander Lugt after taking over the position in January 2009.<sup>72</sup>

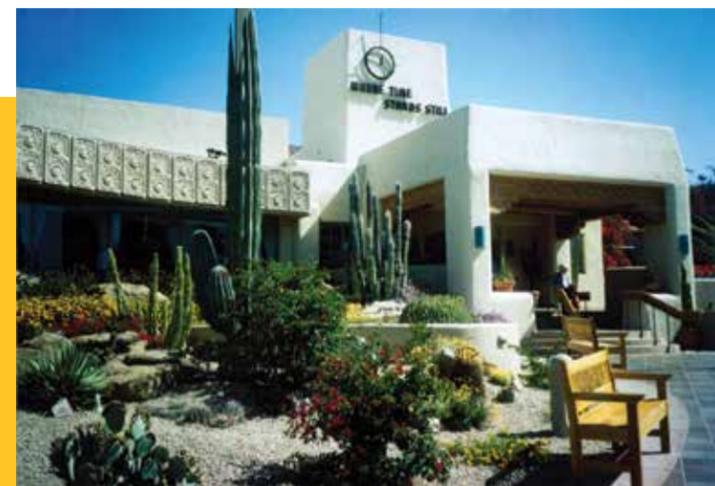
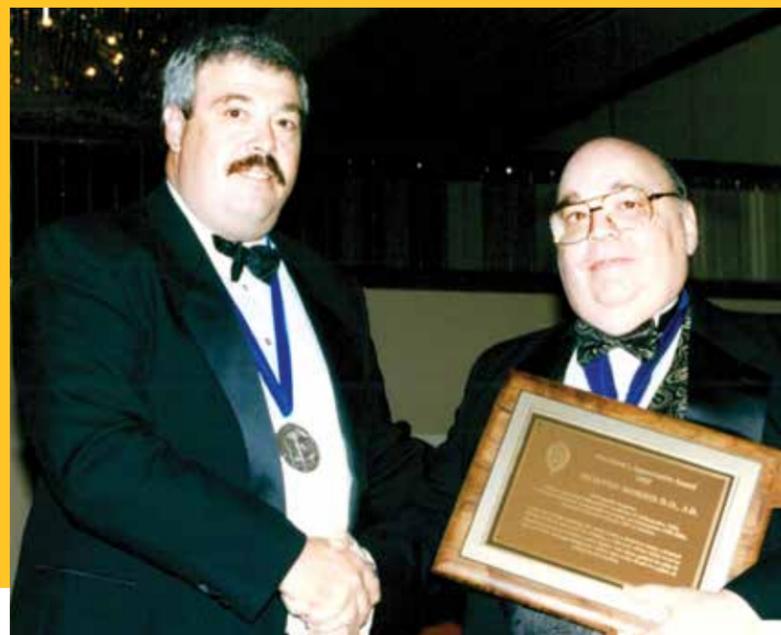
Naturally, the operations and environment of the AOA changed dramatically after the unexpected death of Dr. Morris. Late 2008 and into 2009 was a period of great transition for the Academy, and several figures proved to be instrumental in ensuring that the Academy would overcome its huge loss. That began with Dr. Vander Lugt, who proved to be the "perfect candidate" to take over, according to Dr. James Ingram, "because he had exposure to so many different functions and committees."<sup>73</sup> Dr. Mark Gittins also proved to be an invaluable leader during this time, as his presidency ran from 2007 through 2008. As Dr. Mason notes, "he had a very difficult and arduous year. Just by circumstances, Dr. Gittins was put in a position where he had to spend a lot of time and effort, and he did a great job."<sup>74</sup>

In order to ensure a smooth transition to a new Executive Director, the Academy's presidents during the next few years coordinated with the Strategic Planning Committee (which looks for ways to improve the Academy by looking three to five years out).<sup>75</sup> Dean Nachtigall, DO, FAOA (President, 2008-09), Jack Lennox, DO, FAOA (President, 2009-10) and



(Left) Dr. John McPhilemy (President, 1998-99) with Dr. Lawrence Varner

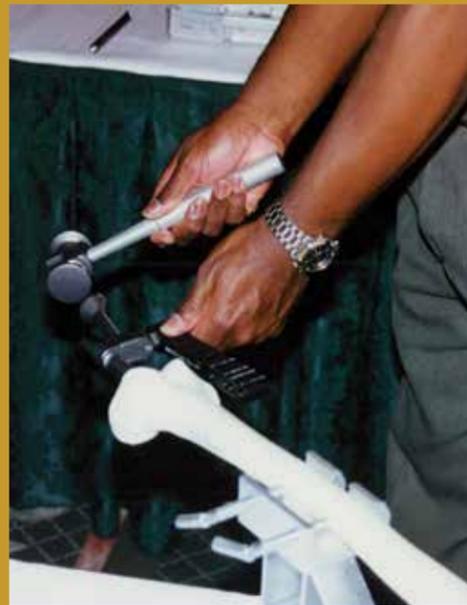
Dr. Jerry Gurkoff presenting Dr. Morty Morris with the President's Appreciative Award in 1997.



