

American Shoulder and Elbow Surgeons



25th Anniversary
1982-2007

"There are two objectives of medical education: To heal the sick, and to advance the science." Charles H. Mayo (1865-1939)*

Acknowledgements

American Shoulder and Elbow Surgeons 25th Anniversary

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First Edition

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Title page quote from the *Collected Papers of the Mayo Clinic & Mayo Foundation* 1926:18,1093

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THE CARRELL CLINIC

Orthopaedic Surgery

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Introduction ASES 25th Year Anniversary

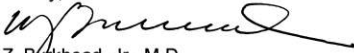
This book reflects on the first 25 years in an elite organization's life: an organization that has created lifelong learning and lifelong friendships. An organization of high quality individuals dedicated to helping patients. As members, our roles and relationships have been as varied as the laws of science dictate. At any one time, we could be mentor, peer, or student to one another and have a singular kinship that binds us together as a community.

In a world where we live in the moment, taking too much for granted, it is a therapeutic necessity to pause and reflect on the important things in life. It is, therefore, with great pride and emotion, that I attempt to put into words my feelings about the American Shoulder and Elbow Surgeons as we approach our 25th anniversary. I consider myself especially blessed to be a member, let alone president of this society; because, for me, it is the "be all-end all" organization. I've never felt the need to be a member of any other specialty society. After all, their best are our founders or current members. Who could teach you more about sports than Frank Jobe, Russ Warren, and their pupils? Who better to learn arthroscopy from than Lanny Johnson, Steve Snyder, or Steve Burkhart? How many can say they were taught arthroplasty and trauma by Charles Neer, Charles Rockwood, and Bob Cofield? Bernie Morrey, before he was an elbow surgeon, President of our organization, and President of the AAOS, helped do the math for the Apollo 13 return. Now that's smart!!! We all could benefit by inculcating the gentility of Carter Rowe, Ralph Coonrad and Tom Dameron. And finally, who could teach you more about courage, love of family, and self-sacrifice than Doug Harryman.

Jonathan Ticker has done an incredible job of collating, organizing, and editing this tome. It is more than a project: more a labor of love, with time given generously by all the contributors. It will occupy a place of honor in the studies and offices of our members. Our children and grandchildren will find it when we are gone and learn about these remarkable men and women.

There are hurdles before us every day in our offices, operating rooms, homes, and communities. The bar was set high by our founders, the bar was set high on Mount Rainier, the bar continues to rise. May it do so forever.

Gratefully,



W.Z. Burkhead, Jr., M.D.
President, American Shoulder and Elbow Surgeons
WZB-kl

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Charles S. Neer, II, M.D.
Professor of Clinical
Orthopaedic Surgery (*Emeritus*)

Columbia University
New York City, New York

April 11, 2007

Ladies and Gentlemen:

As the American Shoulder and Elbow Surgeons celebrates its 25th Anniversary meeting I look back with great pride at the accomplishments of this fine organization.

We can be proud of the results of the hard work and foresight of the original Founding Board. I am most proud of the fact that we have remained loyal to the original goals of disseminating and sharing knowledge through research, education and patient care.

It's a privilege to participate in this historical review of what has become such an outstanding organization. Congratulations on leading the way in shoulder and elbow surgery for 25 years!

Sincerely,



Charles S. Neer, II, M.D.
Founding & Inaugural President

Foreword

The American Shoulder and Elbow Surgeons has become more than just an organization. In a good sense, it has taken on a life of its own. The reasons for the Society's beginning and reasons for the Society's continuing success have remained constant and praise-worthy. No one can doubt that the Society has furnished tremendous leadership surrounding activities related to this orthopaedic surgery subspecialty. The Society has become a most important developer of the meetings where surgeons practicing in this field of medicine can meet, present concepts, and discuss new and old ideas. Practice-related experience, scientific research, and graduate medical education programs and publications have created such a positive environment for the Society and its activities that people want to participate; and they generally greatly desire to be a part of this group. The people involved have come from many directions: from general orthopaedics, from trauma, sports medicine, reconstructive surgery, surgery of the hand; now with the availability of shoulder and elbow educational programs some doctors have focused in this area from the beginning of their professional careers. This mixture of contributions has created a group that is more than the sum of its parts. Society membership has increased ten-fold since its inception 25 years ago. As is nicely documented in the Statistical Review, so have scientific activities. The benefit to individual patients and society as a whole has been a tremendous kudo for the organization and is easily recognized by observers.

The 25-year mark represents the majority of the length of a professional career and is a perfect time to recall the origins and evolution of this group, as those so important to the formulation of the Society have completed or will soon be completing their careers and will be less able to pass on the perspectives and manner of thinking that have led to such tremendous advances and success. This is the time to display our history. Congratulations to those formulating the concept of creating a book representing the history of the Society, another very good idea generated by such a forward-thinking group. Special gratitude goes forth to our Editor, Jonathan Ticker, for his hard work and for his organizational abilities. We have before us a wonderful document recognizing a series of great achievements.

Robert H. Cofield, MD

Rochester, Minnesota

Preface

2007 marks the 25th anniversary of The American Shoulder and Elbow Surgeons, a distinctive group of orthopaedic specialists and scientists interested in the shoulder and elbow. The society was formed by 26 dedicated and like-minded, yet very much open-minded, individuals simply to create an environment conducive to the exchange of ideas about common and complex problems in the shoulder and elbow. From these beginnings our relatively young society now boasts 290 members from 36 of the 52 United States and 4 provinces of Canada, as well as corresponding members from 19 countries.

Our founding required a cooperative effort by prominent and strong individuals in our field. With Charles S. Neer, II serving as our founding President, our leadership developed lofty goals and aspirations for our membership and set the wheels in motion for scientific exchange through annual open and closed scientific meetings, a dedicated peer-review journal, instructional courses and workshops, an international group meeting, and research grants to fulfill our mission statement: Through educational programs and by encouraging research, the organization seeks to foster and advance the science and practice of shoulder and elbow care. For example, the *Journal of Shoulder and Elbow Surgery* is in its 15th year of publication, and now serves as the official journal of ten Societies from around the world that are dedicated to the shoulder and elbow.

Care of the shoulder and elbow has advanced dramatically over the past 25 years. We have experienced new developments in many areas of care from the clinical diagnosis of previously hidden lesions and greater imaging capabilities to advances in treatment of fractures, arthritis, impingement pathology and instability. In addition, advances in technology, including arthroscopy and arthroplasty, have been spurred on by the gains from basic science and clinical research endeavors in our field. The members of the American Shoulder and Elbow Surgeons should be proud of our accomplishments and contributions to the subspecialty of shoulder and elbow. We all have benefited from the growth and expansion of orthopaedic knowledge and hope that progress in the next 25 years for the American Shoulder and Elbow Surgeons results in even greater gains for our patients.

To bring this book to print, many people were called upon and rose to the occasion. Be it written material, photos, documents, letters, or simply recollections, this book would not have been completed without the generous contributions of time and effort from our membership. Additional contributions during the editorial phase were made by Buz Burkhead and Bob Cofield to the text, as well as Charlie Rockwood, Bob Neviasser, Rick Matsen, Tom Norris, J.P. Warner and Evan Flatow for images from their personal collection, along with a few from mine and the ASES archives. Karen Jared added important details where needed, and, along with Susan Shannon, helped to coordinate this project from the ASES office. Julia Wieting, as managing editor, contributed her unique talents to take this material from a rough collection of information to a polished, cohesive publication of which our Society can be proud. This task, initiated by Joe Zuckerman during his Presidency, was made easy by each and everyone's efforts, and for that I am grateful.

Jonathan B. Ticker, MD, Editor
Massapequa, New York

Section I: Historical Perspectives

This first section of the American Shoulder and Elbow Surgeons 25th Anniversary Book begins with details about a few worthy Pioneers in the field of shoulder and elbow surgery. This is followed by an historical review of the setting around which our Society was established. Recollections, and other information, for each Presidency are then outlined in two parts, recounting the Early Years (1982-1995) and the Later Years (1995-2006). After encouraging words for our future from incoming president Christopher M. Jobe, MD, specific initiatives, accomplishments and a statistical review of our field complete this section.

Pioneers

*"If I have seen further than others, it is by standing on ye shoulders of Giants."
Sir Isaac Newton (1643-1727)*



The Pionners and others in 1963: Charles S. Neer, II, Thomas B. Quigley, R. Merle D'Aubigne, Julius S. Neviaser, Harrison L. McLaughlin, Alexander P. Aiken, H. Fred Moseley, James E. Bateman, Anthony F. DePalma, Carter R. Rowe

E. Amory Codman, MD, by William J. Mallon, MD

Amory Codman was the first pioneer of shoulder surgery. Codman was born in Boston on December 30, 1869 to a family of Boston Brahmins. He prepped at Saint Mark's School in Southborough, Massachusetts and then attended Harvard for college and medical school. He did his residency in general surgery at the Massachusetts General Hospital. In medical school, his best friend was Harvey Cushing and together they pioneered what they termed the "ether record," a practice that has become the anaesthesia record kept on every surgery. Codman started his career in practice at Mass

General as a skiagrapher, the original term for a radiologist, and published the first atlas of normal skeletal radiographs. He later began practice as a general surgeon.

Codman developed his interest in the shoulder during a medical school rotation to Germany. Back in Boston he began dissecting shoulders in the anatomy lab and was fascinated by the problem of rotator cuff pathology. On March 11, 1909, he performed his first rotator cuff repair, and published his first two cases in the *Boston Medical and Surgical Journal* in May 1911. Codman's interest in the shoulder eventually led him to summarize his life's study of that particular joint in his book, *The Shoulder: Rupture of the Supraspinatus Tendon and Other Lesions In or About the Subacromial Bursa*, which was privately published in 1934.

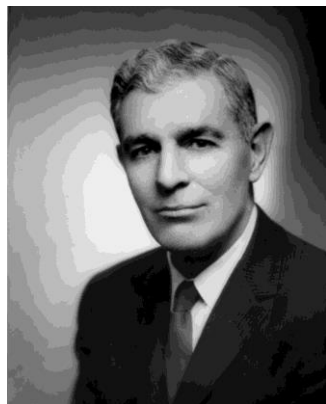


Codman's true medical passion was in studying outcomes, which he called "End Results," and he considered this his "End Result Idea." He was the first physician to do so. But it was a poorly - received concept at the dawn of the 20th century and as a result his Boston medical peers ostracized Codman. He left Mass General and started his own small hospital with 12 beds, the Codman Hospital, whose express purpose was to study the outcomes of all procedures done there. Codman later used the concept of End Results to study bone sarcoma, becoming the first surgical expert on that problem. Because of his exclusion from Boston medical society, and their denial of referrals to him, he died a pauper on November 23, 1940. Unable to afford a headstone, he lies in an unmarked grave in the Mount Auburn Cemetery in Cambridge, Massachusetts. Amory Codman was the best of us.

Harrison L. McLaughlin, MD, by Louis U. Bigliani, MD

"A master surgeon respected by his colleagues, a teacher revered by his students and a gentleman loved by all who knew him."^{1,2}

Harrison L. McLaughlin was certainly one of the pioneers of shoulder surgery in the twentieth century: he was a clear thinker and student of shoulder surgery who established many of the principles by which we practice today. He was born in 1906 in Cumberland, Ontario, Canada, and was the son of a physician, which stimulated his interest in medicine. He later graduated as the valedictorian of his class from Queens University Medical College. After his internship at Ottawa Civic Hospital, William Darrach chose him for a surgical residency on the Fracture Service of Presbyterian Hospital in New York City, which was affiliated with Columbia University's College of Physicians and Surgeons³. This was the beginning of a phenomenal and productive career as an orthopaedic trauma and shoulder surgeon.