(Left and above) 1998



Dr. Charles Kerr (President, 1999-2000)



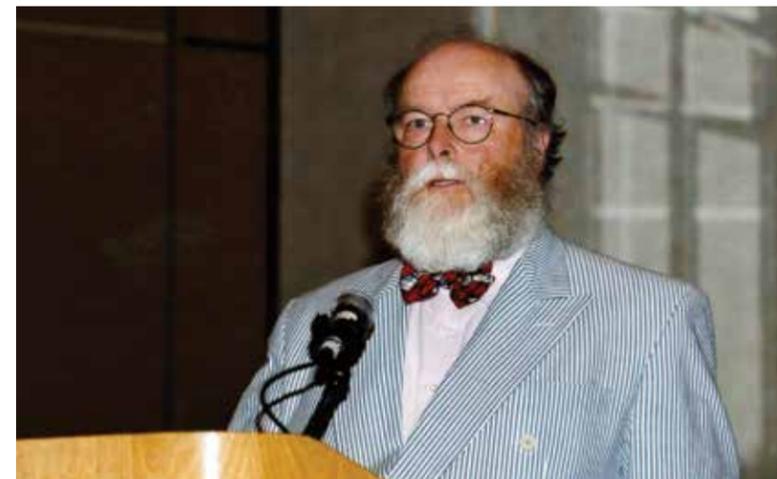
Exhibits have certainly evolved over the years, as seen in these images from the exhibit hall at the turn of the century.



In 2000, AOA launched its first newsletter, which later was merged with *The Orthoped* in an online format for members to stay informed on news, updates, and event information.

H. Brent Bamberger, DO, FAOAO (President, 2010-11) took the reins during the tumultuous time, having to manage a new Executive Director and a national financial crisis. Still, despite the turbulent period in the Academy's history, the AOA did not take any sort of monetary hit during the financial crisis.<sup>76</sup> It was also during this period that the AOA transitioned from an organization with a dedicated and loyal staff in Florida to a new association management company. Founded in 1974, Ruggles Service Corporation is a medical association management company that provides management services of all kinds while spearheading technological and management-related improvements that have enhanced the Academy and its interaction with members. The organization has dedicated itself to serving the Board of Directors and membership of medical societies exclusively for over 40 years, helping strengthen and grow its medical societies by dedicating itself to this niche population.<sup>77</sup> As many AOA members have noted, the experience and knowledge of Ruggles staff have specifically provided the AOA with excellent service. The management team helped update the AOA's online presence, including enabling credit card usage online for meeting registration. The partnership with Ruggles "moved the society to a new level," says Dr. Bamberger. "We needed an outside service of experts, rather than us doing it ourselves. It's a problem with physicians, and often with

Continued on page 60



(Above) Dr. Swencowski and Dr. Scott

(Left) Dr. Richard Scott (President, 2002-03)

# Life and Career of Morton Morris, DO, J.D., Fourth Executive Director



Dr. Morton "Morty" Morris

At the close of the 1991 Annual Clinical Assembly, Dr. Donald Siehl retired from the position of AOA Executive Director. The Board of Directors appointed Dr. Morton "Morty" Morris, DO, J.D. as

his successor, a position that Dr. Morris would excel in for the next 17 years.

Dr. Morris was uniquely qualified to take the reins of the Academy, as he brought dual expertise in orthopedic surgery and law to the position. Dr. Morris graduated from Kirksville College of Osteopathic Medicine and served as President of the AOA in 1985-1986. He assumed a leadership role in several other organizations as well, including becoming President of the Florida Osteopathic Medical Association (for which he was also legal counsel) and the Dade County Osteopathic Medical Association. A member and a Fellow of the American College of Quality Assurance and Utilization Review of Physicians, Dr. Morris also served as legal counsel for many of the organizations he was affiliated with as a member. He made dean's list at the University of Miami Law School and was later honored as a Fellow of the AOA, the ACOS, and the American College of Legal Medicine.

As AOA's fourth Executive Director, Dr. Morris made many lasting contributions that successfully brought the Academy into the 21st century. "Dr. Morris pushed this Academy into the modern era," says Dr. Carl Mogil, a longtime AOA member. "We have an educator's course that was made meaningful by Dr. Morris, record keeping systems and meetings and rules that were brought in by Dr. Morris," recalls Dr. Mogil.<sup>91</sup> After taking over as Executive Director, Dr. Morris relocated the executive office from Dayton, Ohio to south Florida. There Dr. Morris had the pleasure and benefit of an exceptionally supportive wife, Marie, who served as the AOA's Assistant Executive Director for many years.<sup>92</sup> Under his leadership, AOA launched the Academy's first website, [www.aoa.org](http://www.aoa.org) in 1999 (which had links for general public knowledge, as well as passwords for the general membership to access noteworthy legislative information, Academy news, time-sensitive information, and more).<sup>93</sup> Dr. Morris was also determined to preserve the history of the AOA, supporting and encouraging the completion of a 70th anniversary book before he passed away. As noted by the authors (John H. Drabing, DO, FAOA, FACOS and David W. Smith, DO, FAOA, FACOS), "his goal was to instill in the members an appreciation of the difficulties experienced by the pioneers in our specialty who fought so hard for equal rights, better education, and higher standards of performance that have led us to where we are today."<sup>94</sup>

All who had the pleasure of knowing Dr. Morris professionally and/or personally use a common description of the late Executive Director: "passionate."