McLaughlin combined superior technical skill with sound judgment and a thorough knowledge of anatomy and pathology. I have been told by many of his former residents that he was a “wizard” in the operating room. He kept very concise preoperative clinical records of signs and symptoms and correlated them to the pathology that he observed in the operating room ³. The combination of his clinical orthopaedic knowledge and his interest in kinematics and biomechanics allowed him to develop insights into pathology and create innovative operative procedures and principles of surgical care. McLaughlin was a dedicated teacher who was determined to motivate his students and provide the best possible care for his patients.

In addition, McLaughlin made many contributions to shoulder surgery that are still relevant today. His chapter on the shoulder in his textbook *Trauma* is a concise, yet amazingly complete, work on shoulder pathology and injuries with many correlative x-rays and diagrams ⁴. It is a definitive testament to his clear thinking and innovative teaching. McLaughlin had a keen interest in glenohumeral instability and his work in 1960 on the morbid anatomy of anterior instability describes and outlines much of the pathophysiology that we see today arthroscopically ⁵.

However, it was his work on chronic posterior instability that is most remembered, as he devised a successful operative procedure that bears his name and is still used today ⁶. He was also very interested in tears of the musculotendinous cuff and their repair. He studied all the different types of cuff repairs that were done at the time and developed a revolutionary method of repair ⁷. These included a tension free repair, continuity of the cuff, and a smooth acromial surface. He also made significant contributions in proximal humeral fractures, calcific tendonitis and adhesive capsulitis. He was a remarkable individual whose work laid a foundation of knowledge for future generations.

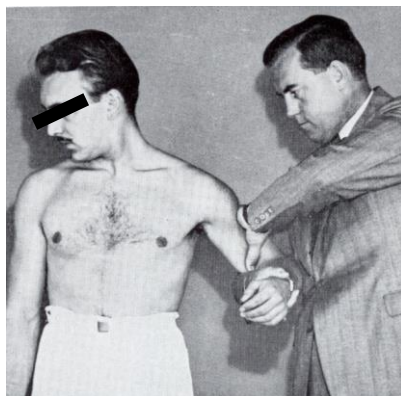
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Herbert F. Moseley, MD, by Robin R. Richards, MD, FRCS(C)

Herbert Frederick Moseley (b. 1906)¹ graduated from McGill University and became a Rhodes scholar. Moseley completed his surgical training at Oxford and joined the staff of the Royal Victoria Hospital in Montreal before World War II. He established a practice specializing in shoulder surgery and trauma. Moseley was appointed a Hunterian Professor by the Royal College of Surgeons and delivered the 1950 Hunterian Lecture in London, England on ruptures of the rotator cuff.

Moseley was a prolific author and wrote several well-recognized textbooks including a general textbook of surgery with multiple authors, a text on shoulder surgery, an atlas of surgical exposures, and a text on forequarter amputation (see partial list below). The second edition of his text *Shoulder Lesions*, published in 1953, was dedicated to the memory of his wife Pauline, and to their daughter Suzanne. Moseley formatted the material presented at his Hunterian lecture into a text on ruptures of the rotator cuff. Moseley's texts were well illustrated by Helen T. MacArthur, who eventually became his second wife. A later edition was published with illustrations that could be viewed in 3-D with a "view master". He subsequently organized several international meetings on shoulder and trauma surgery in Montreal.



Moseley should be remembered as one of the early shoulder subspecialists who helped to establish the practice of shoulder surgery as an area of independent interest and expertise. He contributed a unique device to augment stability of the shoulder in cases of anterior instability, the Vitallium rim, which was secured to the antero-inferior glenoid by screws in cases of bony glenoid deficiency. His practice was truncated due to health problems and he retired in the 1970's. Fred Moseley, an honorary member of the American Shoulder and Elbow Surgeons, was clearly a pioneer in the subspecialty.

General References

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- Moseley, H.F. *An Atlas of Musculoskeletal Exposures*. Philadelphia: J.B. Lippincott Company, 1955.
- Moseley, H.F. *The Forequarter Amputation*. Philadelphia; J.B. Lippincott. 1957.

¹The author acknowledges the contribution of Colin F. Moseley (no relation to H.F. Moseley) and Richard Cruess.

Julius S. Neviaser, MD, by Thomas J. Neviaser, MD

Julius S. Neviaser was born on October 21, 1902, graduated from the George Washington University Medical School, interned at Mt. Sinai in Baltimore, Maryland and obtained his orthopaedic training at The Hospital for Joint Diseases in New York City. While in private practice in Washington, D.C., his interest in shoulder surgery and conditions of the shoulder blossomed. It was not uncommon for him to explore the wonders of shoulder anatomy by dissecting cadavers at the Emergency Hospital in the evening and on weekends.

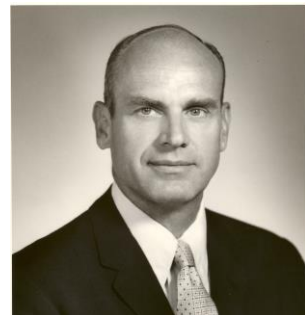


He first presented his findings on the frozen shoulder in 1945, and gave a more descriptive title to the disease, adhesive capsulitis, in the *Journal of Bone and Joint Surgery*. He developed a successful procedure for Grade 3 acromio-clavicular separations by transferring the proximal portion of the coraco-acromial ligament with its bony prominence to the clavicle. Subsequently, he was the first surgeon to successfully use a split biceps tendon to cover remaining defects of rotator cuff repairs as well as the first to utilize a freeze-dried rotator cuff tendon in the repair of massive, retracted rotator cuff tears. His tireless curiosity and inventiveness continued with the development of the intra-medullary Knowles pinning for clavicle fractures.

Neviaser's selfless desire to impart his knowledge and to foster interest in orthopaedic surgery and conditions about the shoulder resulted in several residencies in our nation's capital, including the Washington Hospital Center in Washington, D.C. For many years, he participated in the Orthopaedic Board Examinations, took part in multiple AAOS instructional courses and seminars concerning fractures of the shoulder and rotator cuff disease, and often traveled internationally to participate in the education of orthopaedic surgeons throughout the world. He perfected the technique of shoulder arthrography and wrote *Arthrography of The Shoulder; The Diagnosis and Management of The Lesions Visualized* in 1975. His pioneering contributions to shoulder surgery, as well as orthopaedic surgery itself, have left a legacy that has been proudly continued by all three of his sons. Julius Neviaser died on August 20, 1980, in Washington D.C.

Ralph W. Coonrad, MD, by William J. Mallon, MD

Ralph Coonrad was born in Tsingtao, China on September 10, 1923, the child of missionary parents. He attended high school in Pyong-Chang, now in North Korea. His family later returned to the United States and he attended Davidson College, where he lettered in four sports. Coonrad attended Duke Medical School and did his residency in orthopaedic surgery at Duke under Dr. Lenox Baker. During his residency he spent a year at the Warm Springs Foundation in Warm Springs, Georgia, where



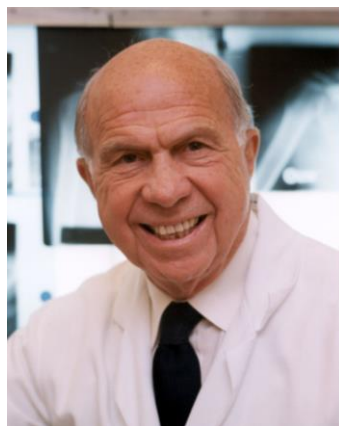
he developed an interest in pediatric orthopaedics. In 1953, Coonrad joined Everett Bugg in a 2-person orthopaedic practice in Durham, North Carolina. This practice later added several other partners and, after a merger with another group, survives today as Triangle Orthopaedics. Coonrad had eclectic interests in orthopaedics, eventually becoming a member of the American Shoulder and Elbow Surgeons, the American Society for Surgery of the Hand, the Pediatric Orthopaedic Society, and the Scoliosis Research Society.

A clinical faculty member at Duke throughout his career, Coonrad was known primarily for his work with adolescent scoliosis and elbow arthroplasty. In the mid-1960s, he was the first orthopaedist in North Carolina to treat scoliosis with the newly developed Harrington rods. But in the early 1970s, Ralph Coonrad watched with puzzlement as many patients referred to him with elbow arthritis wanted for lack of a usable arthroplasty, similar to the hip, knee, and shoulder replacements that were helping so many other people. Working alone in his garage and using cadaver bones, he designed an elbow arthroplasty by whittling models from wood. Coonrad was able to interest Zimmer in the arthroplasty and they helped him to develop a usable model. In 1974 he implanted the first Coonrad Elbow Arthroplasty on a young man who had had his elbow joint destroyed from a shotgun wound. Later, working with Bernard Morrey at the Mayo Clinic, the implant was redesigned and is now known as the Coonrad-Morrey Elbow Arthroplasty. It remains the most popular, and best studied, elbow replacement in the world.

For many years Coonrad was the medical director of the Lenox Baker Children's Hospital, a Duke-affiliated hospital, where he worked throughout his career teaching Duke orthopaedic residents. He was married for 49 years to Dr. Evelyn Vail Coonrad, an oncologist in Durham, who died in 1997. A kind man beloved by his patients, he is renowned for his quiet, gentlemanly demeanor, and a bad word has never been spoken of him.

Charles S. Neer, II, MD, by Tom. R. Norris, MD and Louis U. Bigliani, MD

Charles Sumner Neer, II was born in Vinita, Oklahoma on November 10, 1917. He became a third generation physician of great distinction. Dr. Neer has been noted for his clear thinking and tenacity in following concepts to their logical conclusion. This was likely influenced by growing up in the depression in Oklahoma and attending Shattuck Military Academy for high school. He further refined his academic skills at Dartmouth College, Dartmouth Medical School and then completed his medical degree at the University of Pennsylvania Medical School and Hospital before obtaining his advanced surgical training at Columbia-Presbyterian Medical Center and The New York Orthopaedic Hospital. World War II interrupted his residency and early thoughts of a proximal humeral arthroplasty. Dr. Neer served in an



orthopaedic capacity in Europe, Japan and the Philippines before returning to the Fracture Service at the Presbyterian Hospital.

In his early years, Dr. Neer was influenced directly by Harrison McLaughlin and Alan DeForest Smith, chairman of the NYOH. He was constantly supported and encouraged by Frank Stinchfield, the next NYOH chairman who moved the NYOH uptown to merge with the Columbia-Presbyterian Medical Center in 1951. This was the same year that Dr. Neer did his first prosthetic humeral head replacement for a 4-part proximal humeral fracture. During his 50-year association with the combined NYOH and Columbia-Presbyterian Medical Center, Dr. Neer became Director of the Fracture Service, following the likes of McLaughlin and William Darrach, and moved fracture care to more specialized orthopaedic care and out of the general surgeons purview. He also became the Chief of the Adult Orthopaedic Service and, at his retirement in 1990, became an Emeritus Consultant in Orthopaedic Surgery and an Emeritus Professor and Special Lecturer.

Many honors notwithstanding, Dr. Neer's most significant contributions were to lead the way in orthopaedic specialization for the emerging field of shoulder and elbow. He has been the inaugural speaker for almost every major shoulder society worldwide. He served on the inaugural Committee for Shoulder and Elbow Surgery for the AAOS and developed the first dedicated Fellowship for Shoulder and Elbow Surgery in 1976. With the support of other likeminded and interested surgeons, Dr. Neer formed the American Shoulder and Elbow Surgeons, inaugurated in New York in 1982. He served as the first president for 15 months, and was blessed with the hard work and organization skills of Robert Cofield as the ASES developed its structure and incorporated in the state of Minnesota for its nonprofit status. He served as the Organizing Chairman of the 4th International Congress on Surgery of the Shoulder in 1989, and is the Founding Chairman of the Board of Trustees of the *Journal of Shoulder and Elbow Surgery*.

Dr. Neer's many academic and surgical achievements include making clinically intelligible and useful Codman's classification of proximal humerus fractures, which is now used globally. He developed non-constrained proximal humerus and total shoulder arthroplasty systems. He altered the orthopaedic understanding of impingement syndrome and rotator cuff pathology, beginning with his anterior acromioplasty article in 1972. He refined concepts in shoulder instability and dislocations with his approaches involving multidirectional instability and repetitive microtrauma. Dr Neer has signature articles in each major area of the shoulder – namely fractures and trauma, prosthetic replacements, impingement and rotator cuff tears and instability. His advancements are summarized in his signature book *Shoulder Reconstruction*.

Dr. Neer has returned to Vinita with his family, and his contributions will continue to shape the field of shoulder and elbow for many years to come.

Historical Review

The 1970s, by Tom R. Norris, MD

At the start of the 1970s, there was an appreciation of the need for an association dedicated to the shoulder. The catalyst for this was Charles S. Neer, II, MD who had been influenced by Drs. Harrison McLaughlin and E.A. Codman. Neer had developed a proximal humeral replacement in 1951. By the mid-70s, he had accepted fellows who visited either by invitation or request, and then started a fellowship program at Columbia Presbyterian in New York. Much of his work centered on the concepts of anatomical reconstruction, the need for repair of the rotator cuff, and better fracture treatment, as well as many techniques on how to make a better diagnosis. Sharing his work and training others, Neer had national and international visitors for varying periods of time. One such gathering is memorialized by a dinner in the Rainbow Room.



The Rainbow Room. Back row, l-r: Keith Watson, Pat Neer, wife of Nakidto Takagishi, Peggy Watson, Kenji Takagishi, Nakidto Takagishi
Front row, l-r: Urban Bigliani, Stephen McIlveen, Joanne Stanton, Louis Bigliani, Ronald Lindscheid, Charles Neer, Tom Norris

The first industry-sponsored meeting prior to setting up the American Shoulder and Elbow Surgeons was sponsored by 3M, the producer of the Neer prosthesis. It was held in London, Ontario, Canada, and hosted by Richard J. Hawkins, MD, FRCS(C). A picture of this group documents that an early core of founding members of the American Shoulder and Elbow Surgeons really were the first sports medicine society,

most being avid tennis players. The more deliberate and thoughtful prospective members, such as Robert Cofield, MD and Charles Rockwood, MD, preferred golfing activities.

The scene in the 1970s was such that there was a debate about whether or not there was a need for any rotator cuff tear repair at all, and many fractures which were treated closed with multiple fragments went on to malunion or nonunion. There was also an increasing appreciation of the value of arthroplasty for the treatment of arthritis and special cases for fractures and, subsequently, the need for special techniques or procedures for massive rotator cuff tears with arthritis. The coalescence of a group to discuss these problems



L-r: Tom Norris, Russell Warren, Charles Neer, Craig Foster, Louis Bigliani, Frederick Matsen and Richard Hawkins

and advance the science therein became the central goal of the nascent American Shoulder and Elbow Surgeons, and culminated in a meeting in New Orleans and at the American Academy of Orthopaedic Surgeons in 1982 with a decision to proceed with the group's association under the auspices of the American Academy of Orthopedic Surgeons. That some of the new members remained very individualistic and independent is why Dr. Neer had the founders' picture in black and white.

The Founders:



Front row, l-r: Charles Rockwood, James Bateman, Robert Cofield, Richard Hawkins, Frederick Matsen, Charles Neer, Carter Rowe, Alan Wilde, Ian McNab, Virgil May
Back row, l-r: Frederick Ewald, Russell Warren, Robert Samilson, Melvin Post, Thomas Neviaser, Robert Neviaser, Robert Leffert, Tom Norris, Robert Romano, Anthony Gristina, Hiroaki Fukuda, Keith Watson, Louis Bigliani, Patrick Murnahan

Founding Initiatives, by Robert H. Cofield, MD

The 1970s were marked by tremendous innovations in orthopaedic surgery in North America. Timely questions about shoulder surgery arose, including what to do with proximal humeral fractures after the advent of better internal fixation; how to deal with recurring shoulder dislocations as basic science in the area was emerging; what to do for the common problem of rotator cuff tearing now that anterior acromioplasty had been introduced and outcomes seemed to be much better than historical standards; how to incorporate prosthetic shoulder arthroplasty into the practice now that hip and knee arthroplasty were fairing so reasonably; and what to do with this new instrument, the arthroscope. There was not a venue in which to discuss these topics among orthopaedic surgeons who focused on this anatomic region. Educational programming to disseminate this information was not well developed, and there was no organized method to educate those who might be interested in entering this subspecialty arena.

Many people recognized these new developments and this emerging specialty scene. After some discussion, particularly with recognized leaders in the field such as Drs. Neer and Rockwood, it was suggested that I might take the initiative of inquiring of others in North America the value of forming a subspecialty group.

Correspondence about forming a society ensued. The response was enthusiastically positive, and a meeting was arranged at the time of the American Academy of Orthopaedic Surgeons Meeting in New Orleans in January of 1982 to discuss this seemingly worthwhile opportunity. Slightly more than 20 surgeons were invited to the potential organizing meeting and 19 attended. I had the pleasure of introducing the concept. Melvin Post discussed a possible name of the organization. Alan Wilde reviewed the relationship of this organization to other professional organizations. Rick Matsen discussed membership issues, and Bob Samilson presented the opportunities for scientific meetings. In preparation for the meeting, a draft of bylaws was formulated to clearly identify this society as a group to furnish leadership, to foster advances and enhance the study of shoulder and, perhaps, elbow surgery. The meetings would serve as a forum. The group would be primarily an educational body but would also stimulate research, serve as a point of origin for individuals interested in pursuing this subspecialty and recognize, by membership, those who have contributed to the field. In the event that forming such a society was thought to be as good an idea as the correspondence indicated, a nominating committee was appointed, chaired by Rich Hawkins and including Bob Neviasser, Charles Rockwood, and Alan Wilde. The discussion continued in a very positive sense and a report by the nominating committee was received. This led to the election of Charles Neer as President and President Elect, Robert Cofield as Secretary/Treasurer, Rick Matsen as Chair of the Membership Committee, Rich Hawkins as continuing Chair of the Nominating Committee, and Alan Wilde as Chair of the Program Committee for an upcoming meeting to be held in November of 1982 in New York City, New York.

At that first meeting in New York City, a clear decision was made to include the anatomic region of the elbow as a part of the Society. There was also a clear desire to develop an international perspective, rather than focusing only on North America. Additional goals were to affiliate with the AAOS in order to promote unity in the orthopaedic community and to develop educational opportunities as quickly as possible so that all who wish to do so might participate. Twenty-six founding members were recognized at this initial meeting.

The following year, active discussions were held with the AAOS about affiliation. Further drafts of the bylaws were written. Application for incorporation of the organization was placed with the State of Minnesota and plans were laid for federal tax recognition of this organization as an educational body. The Membership Committee, under Dr. Matsen, was quite active in formulating guidelines for membership. The AAOS Shoulder Committee and others who were participating in educational activities within the Academy spoke further about conjoined educational programming. Dr. James Bateman of Toronto brought information about the development of the Second International Congress on Surgery of the Shoulder that would be held in 1983. The AAOS approved a symposium formulated by Society members to be held during their annual meeting.

The Second Annual Meeting of the now-named American Shoulder and Elbow Surgeons took place in Rochester, Minnesota, in November of 1983 under the Presidency of Charles Neer. Carter Rowe had been elected Vice President; Tony Gristina was Program Committee Chairman with Robert Cofield and Bernard Morrey in

charge of local arrangements. The meeting was approved for Category 1 CME credits and arrangements were made for inclusion of the abstracts in the *Orthopedic Transactions* published by the *Journal of Bone and Joint Surgery*. The President's Guest Lecturer was Dr. A.K. Saha of India who made the arduous trip to Minnesota to speak on his well-developed concepts of the shoulder mechanism—descriptive and applied. The broad nature of this subspecialty was elucidated with presentations and discussions on sport injuries, fractures, dislocations, neuromuscular problems, reconstructive surgery of the shoulder and elbow, biomechanics, and general health risks for those undergoing surgery in this area.



Professor Neer introducing Professor Saha for his presentation at the 2nd Annual Meeting of the American Shoulder and Elbow Surgeons held in Rochester, Minnesota, November 1983

Ad hoc committees were developed for promoting fellowships, research, publications, and development of continuing medical education. Anthony DePalma made arrangements for re-publication of Codman's textbook. Further affiliation arrangements were developed with the AAOS. Plans were formulated for the first open meeting of the Society, in conjunction with the Academy, to occur in 1985. New membership categories were created, with Dr. Saha being made a corresponding member of the Society, and honorary members were proposed to recognize earlier accomplishments, and included Drs. E.A. Codman, Verne Inman, Ian Macnab, Harrison McLaughlin, Fred Moseley, and Julius Neviasser.

The Society was now well on its way, and the third meeting occurred the following year in Boston under the Presidency of Carter R. Rowe. Concordant with the Society's educational thrust, Robert Leffert developed, in conjunction with the Academy, an educator course to be held in Newport, Rhode Island. Continuing the impetus to foster unity in the orthopaedic world, office arrangements were made in Chicago with the AAOS. At the meeting in Boston, plans were laid by Dr. Robert Samilson, later by Dr. Rockwood and then by Dr. Neer to hold a 4th International Congress on Surgery of the Shoulder in 1989. The criteria for membership in the Society included being open to board-certified orthopaedic surgeons who professed an interest in the areas of the shoulder and elbow, who had the appropriate educational background, and who had proven their interest by virtue of practice description, being educators, making presentations, and constructing publications. The advantages of the subspecialty group were clear.

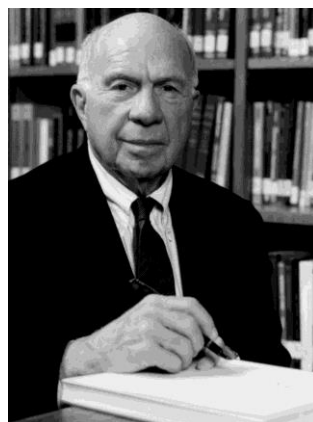
This was an expansive phase in orthopaedic surgery because the Society members had visionary, unrestrictive philosophies, and rather mainstream surgical ideas. International relationships still needed to be developed, including formal opportunities for interchange amongst societies throughout the world and continuing participation in organization of international conferences and offering opportunities for exchange fellowships and visits. Publications were yet to be developed, including texts

incorporating information about the basic sciences as applied to shoulder and elbow surgery, and an international shoulder and elbow journal. Fellowship opportunities were yet to fully expand and incorporate the principles of a post-graduate medical education into the programs offered. The formulation of knowledge and its dissemination was a clear central goal of the Society and the opportunity for discussion amongst those interested in the field would hopefully create a body of wisdom, positively affecting patient care.

The Presidency: Early Years, compiled by Charles A. Rockwood, Jr., MD and Richard J. Hawkins, MD, FRCS(C)

1982 – 1983, Charles S. Neer, II, MD, by Louis U. Bigliani, MD, and Karen Jared

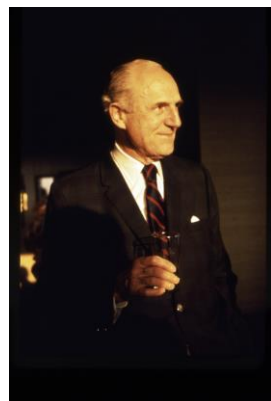
Dr. Neer was elected President of the newly formed society in 1982. During his first year as President, the Society met in New York City at the Plaza Hotel. The meeting was well attended, with twenty-six of the twenty-nine members present as well as thirteen spouses. At the business meeting in New York, the name of the society was established as the American Shoulder and Elbow Surgeons. After careful consideration it was decided not to add “Society” to the organization’s name, so as to focus attention, in Neer’s opinion, on what shoulder and elbow surgeons actually do: take care of patients.