As James Pollifrone, DO explains, "Probably the biggest reason that I remained so involved in the AOA was the influence of Morty and Marie Morris, and how they were so passionate about it. I couldn't help but follow the lead on that."<sup>95</sup> Robert Falconiero, DO worked closely with Dr. Morris, who was Executive Director during Dr. Falconiero's entire tenure on the Board of Directors. "He was very passionate about the Academy and very protective of the Academy. We would be in meetings, and his concern was always that of the Academy," he remembers. "Dr. Morris had a love and a passion, like it was his own child."<sup>96</sup>

During his long and illustrious career, Dr. Morris received numerous accolades at the AOA and elsewhere. These included the AOA Knotty Cane Award in 1989, 2000, 2005, and 2007; the Distinguished Service Award from the Florida Osteopathic Medical Association in 1982 and the Lifetime Achievement Award from the same organization in 2000; the Orel F. Martin Award from the ACOS in 2004; and the Distinguished Service Award from the AOA in 2005. He also was selected to give the prestigious A.T. Still Lecture at the AOA House of Delegates meeting in Chicago, Illinois, in 2006. He was inducted as an AOA "Great Pioneer in Osteopathic Medicine" in 2008. He was also a founding member of the Southeastern College of Osteopathic Medicine and Executive Dean for professional affairs in the health professions division of Nova Southeastern University.

One of his primary interests in medicine was geared

toward counseling and improving academic programs, including recertification in orthopedic surgery.<sup>97</sup> Dr. Morris's law practice was predominantly oriented toward the defense of medical malpractice and administrative law, presenting defense positions before administrative agencies and licensing boards such as PROs, Medicare, the review process, and general health law. Sadly, Dr. Morton Morris passed away suddenly on May 2, 2008.

In 2010, the AOA Board of Directors, in honor of his lifelong commitment to education, established The Morton J. Morris, DO, J.D. Award for Osteopathic Orthopedic Education. This Award may be presented annually to a member of the profession who has made an outstanding contribution preferably related to Osteopathic Orthopedic Education.



Dr. Morton with his wife, Marie, in 1994. Mrs. Morris was hugely influential to the AOA, serving as the organization's Assistant Executive Director for many years.



Dr. Joel Rush (President, 2004-05)



Dr. Robert Falconiero (President, 2005-06)

In 2006, Dr. Debra Spatz (seen here being sworn in by Dr. Falconiero) became the first female president of the AOA.



surgeons, that we think we can do everything. We need to realize that we are not experts in some things. Management is one; it's a different skill. I don't think it could have been done any differently."<sup>78</sup> Most current members would agree with Dr. Mason when he notes that "the current management style with Dr. Vander Lugt and Ruggles running day-to-day operations has been very successful and very professional."<sup>79</sup> Even as early as the spring of 2010 did members recognize the importance of this period of time in the Academy's history. As Dr. Lennox (President, 2009-10) discussed the role of Ruggles for the Academy, he explained, "I think it's a critical time both in medicine in general and with our organization specifically." He continues, saying, "There have been many changes in the organization. We've made great inroads about how we go about things educationally, but the face of medicine is changing dramatically. So what I'd like to see, first and foremost, is that we serve our constituency in the most effective manner

possible. In my opinion, this can be accomplished by ensuring we have a strong foundation of communications, which includes communicating within our board and communicating effectively with the membership—and vice versa."<sup>80</sup> Most members would agree that Ruggles Service Corporation has done just that during the past several years.



Dr. Falconiero with Dr. Mogil



Board meeting and cocktail reception in 2006





## Important Members and the Current Status of the AOA

Since its inception, The American Osteopathic Academy of Orthopedics has welcomed the dedication and work ethic of innumerable important members who have helped shape the Academy for 75 years. The Academy has had the benefit of welcoming parliamentarians to assist the Board of Directors. Two recent notable parliamentarians, who were also past presidents, were Dr. Carl Mogil and Dr. Peter Ajluni. As Dr. Ingram explains, “their insight was invaluable in the transition to a more open Board, and they knew everything [about the Academy] from a historical perspective.”<sup>81</sup> Members like Dr. Zimmerman have tremendous respect for senior members, like Dr. Mogil. “Carl is like one of the godfathers for us,” he says. “We get so much direction from people like Carl,

For years, the AOA has provided osteopathic orthopedic surgeons the ability to socialize and reconnect with old friends and peers.

The Board of Directors in 2008



(Above) 2008 Fellows and Sponsors



Dr. Dean Nachtigall (President, 2008-09)

Dr. Jack Lennox (President, 2009-10) (Right) being sworn in.



Dr. H. Brent Bamberger (President, 2010-11) and his family



Dr. Michael Fugle (center) and Dr. James Mason (right) in 2012.

Dr. Sales and Dr. Morris in 2012



(Left) Dr. Gary S. Ulrich (President, 2011-12) and (right) Dr. John Urse (President, 2003-04)



Dr. H. Brent Bamberger with Dr. Steven J. Heithoff (President, 2016) in 2011

it's unbelievable."<sup>82</sup> Not surprisingly, the humble Dr. Mogil considers his greatest capacity through the AOO to be enabling "other osteopathic physicians to become competent and infinitely more capable orthopedic surgeons than [he] could ever hope to be."<sup>83</sup>

Other senior and founding members who have stood out are plentiful. Five AOO members served as president of the American Osteopathic Association. C. Robert Starks, DO was the only AOA president to serve two terms, in 1945 and 1946 (because of World War II). John P. Wood, DO served in 1946 – both were founding members of the AOO. Donald Siehl, DO served as president in 1978, Edward Loniewski, DO served in 1992, and Peter Ajluni, DO in 2007. Dr. Siehl and Dr. Loniewski have the distinction of serving as president of the ACOS as well. Dr. Siehl served as president in 1976 and Dr. Loniewski in 1988.

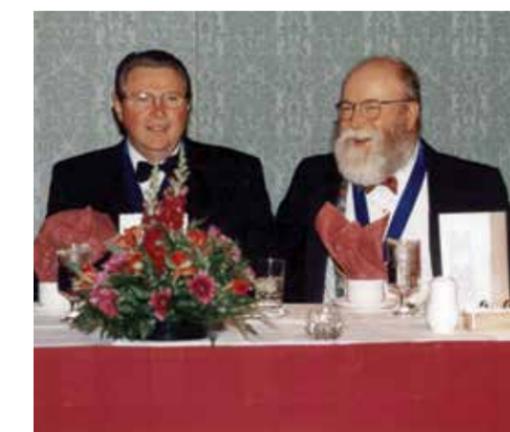
In the 2000s, the *A.O.A.O. Newsletter* described the impressive careers of many AOO icons in a feature called "Legends." Some of the important figures highlighted in the publication included Drs. John P. Wood, DO, FAOO, FACOS; Edward A. Felmlee, DO, FAOO; James Madison Eaton, DO; Arnold Gerber, DO; E. Vance Walters, DO, FAOO; George S. Rothmeyer, DO, FAOO; Charles H. Brimfield, DO, FAOO; and Thomas Terrence McGrath, DO, FAOO, while Drs. Chuck Kerr (a notable hand surgeon) and Jack McPhilemy (a longtime member) were additional influential members.<sup>84</sup> All AOO members can look back at their experience with the Academy and point to a surgeon or surgeons who played a critical role in their professional development. Surely, those who become legendary members years from now will be able to do the same regarding current AOO members as well.



Board of Directors in 2011

Today, AOO membership is as strong as ever, with a new crop of dedicated and energetic residents joining the ranks of the Academy each year. The AOO prides itself on being a diverse and welcoming Academy, with members from all genders, races, ethnicities, and socio-economic backgrounds. Orthopedic surgery in the osteopathic profession is "one of the first medical professions that took in women and gave them full equality," says Dr. Mogil.<sup>85</sup> The AOO even has a Female Orthopedic Group, which was formed "by female orthopedic surgeons in AOO who have finished their residencies or fellowships, as a way to mentor female students, interns, and residents." The group creates pamphlets, engages each other through in-depth discussions (on gender-related issues including child care, being a working mother, sexual harassment and discrimination), and advises students, interns, and residents about the uniqueness of being a female orthopedic surgeon.<sup>86</sup>

To senior members of the Academy, the young crop of orthopedic surgeons becomes more and more sophisticated and more impressive with each passing year. "You look at the candidates for residency and they're amazing in their skills and in their backgrounds," says Dr. Zimmerman. "I would have to question whether I would be able to get a residency spot today compared to where it was when I started."<sup>87</sup> Once



Dr. Wayne Gunckle (President, 2001-02) and Dr. Richard Scott (President, 2002-03)

# Life and Career of Lee Vander Lugt, DO, Current Executive Director



Dr. Lee Vander Lugt

During a transitional period in AOA's history, Lee Vander Lugt, DO, FAOAO, took over as the Academy's fifth and current Executive Director in January 2009. Dr. Vander Lugt was trained in St. Louis in the early 1970s by active members of the AOA, many of whom pushed the young orthopedic surgeon to

get involved in the AOA. "From the get-go I've been active in the Academy as far as attending meetings and serving on committees," Dr. Vander Lugt recalls. "After acting as chairman of the Evaluating Committee, Dr. Vander Lugt was nominated to the Board of Directors in the late 1980s. He was in line to become President of the Academy in 2009, but after Dr. Morris's untimely

death in May 2008, the Academy asked Dr. Vander Lugt to step in as interim Executive Director, a position he held for nine months. After a search process by the Board of Directors, he was asked to become acting Executive Director, never then actually becoming President of the Academy<sup>99</sup>