The second meeting of the society in 1983 was held in Rochester, Minnesota at the Kahler Hotel. During Dr. Neer’s term the society became an affiliate of the AAOS and proposed a symposium that was accepted for the 1984 AAOS Annual Meeting: Impingement, Biceps, and Rotator Cuff Lesions, with Dr. Neer as chair.

1983 – 1984, Carter R. Rowe, MD, by Karen Jared

Activities during Dr. Rowe’s presidency included the reprinting of the text, *The Shoulder* by E.A. Codman, arranged by Dr. DePalma; the election of Julius Neviaser as an honorary member; decisions to develop a course for Little League coaches; and to cosponsor a course for shoulder education with AAOS. The society had grown to 42 members. The 3rd Closed Meeting was held in Boston, with Dr. Jacqueline Perry as guest lecturer. The newly-designed ties were distributed at this meeting. Finally, the not-for-profit tax status of both the American Shoulder and Elbow Surgeons and of the Continuing Education in Shoulder and Elbow Surgery was granted by the Internal Revenue Service.



1984 – 1985, Frank W. Jobe, MD, by Frank W. Jobe, MD

Being president of the ASES may, in itself, constitute one of the highlights of my professional career. I am certain that perception is not unique to me. During my term as third president of ASES, several important initiatives were undertaken, as follow.

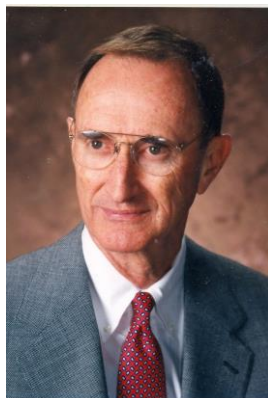
We had our Annual meeting in Los Angeles and had a full program of papers dealing with shoulder arthroplasty, rotator cuff repairs and fractures of the scapula. Secondly, an organizing committee of Drs. Rockwood, Norris and Neer was appointed for the 4th International Conference on Surgery of the Shoulder to be held in 1989 in San Francisco. Starting a journal for the society was discussed. The decision was made that the society would not start a journal at this time but would consider producing an annual publication similar to the one published by the Hip Society. ASES decided to participate in the newly formed Council of Musculoskeletal Specialty Societies. Dr. Cofield and Dr. Rockwood were the first representatives to COMSS. An Ad Hoc committee on planning and development consisting of past presidents was appointed. We established a policy of including as many members as possible in the essential administrative and committee work of our society, avoiding the pitfalls of an “in” group to the detriment of the rest of the associates and the society as a whole. Tom Norris was appointed chair of an ad hoc committee on coding and nomenclature. During the year, we established criteria for continuing membership (attendance and manuscript requirements) and worked to have a more accurate and appropriate listing of the procedure codes used for billing shoulder evaluations and surgeries.

Finally, it was an honor to hand the presidency into the extraordinarily capable hands of Dr. Rockwood.



1985 – 1987, Charles A. Rockwood, Jr., MD

First of all, let me say what a great time I had during my years as President. It was a distinct honor and pleasure to have served as President following the lead of Drs. Charles Neer, Carter Rowe and Frank Jobe. One of the best things about my two years was that Bob Cofield was the Secretary-Treasurer who kept absolutely perfect minutes of the business meetings and executive committee meetings, which are still available in the ASES office and in his basement at home. My first business meeting was held during the Academy meeting in February 1986 in New Orleans. It was at that meeting that Bob Cofield suggested that we shift some of the secretarial activity to the Academy office. A lot of time was spent discussing whether or not the active members had to submit abstracts and papers on a regular basis, and it was decided that they should



attend and/or present an abstract every other year and this has been modified since then. A report from the representatives to the Council of Musculoskeletal Specialty Societies discussed options whereby the specialty societies could meet during the Annual Meeting of the Academy. While some recommended that we meet on different days of the Academy, the final vote down the road was that all of the Orthopaedic Specialty Societies would meet on the same day during the Academy. A great deal of discussion had to do with the location of the 4th International Congress on Surgery of the Shoulder. It was tentatively scheduled to be held in San Francisco in September 1989; finally at our business meeting on January 22, 1987, it was decided to hold the ICSS in New York on October 4 – 7, 1989. We considered the creation of a Journal for our Society and it was agreed that it was not the proper time to get it started. The same was true on the development of guidelines for shoulder fellowships.

Our 5th Closed Meeting was held November 13-16, 1986, in San Antonio, Texas. The best I can remember about that meeting was that the first two days were hot as hell and then while some were playing golf a “blue northerner” came in and everyone had to run for their ski jackets. We decided at that meeting that our Society would make an annual contribution to OREF. The 6th Closed Meeting was held at the Marriott World Center in Orlando, FL and was very well attended. We decided that abstracts at our Closed Meetings would be submitted to the *Journal of Bone and Joint Surgery* for publication. The final decision was that the Specialty Societies were scheduled to meet all on one day and in 1987 the day selected was Sunday. During this meeting it was concluded that our Society should remain small and take in no more than five new members per year. Potential members could not apply for membership but must be proposed by two active members. For the most part, the new members could enter as associate members and could gradually be promoted to active members. There was a great deal of discussion concerning the future of our continuing education courses and it was decided that we would continue to co-sponsor courses with the Academy.

In summary I had a great two years during the formative period of our Society, and the activity of Bob Cofield for the next two years was equally exciting. Please note that the two-year terms Bob and I had are no longer tolerated because the current bylaws state, “The President shall serve a one-year term of office. The President may not serve two (consecutive) full terms”. I really thought that Bob and I did a pretty good job but it’s obvious that they concluded that one year of any president was enough!

1987 – 1989, Robert H. Cofield, MD

Upon becoming president, it seemed useful to improve the structure of our Society, including committee activities and tenure, to enhance our educational offerings including co-sponsorship of meetings, to further stimulate research, to work toward accreditation standards for fellowships, and to consider awards and traveling fellowships. The committees were reorganized, and an additional task force was appointed to further develop the concept of shoulder and elbow fellowships. Accreditation



of the fellowships was considered; and the Society favored following the concepts of accreditation but not requiring that for our fellowships. Subspecialty certification through the American Board of Orthopaedic Surgery was thoroughly discussed with the Society, which elected not to pursue this further. The 7th Annual Meeting of the Society occurred at the Bishop's Lodge in Santa Fe. The presidents of the Japanese and European societies were invited. The Presidential Guest Speaker was Hans Uhthoff, MD, of Canada. The Presidential Guest Lecturer was George Omer, MD, who spoke about the Native American healer.

In 1989, the closed scientific meeting was canceled with the business meeting being a part of the International Congress on Surgery of the Shoulder held in New York City under the chairmanship of Charles Neer. The European Society elected to pursue a similar arrangement. This offered the opportunity for me to invite presidents and leading members of the international shoulder community to discuss our potential cooperative activities, and, specifically, to consider creating an international journal of shoulder and elbow surgery. It was elected by all to pursue this. Educational programming continued in conjunction with the AAOS; in April of 1989, with Academy guidance, the CME course "The Shoulder in 1989—The State of the Art", occurred under the chairmanship of Rick Matsen. The concept of a symposium and publication on basic science and clinical research was discussed in detail and later completed in 1992 under the guidance of Drs. Matsen, Fu, and Hawkins in Vail, Colorado.

1989 – 1990, Melvin Post, MD, by Karen Jared

During Dr. Post's presidency there was continued discussion about starting a journal of shoulder and elbow surgery: the appropriate composition of the Board of Trustees, the Editorial Board, and the selection of the Editor-in-Chief.

Because of the significance of the issues surrounding the creation of the journal, the Executive Committee surveyed the membership and discussed the issue at the Second Business Meeting at the Closed Meeting. The Society decided that it should establish a journal with an international scope and that the Board of Trustees of the journal would consist of six ASES members, one member from the Japanese shoulder society, and one member from the European shoulder society. At this meeting the Bylaws were amended to read that the term of the president be limited to one year.



The Closed Meeting was held in Chicago at the Westin Hotel. Social events included a reception and banquet as well as visits to the Baha'i Temple, the Art Institute of Chicago, the Shedd Aquarium, the Adler Planetarium, and the Field Museum of Natural History.

1990 – 1991, Frederick A. Matsen III, MD

The meeting in Seattle saw our group celebrating our tenth anniversary. We had a great scientific meeting at the Olympic Four Seasons the highlight of which was the opportunity to honor our founder, Charles S. Neer, II, with a special recognition and a special invitational lectureship. We had come of age as a scientific society, thanks to the guiding energy of the founding members, especially Drs. Cofield, Warren, Rockwood, and Hawkins.



We also had some fun, taking a boat trip for a salmon bake to Tillicum Village on Blake Island and a great banquet at the Boeing Flight Museum. Perhaps most memorable was the opportunity for a few hearty souls like Bob Cofield and Buz Burkhead to climb on Mount Rainier with Persumba Sherpa, a Nepalese Everest climber who tried to teach us all how to do pressure breathing and who egged us on with phrases like, “If you can win in the mountains, you can’t lose in the valley.” Our climb ended at 12,000 feet at the top of aptly named Disappointment Cleaver where we could see the skid marks of two folks who, the day before had slid to their death on slopes that had suddenly become icy. We all got home safely, my definition of “winning in the mountains.”

1991 – 1992, Richard J. Hawkins, MD, FRCS(C)

I was President of the American Shoulder and Elbow Surgeons in 1991-92. It is interesting that this was the first year in which I moved from Canada to the USA and was immediately rewarded as a new American, or as Rick Matsen would say “an illegal Vailian”, by being elected President of the ASES. I like to think that I played a role in the formation of the ASES, and I was a founding member. I was Dr. Charles Neer’s first shoulder fellow in 1975 and two years later had an initial first fellows’ meeting in London, Canada at the University of Western Ontario, sponsored by 3M, who at that time were producing Dr. Neer’s total shoulder arthroplasty system.



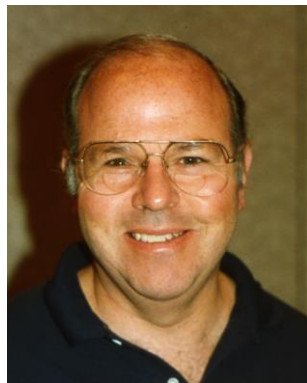
As President, I had the Closed Meeting in my hometown, at that time in Colorado, in the mountains of Vail. It was a great setting for such a meeting in the crisp air of the mountains. The Society by then had been put on automatic pilot, as at that time committee structure, member organization, and meetings in the year were well oiled and flowing with the infrastructure of the American Shoulder and Elbow Surgeons.

During my year as President, along with the majority of the Society membership lead by Rick Matsen, a workshop was organized in conjunction with the

American Academy of Orthopaedic Surgeons in Vail to look at basic science aspects of the shoulder. This was broken up into workgroups and eventually a book was published with the Academy, spearheaded by Drs. Rick Matsen, Freddie Fu, and me, entitled *The Shoulder: A Balance of Mobility and Stability*. It was presented to all those interested in the shoulder and the many important challenges it poses to basic science investigators and clinicians.