As Executive Director, Dr. Vander Lugt is the only full-time employee of the American Osteopathic Academy of Orthopedics. He acts as the physician representative to numerous organizations or meetings at which the AOA wants representation. These include health policy forums, advocacy on Capitol Hill in Washington, DC, educational meetings, and other meetings with organizations like the AOA. Dr. George Zimmerman, AOA's current president, has witnessed Dr. Vander Lugt's influence firsthand. "He is extremely dedicated to this society," says Dr. Zimmerman, AOA's President in 2015-16. "He works incredibly hard and long hours and spends more time on the road from meeting to meeting. He is our backbone, our fight." Dr. Zimmerman has witnessed the respect that other societies and

organizations have for Dr. Vander Lugt. "We are so thankful and lucky to have had him step up and take Morty's place."<sup>100</sup>

Dr. Vander Lugt certainly had large shoes to fill in January 2009. Still, many members like Dr. James Pollifrone applaud the job Dr. Vander Lugt has done. "Dr. Van is great," he says. "He stepped in at a tough time and has done a wonderful job. Dr. Morris gave us a great foundation and Dr. Van bumped it to the next level."<sup>101</sup> While many members mention the passion of Dr. Morris, most describe Dr. Vander Lugt as a quiet and humble man. Dr. Vander Lugt is "a genuinely honest, decent, Christian man," says Dr. Mogil. "When I teach orthopedic surgeons, I always ask them, 'what's the hardest thing to teach an orthopedic surgeon?' The answer is: humility. That wonderful virtue is exemplified in Lee Vander Lugt."<sup>102</sup> Says Dr. James Ingram, DO, "I've worked with Dr. Van in many capacities. He's an excellent leader, well-respected in DC and at the AOA in Chicago. He is level headed and an excellent blend of maturity and wisdom."<sup>103</sup> A recipient of the Donald Siehl Appreciative Award, Knotty Cane Award, and (three-time) Appreciative Award, Dr. Vander Lugt has proven to be a capable and dedicated leader of the AOA. And as medicine continues to change and evolve, the AOA is lucky to have Dr. Lee Vander Lugt at its helm.

## Presidents, 1992-Present

- Robert Mandell, DO, FAOAO (1992-1993)
- Glenn Smith, DO, FAOAO (1993-1994)
- Terry Weis, DO, FAOAO (1994-1995)
- I. Weisband, DO, FAOAO (1995-1996)
- Jerry Gurkoff, DO, FAOAO (1996-1997)
- Lawrence Varner, DO, FAOAO, FACOS (1997-1998)
- John McPhilemy, DO, FAOAO (1998-1999)
- Charles Kerr, DO, FAOAO (1999-2000)
- Mark Stover, DO, FAOAO (2000-2001)
- Wayne Gunckle, DO, FAOAO (2001-2002)
- Richard Scott, DO, FAOAO (2002-2003)
- John Urse, DO, FAOAO (2003-2004)
- Joel Rush, DO, FAOAO (2004-2005)
- Robert Falconiero, DO, FAOAO (2005-2006)
- Debra Spatz, DO, FAOAO (2006-2007)
- Mark Gittins, DO, FAOAO (2007-2008)
- Dean Nachtigall, DO, FAOAO (2008-2009)
- Jack Lennox, DO, FAOAO (2009-2010)
- H. Brent Bamberger, DO, FAOAO (2010-2011)
- Gary S. Ulrich, DO, FAOAO, FACOS (2011-2012)
- James J. Pollifrone, DO, FAOAO (2012-2013)
- Philip T. Schmitt, DO, FAOAO (2013-2014)
- James S. Mason, DO, FAOAO (2014-2015)
- George Zimmerman, DO, FAOAO (2015-2016)

The announcement of Dr. Vander Lugt as AOA's fifth Executive Director in 2008.





# THE ORTHOPOD

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ORTHOPOD EDITOR  
Jeffrey P. Beckenbaugh, DO

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## PRESIDENT'S MESSAGE

### Moving the Academy Forward



By Gary S. Ulrich, DO, FAOA, FACOS  
Terre Haute, IN

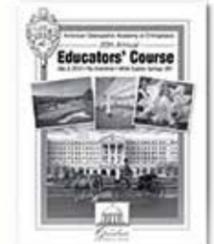
It is with great honor and humility that I, Gary S. Ulrich, DO, have accepted the presidency of the American Osteopathic Academy of Orthopedics for this upcoming year. Our leadership is extremely talented and dedicated, and I look forward to working with them to serve our membership over the next year.

My goal this year is to communicate, advocate and facilitate the Mission Statement of the American Osteopathic Academy of Orthopedics. Our primary mission continues to be education of our orthopedic surgeons in practice and in training. We strive to provide quality continuing medical education programs and to explore new ways of communication. The AOAO wants to be an important part of our membership's professional development and growth.

An important part of this mission is to support the education of our residents and student members. This being said, discussions are in progress at this time about how to improve our communications with social media.