1992 – 1993, Robert J. Neviaser, MD

The main accomplishment administratively was the organization of the committee structure of the ASES to have staggered 3-year terms, in order to provide continuity from year to year in conducting committee business. In addition, the Executive Committee voted to contribute \$25,000 as seed money to the International Conference on Surgery of the Shoulder, which is held triennially, and the society adopted the Shoulder Assessment Form developed by Dr. Robin Richards and the Research Committee.



The Closed Meeting was held at the Williamsburg Inn in historic Williamsburg, Virginia in November 1993. The fall foliage was at its peak, and the weather was typical for autumn, providing an outstanding setting and environment. The highlight of the meeting was the presentation to Carter and Mary Rowe of a lovely crystal bowl in appreciation, respect, and personal fondness for Dr. Rowe's many contributions, both scientific and personal, to the Society and its members. Special events included a dinner at the King's Arms Tavern and afternoons free to enjoy Colonial Williamsburg.

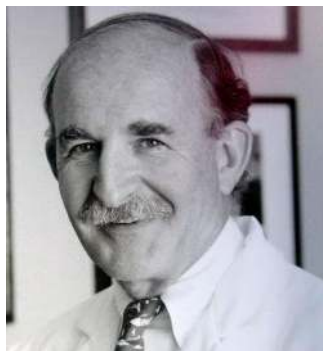
Last, but not least, during my term the first volume of the *Journal of Shoulder and Elbow Surgery* was published with Dr. Cofield as the first Editor-in-Chief.



Robert Neviaser with
Carter and Mrs. Rowe

1993 – 1994, Russell F. Warren, MD

My year as President of the ASES was enjoyable and a significant learning experience. We held our annual Closed Meeting in Vermont where unfortunately the weather was difficult and a thunderstorm cancelled our golf outing on a beautiful course. I put forth an initiative committee to start our annual open shoulder meeting. I had considerable experience with this at AOSSM, but some felt that we should share the risks/reward with the AAOS. While it has worked out well, I have always felt that the ASES was more than capable of running its own show. Dave Dines and I attempted to initiate a research program at ASES by making a large contribution to our society. This initiative has grown slowly. The year went rapidly as I am sure it did for each of us as president. This organization has always been the highlight of my years in orthopaedics.



1994 – 1995, Harvard Ellman, MD, by Gary M. Gartsman, MD

Harvard Ellman's election as President of the American Shoulder and Elbow Surgeons was important for many reasons. It demonstrated that nice guys can win, and he was our first President who championed shoulder arthroscopy. Our younger members may not appreciate the importance of having a shoulder arthroscopy leader as our President in 1995. There was a sense of pride that we belonged to an organization that saw a new approach and selected a leader who bridged the divide. Harv had the credentials as an open shoulder surgeon and was the perfect choice to help establish and legitimize shoulder arthroscopy. His presence generated respect and his sense of humor and kindness allowed many discussions to go forward. The meeting at La Quinta was spectacular for both its scientific content and the social activities. Harvard wanted to show his beloved California to all of us and he accomplished that with his usual grace and style. I played golf with Charlie Rockwood and Lanny Johnson that year and we were in the foursome behind Harvard. It was clear that his enthusiasm for golf was great. Many of you may not appreciate that his enthusiasm to skill ratio remains, to this very day, the highest ever recorded by the United States Golf Association. Harvard had lost all of his hair by this time but was able to defuse anyone's sense of discomfort with his quick wit and smile. At La Quinta, we all drew strength from his courage and grace. I still do.



The Presidency: Later Years, compiled by David M. Dines, MD and Russell F. Warren, MD

1995 – 1996, Edward V. Craig, MD

In 1996, the ASES exhibited many of the characteristics of a mature academic organization, continuing to examine and assess what role it should play in clinical medicine, research, and shoulder and elbow education for both professionals and the public.

Education continued to be front and center in the organization's mission. The first Open Meeting (in addition to Specialty Day) was organized and planned for Kiawah in the spring of 1998. It was intended to be a joint sponsorship by ASES and AAOS. The first OKU of the Shoulder and Elbow was completed, under the leadership of Tom Norris. In addition, our role in public education was underscored by the publication of six patient education brochures. The traveling fellowship continued to be an important part of educational exchange, as the organization moved toward corporate sponsorship and chose Gerry Williams and Roger Pollack as its travelling fellows.



In the area of research, through the work of the research committee, a standardized elbow evaluation form was created, and work continued on the ability to evaluate elbow problems via an elbow score. The importance of encouraging original research and the need for its support were underscored by the Society's first grant award of \$20,000 for a basic science or clinical topic. To that end the Continuing Education Fund was renamed the Research and Education Fund.

Ongoing financial stability continued to be an important priority of ASES. While in excellent financial shape, investment strategy changed to vehicles combining higher yield for long term stability with prioritization of asset safety. For the first time, it was decided to charge members for the closed meeting, further contributing toward the building of a solid and renewable financial pathway.

The Open Meeting received a record number of 328 abstracts, which Dick Caspari and his committee sifted through to create a comprehensive program. The closed meeting in 1996 was held in Amelia Island in Florida. Steve Snyder chaired the program, which included results of arthroscopic cuff repairs, a substantial number of papers on mechanics of shoulder arthroplasty, and, for the first time, academic interaction with the American Society of Shoulder and Elbow Therapists (ASSET). Symposia at the meeting included shoulder and elbow resources on the internet, as well as shoulder rehabilitation. Social interaction was advanced by a "pub crawl" one evening, and the usual array of sports, lying about golf scores, and beer-fed dancing exhibitions. At the close of the meeting, the Presidential baton was handed to Bob Leffert.

1996 – 1997, Robert D. Leffert, MD, by Karen Jared

Highlights of Dr. Leffert's presidential year included the following new initiatives. An agreement was finalized with the AAOS to put on a joint course in 1998, now known as the Biennial Meeting. Planning began for a teleconference to be held with SECEC, the European society. Two panels presented, one in Salzburg, Austria and one in Boston, Massachusetts at the Massachusetts General Hospital in the historic Ether Dome. The organizers were Drs. Leffert, Hawkins, Gerber and Resch. A highlight of 1997 was the launching of the first web site for ASES developed by Dr. Leffert.



The Closed meeting was held in Newport, Rhode Island with social events at the Tennis Hall of Fame, the New York Yacht Club, and the Newport cottages, in addition to golf and tennis. At this meeting the first joint symposium with the American Society for Shoulder and Elbow Therapists was held.

1997 – 1998, Louis U. Bigliani, MD

During my presidency, the ASES hosted the first joint Biennial ASES/AAOS course at Kiawah Island in South Carolina. The chairs for the meeting from ASES were Drs. Hawkins, Iannotti, and Flatow. This was a tremendous success with over 400 participants at the course. An ASES research grant was presented by the Society's Research Committee to the University of Pittsburgh. Also, the evidence analysis guidelines were established with the help of the Ad Hoc Committee headed by Dr. Edwin Self. During this year, the letter of sponsorship for the Decade of Bone and Joint Surgery was officially sent. There was a successful teleconference between Boston and the United States and Salzburg, Austria. Finally, there was the completion and distribution of patient education brochures for the use by members of our society.



The Closed Meeting was held at the Hotel Inter-Continental in New York City. Highlights of the social program included Broadway shows and private tours of Sotheby's, the Metropolitan Museum of Art, and the Museum of Modern Art. The Black Tie Gala was held at the Rainbow Room at the top of the RCA Building and was a big hit. Buz Burkhead joined the local band in one of his first appearances and entertained the appreciative audience well into the night and following day.

1998 – 1999, John M. Fenlin, Jr., MD

During this year, Dr. Cuomo represented the society at a multidisciplinary conference on the burden of musculoskeletal disease, and Dr. Self attended an evidence analysis workshop. Dr. Self and his committee developed the initial phase I guideline for the treatment of shoulder pain.

The society responsibilities for managing the CESES trust were clarified. The Closed Meeting was held at the Four Seasons Hotel in Philadelphia. Social activities included a black tie banquet at the Franklin Institute and tours of the Barnes Foundation, historic homes, and Longwood Gardens. I was honored to bring Anthony DePalma to the meeting in Philadelphia. It was his last public appearance and it was particularly gratifying to see him interact with the younger members who had never met him.

Of particular note, Buz Burkhead was seen commiserating with Benjamin Franklin and Bernie Morrey on a wide range of intellectual subjects from rock-n-roll to kite flying. It was a wonderful year!



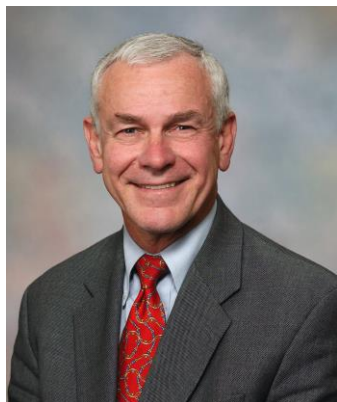
John Fenlin and Anthony DePalma



Bernie Morrey, Carla Morrey, and Buz Burkhead

1999 – 2000, Bernard F. Morrey, MD

The major issue facing our organization during the year of my presidency (as was the case before and has been since) centered on defining our society through our membership. We highlighted an awareness of the need for our organization to grow and avoid elitism. We engaged the membership and this effort served as a basis for our current emphasis on aggressively pursuing qualified candidates for our organization. Probably the highlight of our year, however, was the meeting in Austin, Texas. The somewhat unique environment of a turn of the century cattlemen's hotel, the barbeque dinner in one of the early authentic Austin establishments served only as an introduction to the highlight of the meeting and maybe of our entire year. All will remember Mrs. Barbara Bush's visit and presentation to our membership. This was an election year and there was intense campaigning. Mrs. Bush maintained this tradition in a lighthearted way encouraging us to vote for her son who was a "good boy."



2000 – 2001, Tom R. Norris, MD

The ASES had a close working relationship with the AAOS as a subspecialty society. Karen Jared was the point person for the ASES office, as well as the Council of Musculoskeletal Specialty Societies. Members of the Society continued to provide expertise and direction to various AAOS committees. During this year, *Orthopaedic Knowledge Update: Shoulder and Elbow 2* was published; I had the privilege of acting as editor for the second edition. Also, there was the international meeting in South Africa, at which the 2007 Brazil meeting for the ICSS was envisioned with corresponding meetings with the SECEC for the European Sister Group.



The annual Closed Meeting was held at Silverado in Napa, California, weeks after September 11th. Attendance was strong and everyone enjoyed the scientific program, as well as dinners at Clos Pegase and Pine Ridge Wineries.

Accomplishments for the year included our web page redesign for www.ases-assn.org. The ASES newsletter went online for the first time and abstracts for both the Closed and Open Meetings were submitted online. Industry support policies were redefined and, for the first time, the Closed Meeting was supported in part by educational grant from industry. Traveling fellow policies to and from Europe were put into place and a poster celebrating Dr. Neer's contribution to shoulder surgery was presented at the 7th ICSS meeting in South Africa. In an ongoing effort for member

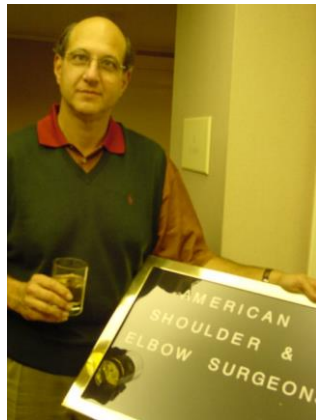
education, at the time of the Closed Meetings, special workshops were undertaken for Power-Point presentations embedding video and use of PhotoShop.

Five new members were elected as associate members, two as corresponding members. Four associate members were advanced to active membership during this year. The finances of the society remained strong. The support for the *JSES* with Dr. Robert Neviaser as the Editor continued to thrive, and the reins of the presidency were turned over to the very capable Dr. Gary Gartsman at the Silverado Meeting.

2001 – 2002, Gary M. Gartsman, MD

I took office in September of 2001 just weeks after the attack on New York City. I think it is typical of our membership that we immediately started to focus on planning for the 2002 meeting and running our own society. I wanted to accomplish a few things; increase the role of basic science in our meetings, improve contact between the younger members and the more senior members, explore the issue of corporate support and experimentation (just a little) within the Closed Meeting format. During the year, we established plans for continuity of the leadership of the Biennial Focus Meeting and examined the issue of membership expansion. I wanted to arrange for a basic science meeting similar to the one Matsen and Hawkins did in

Vail in 1992. Jim Tibone eagerly accepted the challenge and his hard work paid off at the 2003 meeting. At the 2002 Closed Meeting in Pebble Beach, we began the mentorship program for new members, had the first senior member lecture, further evaluated corporate sponsorship and experimented with Sprint papers. More importantly, the 2002 meeting was the first one where we provided financial support to our basic scientists and made a determined effort to include them in our program. The weather and golf were spectacular.



2002 – 2003, James E. Tibone, MD

When I was president of the American Shoulder and Elbow Surgeons from 2002-2003, my main emphasis was on encouraging basic science research. The few basic scientists in the society had stopped coming to our meetings. I wanted to have more input from our basic science colleagues and have them involved in our Closed and Open Meeting programs. We developed a plan to have them more involved in our Society and this culminated at the Closed Meeting in Dana Point, California in the fall of 2003 with an entire day devoted to basic science of the shoulder and elbow. The highlight of my presidency was putting this program together with the help of Thay Lee, PhD.



2003 – 2004, Joseph D. Zuckerman, MD

During my term as President, the Executive Committee held a Strategic Planning Session to focus on the society's activities in specific areas including education, membership, research funding and collaboration with other specialty societies. As a result of this Strategic Planning Initiative, the ASES embarked on new educational initiatives that included preparation of standard PowerPoint presentations to be used to educate primary care providers about the treatment of common shoulder and elbow problems and a second, more detailed presentation to be used to educate primary care musculoskeletal providers, i.e. non-operative sports-medicine specialists, physiatrists and other physicians actively involved in providing musculoskeletal care. The decision was made to also develop education brochures to enhance our public presence. Membership bylaws and policies and procedures were also reviewed. Important changes were made, including changing the eligibility for ASES membership to coincide with membership in AAOS and removing the two-year waiting period. In addition, eligible Corresponding Members would be required sponsorship by two Active Members and at least one Corresponding Member from their country. The Strategic Planning Session also developed the concept of an Executive Committee Discretionary Fund that could be used to fund new initiatives. The amount of funds would be determined each year based upon the overall finances of the society. The distribution of funds would be based upon specific requests for funding. This initiative was different from the Research Funding Program already in place. During 2004, the ASES also agreed to co-sponsor international meetings related to the shoulder and elbow. The first co-sponsored meeting was the Shoulder Arthroplasty Conference held in Paris in April 2005. The Executive Committee also initiated an "Associate Member Development program" with the goal of providing a structured method of integrating new Associate Members into the activities of the Society.



The Closed Meeting was held at the Plaza Hotel in New York City and was attended by 115 members. The banquet was held at the Sky Club on the top floor of the Metropolitan Life Building overlooking Manhattan.

2004 – 2005, David M. Dines, MD

My presidential term was dedicated to reenergizing a number of committees in our society to follow a strategic five-year plan developed by the Executive Committee the previous year. To this end, we developed an objective scoring system for the Membership Committee to evaluate candidates for our Society, energized the Research and



David Dines, Judy Dines, and Gilles Walch

Electronic Technology committees and created an Ad Hoc committee dedicated to our relationship with industry to specifically look at all aspects of future sponsorship and relationships. We continued to strengthen our relationship with the AAOS through combined meetings and electronic education (*The Athlete's Elbow, The Athlete's Shoulder*). The highlights of our Closed Meeting, which was held in Palm Beach, included being able to hold the meeting soon after a hurricane. More important was an outstanding presentation by AdvaMed, which outlined important new industry-clinician guidelines for surgeons, individuals, and for our group as a whole.

The Closed Meeting included the first picture of the membership as a group since 1992, a wonderful moonlit clambake along the ocean and an outstanding presentation by Dr. Frank Jobe as my presidential guest speaker on his 50-year experience as a sports physician in baseball. The 4th Biennial AAOS/ASES Shoulder and Elbow Meeting in Monterey, California, included the introduction and awarding of the Mel Post Award for Excellence in Clinical Research. This award, in honor of Dr. Post, is awarded at each AAOS/ASES Biennial Meeting. The highlight of our Open Meeting was that we had the first combined meeting with AOSSM. The most successful session was at the end, which had 1,000 attendees in the room at the end of the day. As with most members, I consider the American Shoulder and Elbow Surgeons my favorite society and to have served as president is the greatest achievement of my professional career.

2005 – 2006, Joseph P. Iannotti, MD, PhD

My presidential year was highlighted by the development of a one-day scientific course on the use of Biologics in Shoulder Surgery. This was a very successful scientific meeting financially and academically. The scientific program also resulted in 23 papers accepted and published in a supplement to the *Journal of Shoulder and Elbow Surgery*. Our Closed and Open Meetings were also a great success due in large measure to the collective creative talents of the program chairs and their committees, as well as our membership. My year as President of our Society was a great honor to both serve and be recognized by my peers.



2006 – 2007, W. Z. Burkhead, Jr., MD

Being president during the 25th anniversary year of the ASES has been the greatest honor of my professional career. The character of the members, and the respect they have for the organization as a whole, make being president so easy that even I can do it. Due to the wise planning of our founding members and the steady counsel of my presidential line and executive committees, as well as the ASES office staff, the ASES is a vital, thriving organization. Our only controversy to date arose over certain curricula changes in hand surgery fellowships.



Buz Burkhead and Charles Rockwood

I have a renewed pride and respect in the AAOS and its Board of Directors for helping us seek a solution that would be best for patients. I'm proud to host our Closed Meeting in Dallas to not only celebrate the past 25 years, but to look ahead to our bright future. I hope and pray to see Dr. Charles Neer and the rest of the surviving founding members there so that I can personally thank them for creating an organization where one can be oneself while learning about the shoulder and elbow with some of the most wonderful individuals on earth. Their legacy is something to celebrate indeed.

The Future, by Christopher M. Jobe, MD

...we happy few, we band of brothers...

William Shakespeare, *Henry V*

What news of these 'bands of brothers'?

Winston Churchill, *The Second World War*

Great leaders such as Churchill and Henry V have recognized the advantages of a small, intimately acquainted group who act upon defined goals. Twenty-five years ago, our organization arose to foster advances in shoulder and elbow care through research and education. The original mission was accomplished by establishing an intimate working atmosphere among dedicated surgeons and scientists, and by using that relationship to actively encourage progress in clinical and basic science. The success of the Society can be measured in how we have defined and redefined diseases to facilitate treatment, improved basic science knowledge and developed surgical and physical therapy techniques.

While our mission will remain the same, change, the only true constant in life, will affect the specifics of how the mission is accomplished. The two greatest changes impinging upon our Society will be changes in the activities demanded of surgeons and an increase in the number of our Society's members. In addition, we will meet these challenges against an ever-changing background of teaching technology, storage of information, and transmission of information.

As surgeons, we will continue to react to the individual diseases and the social context of the patient; however, in addition, will be asked to aid in "Process Improvement". Process Improvement, a technique borrowed from the airline industry and other industries where human error is equally undesirable, seeks to standardize "clinical pathways" in a fashion that eliminates avenues for human error. The questions to our Society are, What can we do to help surgeons establish standards without stifling surgeon creativity? In other words, how can we be prescriptive without being proscriptive? This can be accomplished by establishing templates of questions that surgeons may want to ask themselves about how they want their patients to be handled. In this fashion we can help surgeons adapt evidence-based medical knowledge to the realities of the systems in which they practice. The question of how we will undertake this activity brings us to the next challenge.

Our second challenge is maintaining the maneuverability and intimacy of a smaller working party while moving to a larger, more inclusive, organization. While we fear the loss of the intimate relationship that has encouraged the intellectual honesty and the maneuverability that has allowed rapid innovation and adaptation to change, industry may provide the answers to sustaining a large organization while maintaining this maneuverability. Some large industries, such as the movie or auto industries, are divided up into smaller ad hoc corporations that attack one problem, such as a specific movie or the design of a particular part of an automobile. These ad hoc corporations operate against a backdrop of standing organizations that address more permanent problems. In the movie industry, these permanent bodies would be the distribution companies and the Screen Actors Guild, which provides insurance and retirement needs to the actors. Mobility where mobility is needed, constancy where constancy is needed.

In like fashion, the ASSES will need to perform its many new specific problem tasks with short-term ad hoc committees, operating against the backdrop of the current standing oversight committees. The shifting membership of the small ad hoc committees will allow, and in fact encourage, close contact across our membership while allowing continued rapid response to rising challenges. Technological advances such as video conferencing will allow groups of surgeons and scientists face-to-face contact without the commitment of additional time for travel and lodging.

In the future, our Society will perform an increasing number of tasks with an increasing membership, but continue to employ close-knit communities and intellectual honesty. These demands on our Society arrive, fortunately, almost simultaneously with technology that makes it possible to achieve goals in a timely fashion without overwhelming time commitment. Our Society's future, like that of the world around us, is challenging; however, it is as bright as our vision for both.

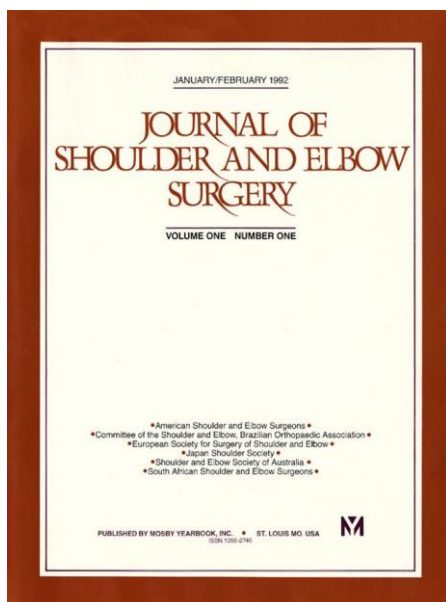
The Journal of Shoulder and Elbow Surgery, by Robert J. Neviaser, MD

In the mid 1980s, the ASES agreed that establishing a journal would be a good way to disseminate information on the specialty. Efforts were then undertaken to induce other societies from around the world to collaborate. At the 4th ICSS in New York in 1989, representatives of the various societies met and agreed on the establishment of an international *Journal of Shoulder and Elbow Surgery*. Negotiations with publishers were then begun, and Mosby was eventually contracted to publish an issue bimonthly. Mosby was later succeeded by Elsevier.

The *Journal* was launched in 1992 with Bob Cofield as the first Editor-in-Chief and an editorial board consisting of Editors in North American (Rich Hawkins, Bob Neviaser, and Andy Weiland), in Europe (Michel Mansat), in Japan (Kozaku Mizuno), in Australia (David Sonnabend), in South America (Sergio Cecchia), and in South Africa (Donald MacKenzie). In 1997, Bob Neviaser succeeded Bob Cofield as Editor-in-Chief. There have been additional editorial board changes. Evan Flatow, Pat Murnaghan, Jim Tibone, Lynn Crosby, Jesse Jupiter, and Bill Mallon have served as North American Editors. Editors have also changed in Europe (Ian Kelly, Roger Emery, Frank Gohlke, Jens Ole Sojbjerg, and Pierre Mansat), in Japan (Kenji Takagishi), in Australia (Michael Sandow), in South America (Osvandre Lech), and in South Africa (Basil Vrettos). A Research Editor (Lou Soslowsky) was added to the North American group, and an Editor in Asia was also appointed (Jin-Young Park).