In recent years, the AOAO has changed the format of *The Orthopod* to make the publication a web-based entity. Seen here in 2012, *The Orthopod* today is an interactive online periodical with links to information and schedules, images, updates, and more.

## UPCOMING MEETINGS



2012 AOAO Educators' Course  
Thursday, May 3, 2012  
The Greenbrier Resort  
White Sulphur Springs,  
West Virginia

in the Academy, members are able to become involved in a number of committees, which include AAOS/AOA Liaison; Continuing Medical Education Planning; Evaluating; Executive; Fellow Award, Honors and Memorials; Finance; Government Affairs; Nominating; Publications & Communication; Rules, Regulations & Bylaws; Residents & Fellows; Editorial Subcommittee (of the Residents/Fellows Committee); and Strategic Planning.

system. Throughout this time, the Academy maintained a presence with the AOA and ACGME during this process. The Single Accreditation System will create an ongoing challenge for the Academy even as it provides for the preservation of osteopathic training programs. Among AOAO members, this paradigm shift has been met with mixed feelings.

Regardless of members' thoughts about the new ACGME Single Accreditation System, the Academy has certainly done its best to prepare its residency program directors, faculty, members, residents, and fellows for the oncoming changes. Sessions have been dedicated to the topic, as recently as the 24th Annual Educators' Course in 2016. Called "Continuing the Transition to ACGME Accreditation," the morning session included topics such as "AOAO Applications for ACGME Accreditation: An update," "Osteopathic Recognition of ACGME-Accredited Programs," and "ACGME Milestones for Orthopaedic Surgery Residency Programs."<sup>88</sup>

Whatever effect the ACGME single accreditation may have on the AOAO in the future, the Academy has left an indelible mark on the many members it has called its own over the years. It has been integral to the professional lives of so many osteopathic



Dr. James Pollifrone (President, 2012-13) sworn in as President.



2013 Fellows

## The Accreditation Council for Graduate Medical Education (ACGME) and the Future of AOA

As the AOAO looks toward the future, a major development regarding graduate medical education accreditation has taken center stage. For several years, the AOA was engaged in discussions with the Accreditation Council for Graduate Medical Education (ACGME) regarding a single accreditation



(Right) Dr. James S. Mason sworn in as President in 2014.



Dr. Philip T. Schmitt (President, 2013-14)

There have been numerous other important members, as well as honorary members, who have made the past 75 years possible (including Drs. E. Vance Walters and Edward E. Felmlee). AOAO has tried to commemorate these important figures by highlighting them in newsletters and remembering them through various awards.



Dr. Herbert E. Ross receiving the Donald Siehl Appreciative Award via Skype in 2014

orthopedic surgeons, offering the opportunity to give back to the profession that has been the livelihood of so many surgeons. “I think the Academy is a great thing for me,” says Dr. Falconiero. “It gave me an opportunity to give back through the years by teaching (fellows and residents), giving lectures, and helping the Academy move forward when I was on the Board. It was a pleasure and a great honor.”<sup>89</sup>

As Dr. Zimmerman explains, “You come in when you’re a resident and you start from there. For me it’s kind of like a goal: you have to become part of the AOA. And it’s an honor to become part of the AOA. I’ve spent the last 10 years of my life as a director, secretary, treasurer, through the vice presidency chain, up to where I am now, and it’s my way of giving back. The osteopathic world has been incredible for me, given me everything I could have ever wanted in life. I’ve always had an obligation to the AOA.”<sup>90</sup> Luckily for orthopedic surgeons in the osteopathic profession, members like Dr. Zimmerman will continue to give back through their dedication, experience, hard work, and knowledge, ensuring that The American Osteopathic Academy of Orthopedics will endure for years to come.



The 2015 Fellows



Dr. George Zimmerman being sworn in as President in 2015.

## CHAPTER 4

# AOAO Celebrates its 75th Anniversary

The AOAO celebrated its 75th anniversary in 2016, highlighted by the 75th Annual Conference. The event, held in mid-October in the heart of Washington, DC at the newly finished Marriott Washington Marquis Hotel, was a particularly special event. The Gala Banquet, held on Friday evening (October 14) was just one of the many events that commemorated the historic anniversary. Members enjoyed a cocktail reception with a Silent Auction held prior to the Gala. The anniversary event also gave members the opportunity to purchase anniversary logo items for sale at the AOAO E-Store, with proceeds benefitting the AOAO Foundation. And like all past Annual Conferences, the event featured an excellent series of stimulating and educational scientific lectures organized by the CME Committee. The 2016 Annual Conference certainly was the perfect place to celebrate AOAO's impressive milestone: 75 years of positively improving the care, healing, and quality of life of patients.



AOAO held its 75th Anniversary Gala in the Banquet Room of the Marriott Washington Marquis Hotel in Washington, DC.



**AOAO**  
AMERICAN OSTEOPATHIC  
ACADEMY OF ORTHOPEDICS

*Celebrating 75 Years*

2017  
Beyond



The 2016 Fellows were honored at the Award Ceremony



Dr. George Zimmerman (right) presents the 2016 Morton J. Morris DO, JD Award for Osteopathic Orthopedic Education to Richard Howard, DO.



Barbara Sharp, Executive Director of the AOBOS, was honored with the 2016 Appreciative Award for her tireless work in the certification of Osteopathic Orthopedic Surgeons.



Marc Trzeciak, DO (left) receives the 2016 Morton J. Morris DO, JD Award for Osteopathic Orthopedic Education.



Barbara Sharp, the retiring Executive Director of the AOBOS, with Past Presidents from AOA



Steven J. Heithoff, AOA President for 2016-17, opened the Gala Banquet with a Champagne Toast.

The Donald Siehl Award (pictured here) was awarded to Dwight A. Jacobus, DO.



Ruggles Service Corporation, represented by Stewart A. Hinkley (left) and Joye Stewart (center), were honored to receive the Knotty Cane Award, which is presented annually to the individual/organization who the President felt helped him most through his administration.



Dr. Lee Vander Lugt (center) with Louise Vander Lugt (left) and Linda Ayers (right), Chief Executive Officer of the American College of Osteopathic Surgeons (ACOS).



Earlier in the evening at the Gala Reception, members bid on various items at a Silent Auction.

Marie Morris with Joel Rush



AOAO was proud to recognize its Past Presidents at the beginning of the Gala Banquet.



(from left to right) Peter Ajluni, DO; Lee Vander Lugt, DO; and David Martin, MD



Guests were treated to an Ice Cream Social as part of the event.



The Gala was highlighted by an up-tempo band that brought the crowd to its feet for an unforgettable night of dancing and fun.



# Appendices

## Appendix A: Donald Siehl Appreciative Award Recipients

In 1991, AOA established the Donald Siehl Appreciative Award, with Dr. Siehl being the first recipient. This award is presented to a member who, in the opinion of the Board of Directors, has made a major contribution and commitment to the AOA during his/her professional career. The Donald Siehl Appreciative Award is the highest award granted by the Academy.

1991	Donald Siehl, DO, FAOAO
1999	Boyd Bowden II, DO, FAOAO
2001	Morton Morris, DO, JD, FAOAO
2001	Marie Morris
2005	Carl Mogil, DO, FAOAO
2012	Terry Weis, DO, FAOAO
2013	Lee Vander Lugt, DO, FAOAO
2014	Herbert E. Ross, DO, FAOAO
2015	John J. McPhilemy, DO, FAOAO
2016	Dwight A. Jacobus, DO, FAOAO

## Appendix B: Morton J. Morris, DO, JD Award for Osteopathic Orthopedic Education

Since 2010, an Award has been presented to a member of the profession who has made an outstanding contribution preferably related to Osteopathic Orthopedic Education. The Morton J. Morris, DO, J.D. Award for Osteopathic Orthopedic Education is presented to the individual who, as an active or honorary member of the AOA, exemplifies Dr. Morris's love for the Academy and who furthers the education of its members.

2010	Carl Mogil, DO, FAOAO
2012	Boyd Bowden II, DO, FAOAO
2013	H. Brent Bamberger, DO, FAOAO
2014	Charles T. Mehlman, DO, MPH, FAOAO
2015	Michael J. Fugle, DO, FAOAO
2016	Richard F. Howard, DO, FAOAO
2016	Marc A. Trzeciak, DO, FAOAO

## Appendix C: Appreciative Award Recipients

Since 1955 an Appreciative Award has been presented annually to a member of the profession who has made an outstanding contribution preferably related to Orthopedics.

1959	Walter Garard, DO, FAOAO
1960	J. Leonard, DO, FAOAO
1961	James Eaton, DO
1962	Thomas McGrath, DO, FAOAO
1963	Arnold Gerber, DO, FAOAO
1964	Charles Hawes, DO, FAOAO
1964	Donald Siehl, DO, FAOAO
1968	John Wood, DO, FAOAO
1969	J. Leonard, DO, FAOAO
1971	Donald Siehl, DO, FAOAO
1972	J. Leonard, DO, FAOAO
1973	C. Robert Starks, DO
1974	Arnold Gerber, DO, FAOAO
1975	Philip Lewis, DO, FAOAO
1976	William Monaghan, DO, FAOAO
1977	Donald Siehl, DO, FAOAO
1978	J. Leonard, DO, FAOAO
1979	William Luebbert, DO, FAOAO