The *Journal* became fully electronic in 2006 and has increased its pagination. The number of submissions has increased dramatically to an all time high of 460 in the year 2006, reflecting the enormous growth in interest and research in the field. It is listed in Indicus Medicus and can be accessed directly online or through PubMed. There have been two special issues emanating from research days at the end of ASES Closed Meetings, as well as a special issue in arthroplasty of the shoulder and elbow. Similar special issues are planned periodically.

The *Journal of Shoulder and Elbow Surgery* has been one of the most successful projects of the ASES, helped immensely by the collaboration of the other Shoulder and Elbow Societies from around the world. It is representative of the good relationships and cooperation that the ASES has with its counterparts worldwide.



ASES Education and Research History, 1982 – 2007,

by Karen Jared and Jonathan B. Ticker, MD

The primary interest of the American Shoulder and Elbow Surgeons has always been the education of Society members, as well as other interested individuals in the orthopaedic community. This is reflected in the Society's mission statement about education: Through educational programs and by encouraging research, the organization seeks to foster and advance the science and practice of shoulder and elbow care. ASES has been able to achieve these goals by attracting individuals with a genuine interest in the shoulder and elbow. Membership is limited to "those who have demonstrated a proven interest in and contribution to the field of shoulder or elbow surgery as demonstrated by the candidate's educational background and scholarship, presentations at scientific meetings, publications, and medical practice."

Since the 1st Closed Meeting in New York City in 1982, the ASES has provided for the education of our members through this annual meeting. Members value the scientific papers presented in an intimate setting, which allows for robust discussion and critical review of the material presented. Education of non-members has been multifaceted. The Society's first endeavor was the establishment of an "open" meeting held just before the AAOS Annual Meeting in 1985 in Las Vegas, Nevada. Since 1988, this meeting continues yearly during Specialty Day at the AAOS annual meeting, with several hundred clinicians and researchers participating. It is at this meeting that the Neer Award has been given annually since 1986 to the best clinical and research papers.

ASES faculty members, the Executive Committee and the Education Committee have participated in the joint planning and production of five Biennial Meetings with the American Academy of Orthopaedic Surgeons beginning in 1998 in Kiawah Island, South Carolina. Participants in the biennial Meetings value the high faculty to participant ratio, the renown of the national and international faculty, and the ability to "rub shoulders" with the faculty informally in a resort setting. Since 1994, the Mel Post Award for Excellence in Clinical Research is given at the Biennial Meetings for the best clinical research papers. The Biennial Meetings are known as the first choice among meetings offered to non-members. In addition, ASES members have participated as faculty in seventeen surgical skills courses in the Orthopaedic Learning Center in Rosemont, Illinois.

Members of the Society have been leaders in directing the educational efforts of the AAOS. ASES members have been participants on all of the major AAOS committees regarding education: the Orthopaedic Learning Center Board, the Council on Education, the Evaluation Committee, committees of the AAOS Annual Meeting such as the Instructional Course Committee, the Program Committee, Publications Committee, and the committees focusing on shoulder and elbow continuing medical education in their various iterations: categorical committees and clinical committees. Since 2005, ASES has officially jointly sponsored with the AAOS the Comprehensive Shoulder and Elbow courses, although the faculty at these courses have always been ASES members. As a joint sponsor, the society has input into the planning and location

of the courses, and shares in revenue. ASES produced one stand-alone meeting in Las Vegas at the Bellagio, November 14-16, 2003. The topic was “Shoulder and Elbow Arthritis: Management Options from Arthroscopy to Arthroplasty.” In addition to the course presentations, this meeting included table-top exhibits and the opportunity for companies to present workshops.

In 1997, under the leadership of Dr. William Seitz, ASES produced a series of patient education brochures for use in orthopaedists’ offices. The topics include: Rotator Cuff, Tendonitis and Tears, The Unstable Shoulder, Rehabilitation of the Shoulder, Tennis Elbow, Arthroscopy of the Shoulder and Elbow, Arthritis and Total Shoulder Replacement. This material demonstrated further efforts by the Society to promote patient education.

ASES members have been active as participants and as governing members in the International Congress on Surgery of the Shoulder since its inception in 1980. Two of these meetings have been hosted in the United States, including the 4th meeting held in New York City in 1989, chaired by Charles Neer, MD, and the 9th meeting held in Washington, DC in 2004, chaired by Robert Cofield, MD. The Proceedings of the Washington meeting were published in 2006 by the AAOS and titled *Surgery of the Shoulder and Elbow, An International Perspective*, edited by Tom R. Norris, MD, Joseph D. Zuckerman, MD, Jon J.P. Warner, MD and Thay Q. Lee, PhD. Another international exchange, between ASES and SECEC (European Society for Surgery of the Shoulder and Elbow) the Traveling Fellowship, has flourished since its inception in 1993. Young, up-and-coming shoulder and elbow surgeons from North America and from Europe alternate every year to travel to centers of excellence on each continent to learn from each other.

ASES members have contributed to publications jointly produced with the AAOS including *Orthopaedic Knowledge Update: Shoulder and Elbow I and II* edited by Tom Norris, MD and *Orthopaedic Knowledge Update: Shoulder and Elbow III* edited by Leesa Galatz, MD. The Society jointly sponsored the DVD, *The Athlete’s Elbow* edited by Michael Pearl, MD, Scott Steinmann, MD, and Brian Cole, MD in 2006, with commentary by James Andrews, MD. Joseph Zuckerman, MD edited *Advanced Reconstruction—Shoulder* published in 2007. Ken Yamaguchi, MD, Shawn O’Driscoll, MD, Graham King, MD, and Michael McKee, MD edited *Advanced Reconstruction—Elbow*, also published in 2007.

ASES interest in research has been demonstrated by many research grants given since 1999, as well as three research meetings. The first research meeting in 1992 in Vail, Colorado was jointly sponsored by the ASES, the AAOS, and the National Institutes of Health and chaired by Richard Hawkins, MD, FRCS(C), Rick Matsen, MD and Freddie Fu, MD. The text *The Shoulder: A Balance of Mobility and Stability* was published by the AAOS from the proceedings of this workshop. The next research meeting followed the Closed meeting in Laguna Niguel, California in 2003. Thay Q. Lee, PhD and James E. Tibone, MD chaired the meeting on “Current Basic Science in Shoulder and Elbow,” which was published as a supplement to the *Journal of Shoulder and Elbow Surgery*. The third research meeting followed the Closed Meeting in Chicago in 2006. Chaired by Joseph Iannotti, MD, PhD, the meeting on “Biologics in Shoulder and Elbow Surgery” will be published as a supplement to the *Journal of Shoulder and Elbow Surgery* in 2007.

There will be even more opportunities for ASES to educate and promote research as our society continues to grow.

The OLC July 2007 Faculty:



Front Row: Patrick J. McMahon, Donald F. D'Alessandro, Steve A. Petersen, William J. Mallon, Jonathan B. Ticker, Lynn A. Crosby, Michael Q. Freehill, Andrew Green, Daniel D. Buss, Jeffrey S. Abrams, Xavier A. Duralde,
Back Row: Gordon W. Nuber, Guido Marra, J. Michael Wiater, Donald P. Endrizzi

International Congress on Surgery of the Shoulder,

by Bernard F. Morrey, MD

The concept for the creation of the American Shoulder and Elbow Surgeons has its embryonic origin, in part, in the early international initiatives to share knowledge and disseminate information. Recognizing the increased interest and exploding base of knowledge, the international orthopaedic community movement to develop shoulder and, later, shoulder and elbow, as an independent specialty, to some extent, originated from international meetings convened to discuss problems of the shoulder. The first such meeting was an international conference convened by Professor Lippman Kessel of London, England in 1980. At this time it was immediately obvious that there was a great deal of interest and even excitement to share emerging concepts regarding the diagnosis and management of shoulder pathology. What was also recognized is that while there were obvious cultural differences a clear realization of common issues emerged. One of these was the need to consider the formal development of the subspecialty of shoulder surgery.



Lippman Kessel

In addition to the synergy that occurs from the confluence of ideas with different perspectives, the success of the initial meeting prompted the decision to reconvene another international meeting three years hence. This second international meeting was held in Toronto, Ontario, Canada in 1983 and was organized by Dr. James Bateman. With the interest and enthusiasm generated at the first congress, Dr. Charles Neer and other leading shoulder experts at that time in this country recognized the value and need for a national specialty organization oriented towards the education and dissemination of knowledge of the shoulder and, subsequently, the elbow; hence the formation of the American Shoulder and Elbow Surgeons in 1982. In the interim, interest in the international gathering continued to grow and the international attendance at the conferences grew steadily.



**Charles Rockwood and
James Bateman**

The “personality” of each meeting changed as a function of the site and of the clinical and social issues at the time. The Society has sponsored two Congresses, the 4th and the 9th. In 1989 the 4th International Meeting was held in New York City, hosted by Dr. Charles Neer and colleagues. By this time there was a recognized need to more formally organize the international congress in order to select future sites and determine content of subsequent international meetings. It was at this 4th Meeting that the first International Board on Surgery of the Shoulder was established by the attendees. The inaugural Board elected Charles Neer as chairman with

representatives, Robert Cofield of the United States, Stephen Copeland from Great Britain, Hiro Fukuda from Japan, Michel Mansat from France, Marti Vastamaki from Finland, and Peter Welsh from Canada. The stated purpose of this International Board was to “foster and facilitate the development of international congresses in shoulder surgery and provide continuity and activity between the times of the congresses.”¹ The responsibility of the Board was to facilitate the appointment of delegates from the sponsoring international societies to the congress approximately one year prior to the meeting. These delegates would then be responsible for the selection of future meeting sites. This system has proven very effective and in 2007 the 10th Meeting will be convened, for the first time, in South America in Brazil under the direction of Sergio Checchia and Osvandre Lech. The attendance and spectrum of topics has grown steadily through the years. The Congress and the Board are now the International Congress of Shoulder and Elbow Surgery and the International Board of Shoulder and Elbow Surgery, respectively, to reflect the true nature of this endeavor. The inclusion of elbow topics was introduced as early as the 2nd Meeting and has remained an important component of the international program ever since. With this 10th Meeting the International Congress will have been held in all continents (except Antarctica), which underscores the true international nature and the broad based support and appeal of this endeavor.



The future is bright for ongoing international meetings. The International Board is well organized, has made excellent site selections and the enterprise is on a firm financial footing. These Congresses have stimulated the organization of local and national shoulder and elbow associations in many countries. In addition, this has prompted the development of European and Asian shoulder and elbow organizations as well. Importantly, the mission for all of these associations is quite similar; to educate and disseminate the timeliest information regarding the pathology and management of shoulder and elbow conditions with the ultimate goal of improving patient care worldwide.

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1. Copeland, S. "ICSS History." Available at http://www.icss2007.com/eng/index_eng.htm.

The Society and Sports Medicine, by Benjamin Shaffer, MD

ASES takes pride in celebrating the pioneering contributions of its membership in the field of sports medicine. Although many clinicians deserve recognition for their contributions to this once fledgling field, three ASES members stand out in their accomplishments. From the analysis of the mechanics of the throwing shoulder and other biomechanical principles to ingenious and innovative reconstructive techniques, Drs. Jobe, Andrews and Warren deserve particular acknowledgment.