1980	Arnold Gerber, DO, FAOAO
1981	David Smith, DO, FAOAO
1982	Peter Johnston, DO, FAOAO
1983	Donald Siehl, DO, FAOAO
1984	Robert Kaneda, DO, FAOAO
1985	Edward Felmlee, DO, FAOAO
1986	Boyd Bowden II, DO, FAOAO
1986	Donald Siehl, DO, FAOAO
1986	William Smith, DO, FAOAO
1989	Donald Siehl, DO, FAOAO
1992	Roger Grimes, DO, FAOAO
1993	Edward Loniewski, DO, FAOAO
1994	Harold Battenfield, DO, FAOAO
1994	Edward Felmlee, DO, FAOAO
1995	Thomas McCarthy, DO, FAOAO
1997	Morton Morris, DO, JD, FAOAO
1998	Morton Morris, DO, JD, FAOAO
1999	Marie Morris
2000	Boyd Bowden II, DO, FAOAO
2001	Terry Weis, DO, FAOAO
2002	Steven Heithoff, DO, FAOAO
2003	Marie Morris
2004	Boyd Bowden II, DO, FAOAO
2005	Lee Vander Lugt, DO, FAOAO
2006	Diane Versaggi
2007	Carl Mogil, DO, FAOAO
2008	Lee Vander Lugt, DO, FAOAO
2009	John Sefter, DO, FAOAO
2011	Lee Vander Lugt, DO, FAOAO
2012	Ronald Rook, Sr., DO
2013	Steven D. Morton, DO, FAOAO
2014	Gary S. Ulrich, DO, FAOAO, FACOS
2015	Richard F. Howard, DO, FAOAO
2016	Barbara Sharp

## Appendix D: Knotty Cane Award Recipients

Since 1955 a Knotty Cane Award has been presented annually to the individual who the President felt helped him most through his administration. The recipient of the Knotty Cane Award proudly displays it at all times during the Annual Meeting.

1955	C. Robert Starks, DO
1956	James Eaton, DO
1957	Walter Garard, DO, FAOAO
1958	Warren Bradford, DO
1959	Harold Clybourne, DO
1961	Leonard Nagle, DO
1962	John Wood, DO, FAOAO
1963	J. Leonard, DO, FAOAO
1964	Charles Brimfield, DO, FAOAO
1965	Donald Siehl, DO, FAOAO
1966	James Bolin, DO, FAOAO
1967	Constantine Heleotis, DO, FAOAO
1968	Charles Hawes, DO, FAOAO
1969	Thomas McGrath, DO, FAOAO
1970	Arnold Gerber, DO, FAOAO
1971	John Wright, DO, FAOAO
1972	Dominic Salerno, DO, FAOAO
1973	William Luebbert, DO, FAOAO
1974	Arnold Gerber, DO, FAOAO
1975	William Monaghan, DO, FAOAO
1976	Edward Felmlee, DO, FAOAO
1977	John Wood, DO, FAOAO
1978	Lloyd Mrstik, DO, FAOAO

1979	Edward Loniewski, DO, FAOAO
1980	William Monaghan, DO, FAOAO
1981	Frederick Auwers, DO
1982	Raymond Schlueter, DO, FAOAO
1983	Frederick Auwers, DO
1984	Charles Brimfield, DO, FAOAO
1985	William Monaghan, DO, FAOAO
1986	Bernard Zeligler, DO, FAOAO
1989	Morton Morris, DO, JD, FAOAO
1991	John Drabing, DO, FAOAO
1993	John Swienkowski, DO, FAOAO
1994	Boyd Bowden II, DO, FAOAO
1995	Robert Kaneda, DO, FAOAO
1996	Carl Mogil, DO, FAOAO
1997	Robert Kramer, DO, FAOAO
1998	John Drabing, DO, FAOAO
1999	I. Weisband, DO, FAOAO
2000	Marie Morris
2000	Morton Morris, DO, JD, FAOAO
2001	Thomas Baker, DO
2002	Peter Ajluni, DO, FAOAO
2004	Marie Morris
2004	Morton Morris, DO, JD, FAOAO
2005	Morton Morris, DO, JD, FAOAO
2006	Frederick Balduini MD
2007	Marie Morris
2007	Morton Morris, DO, JD, FAOAO
2008	H. Bamberger, DO, FAOAO
2009	Paul Suhey, DO
2010	Lee Vander Lugt, DO, FAOAO
2011	Steven Heithoff, DO, FAOAO
2012	Richard Scott, DO, FAOAO
2013	Carl Mogil, DO, FAOAO
2014	James J. Pollifrone, DO, FAOAO
2015	Joye Stewart

## Appendix E: Bob Green Memorial Award Recipients

In 2002 the Bob Green Award was established by the Board of Directors, in memory of Dr. Robert L. Green who served for years as a member and then chairman of the American Osteopathic Board of Orthopedic Surgery. This award is given annually to a member of the AOA who achieved the highest combined score in the written and oral certification examinations for the prior year.

2001	Arash Araghi, DO
2003	Victor Palomino, DO
2004	Michael Didinsky, DO
2005	Demian Yakei, DO
2006	Robert Follweiler, DO
2007	Steven DeLuca, DO
2008	Joseph Lowry, DO
2009	Daniel Cuttica, DO
2010	Douglas Keele, DO
2010	Timothy Hiesterman, DO
2011	Jason Sparks, DO
2012	Karston Carr, DO
2013	Steven R. Anthony, DO
2013	James M. Perry, DO
2014	Matthew W. Bullock, DO
2014	Ryan M. Kenny, DO
2015	Mark Allen, DO

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