Dr. Frank Jobe, our Society's third president, charted the waters of sports medicine early in his career. His early off-the-field interest in sports medicine led to founding Centinella Hospital's Biomechanics Lab in 1978, recognized throughout the world for its innovative research and contributions to our understanding of biomechanics. But his clinical contributions have earned him recognition as a world-renowned surgeon. Although the "Tommy John" procedure is relatively commonplace amongst baseball players today, it was unheard of in 1974, when he devised this novel reconstructive procedure. Dr. Jobe's subscapularis tendon-splitting approach in treating shoulder instability further reinforced his reputation as a leader in the surgical treatment of throwing athletes. He is responsible for saving or extending the careers of countless athletes. While he is honored to share his expertise with the Dodgers Baseball Team, as well as the PGA and Senior PGA Tours, Dr. Jobe is equally proud to help the recreational athlete. His scholarly efforts have included authoring over 140 medical publications, 27 book chapters and 7 textbooks, in addition to numerous academic honors, including receiving the Neer Award twice.



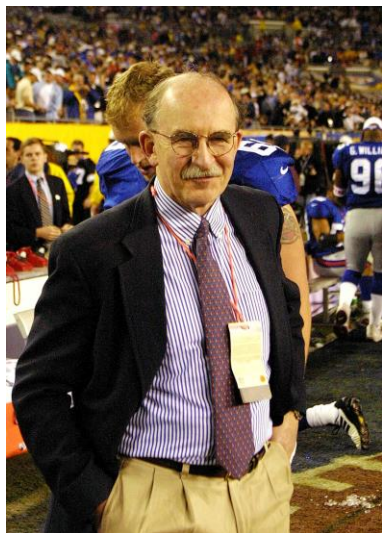
Tommy John and Frank Jobe

Dr. James Andrews combined his interest in sports, as a collegiate athlete, and in medicine, completing fellowship training under Dr. Frank McCue III and Dr. Albert Trillat, and began treating athletes under the tutelage of Dr. Jack Hughston. His commitment to understanding the biomechanics of throwing problems and his innovative approaches to managing clinical problems of the shoulder and elbow have led to many scientific articles and textbooks, with presentations given on virtually every (inhabited) continent. Dr. Andrews has trained and served as mentor to more than 150 orthopaedic sports medicine fellows and more than 30 primary care sports medicine



fellows. Professional athletes in the National Football League, Major League Baseball and the Ladies Professional Golf Association have benefited from his vast experience and expertise, which he also shares with the youth ranks through USA Baseball.

Dr. Russell Warren, ASES president in 1993-1994, first developed his interest in sports medicine as a collegiate athlete, and chose this as an area of specialization by entering practice with Dr. John Marshall in 1977. His fellowship with Dr. Charles Neer enabled him to pay particular attention to the problems of the athlete's shoulder. His life-long interest and pioneering efforts are responsible for the evolution of shoulder



arthroscopic techniques, including use of the beach-chair position, interscalene anesthesia, surgical stabilization (including the Suretac that he developed for arthroscopic labral fixation), and techniques in rotator cuff repair, as well as the co-development of the first modular shoulder replacement system. Dr. Warren has authored numerous scientific papers and textbooks and has lectured extensively around the world. He is the distinguished recipient of many honors, including the US Navy Medal of Commendation for his service in Vietnam, as well as the Neer Award for basic science research three times. His commitment to education has earned the respect of hundreds of orthopaedic sports medicine fellows, as well as residents and medical students. He has received the Philip D. Wilson, Jr. Teaching Award for excellence in teaching twice at the Hospital for

Special Surgery. While Dr. Warren is Head Team Physician for the New York Giants Professional Football Team, he, just like Drs. Jobe and Andrews, continues to advance this specialized field and its unique aspects of patient care for athletes at all levels.

Statistical Review, by Frederick A. Matsen, MD and Jonathan B. Ticker, MD

Since its inception in 1982, the American Shoulder and Elbow Surgeons has grown to include shoulder and elbow surgeons from all over the world. Many of these members have become thought leaders, making major contributions to the literature regarding the challenges faced by individuals with conditions ranging from stiffness to instability, fractures, tendon tears, and arthritis of the shoulder and elbow.

The growth in interest in shoulder and elbow is demonstrated by the success of the *Journal of Shoulder and Elbow Surgery*, as well as the increase in the number of articles in publications such as the *Journal of Bone and Joint Surgery*. Figure 1 shows that, although the balance of topics have changed over the years, the number of *JBJS* articles on shoulder and elbow has increased by over one order of magnitude since the establishment of our Society. Increasing attention is being paid to the levels of evidence for scientific articles. A review of the shoulder and elbow articles published in *JBJS* in 2006 indicates that only 3% were level I and only 6% were level II (see Figure 2). Clearly, our specialty has room to improve the quality of evidence we are putting forward.

Another example of the growth in shoulder and elbow can be seen in the number of publications on these topics in the English language. From 1900-1981, there were 55 medical books about the shoulder and/or including shoulder in the title (www.oclc.org, WorldCat search, 14Nov06). These books include such authors as Codman, Moseley, Bateman, Saha, DePalma, Post and Neviaser, among others. From 1982 on, there were 183 books published on the shoulder, including Dr. Neer's text, among many others. In the category of "thesis/dissertation/ manuscript" for the shoulder, there were 43 results prior to 1982, and 300 results after that. Two notable efforts in this category regarding instability occurred in 1982 when Dr. Hovelius published his clinical work on anterior shoulder dislocation and Dr. Turkel published his basic science work on this topic. For the elbow (www.oclc.org, WorldCat search, 26Jan07), from 1982 on, there were 37 books published. For books prior to 1982, there were 12, including the first overview of the topic by F.M. Smith titled "Surgery of the Elbow" published in 1954. For thesis/dissertation/manuscript from 1982 on, there were 41 results. For this category during the first 81 years of the 20th century, there were 48 results.

Finally, we recognize that as health care becomes more expensive and, for many, less affordable, we can credit the authors who have pioneered strategies for measuring and optimizing the cost-effectiveness of shoulder and elbow care. Some notable examples from *JBJS* are listed in Table 1 below.

In conclusion, we as members of ASSES have the responsibility for leading the way in setting progressively higher standards in the quality and relevance of the literature that guides the practice of shoulder and elbow surgery.

Figure 1: Number of *JBJS* Articles on Shoulder and Elbow

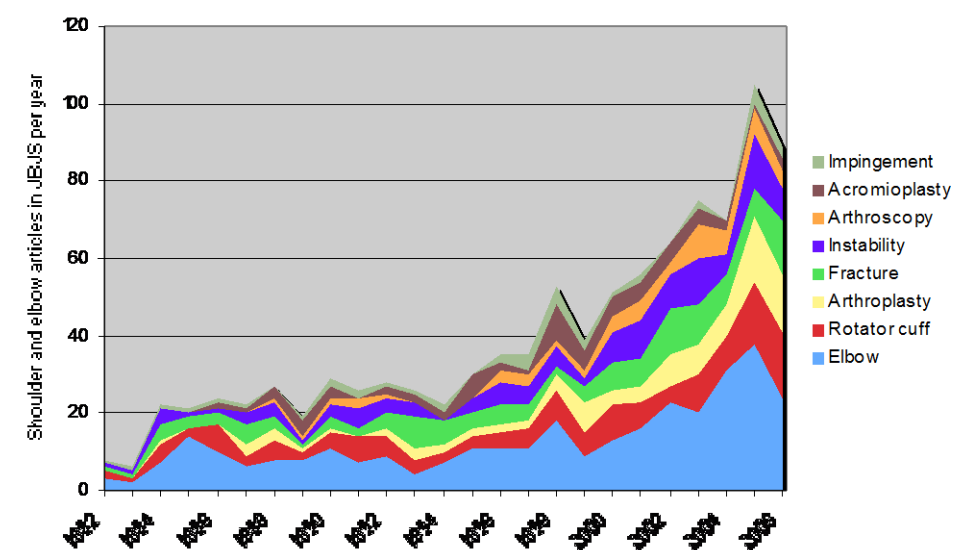


Figure 2: *JBJS* Articles – Levels of Evidence

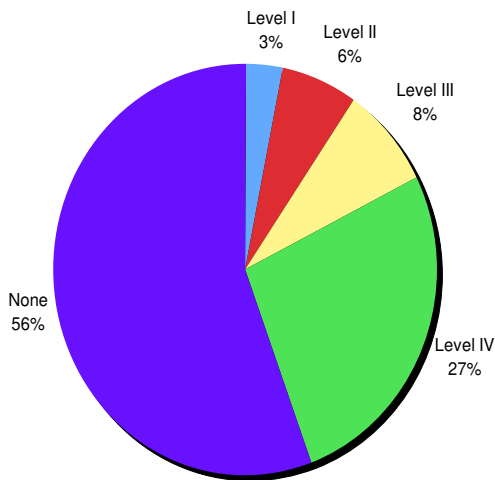


Table 1: *JBJS* Articles – Measuring the Effectiveness of Shoulder and Elbow Care

Author, Title	Result
Healy, W.L., Single Price/Case Price Purchasing	25% cost reduction for shoulder implants.
Vitale, M.G., Geographical Variation in Rates of Operative Procedures	Rates of shoulder arthroplasty and cuff repair vary as much as 10 fold from state to state.
Millett, P. J., Analysis of Transfusion Predictors in Shoulder Arthroplasty	Preoperative autologous blood donation did not eliminate the risk of allogeneic transfusion.
McKee, M.D., Effect of Surgery for Rotator Cuff Disease	Surgery for chronic cuff disease improves general health status.
Green, L. B., Sources of Variation in Readmission Rates, LOS, and OR time with Cuff Surgery	Increased OR time was associated with decreased surgeon case volume.
Teefey, S.A., Detection and Quantification of Rotator Cuff Tears	No significant differences between ultrasonography and MRI were detected.
Lastayo, P.C., CPM after Repair of the Rotator Cuff	Manual passive ROM exercises were more cost-effective than CPM.
Dunn, W.R., Variation in Orthopaedic Surgeons Perceptions about the Indications for Cuff Surgery.	Lack of agreement among surgeons about the indications for surgery.
Miller, S. L., Comparison of Intra-Articular Lidocaine and IV Sedation for Reduction of Shoulder Dislocations.	Intra articular lidocaine is more cost effective
Jain, N, Relationship between Surgeon and Hospital Volume and Outcomes for Shoulder Arthroplasty	Shoulder arthroplasty outcomes are better with high-volume surgeons
Gartsman, G. M., Shoulder Arthroplasty with or without Glenoid resurfacing	Total shoulder arthroplasty was more costly, but offered better pain relief
Hammond, J. W., Surgeon Experience and Outcomes in Shoulder Arthroplasty	Surgeons with higher volumes have decreased complication rates

Section II: Registry

The second section of the American Shoulder and Elbow Surgeons 25th Anniversary Book provides the opportunity for our founding and current membership, and those who presently serve us, to be recognized. Neer Award recipients, Traveling Fellows, and *JSES* sponsoring societies are also listed. Our educational endeavors are documented, in addition to presenting selected archival documents and images from our past and present. We include an In Memoriam list to honor Society members who are no longer with us, and finish with the current Society Bylaws.

Archival Documents

Three early documents initiating the formation of a society dedicated to shoulder and elbow surgery:

Mayo Clinic

Rochester, Minnesota 55901 Telephone 507 284-2511

Robert H. Cofield, M.D.
Orthopedic Surgery
Adult Reconstruction

✉

Dear ✉:

I am writing to you to assess your thoughts on and interest in the formation of a North American shoulder society. Earlier this year a group of us met to discuss this possibility and to consider the scope and objectives of such an organization. Frederick Matsen of Seattle, and Alan Wilde of Cleveland, and myself were asked to serve as a steering committee.

A number of types of organizations were considered: from associations with large, open memberships to clubs with closed sessions and limited objectives. A society with a membership consisting of people with a proven interest in and contribution to the field of shoulder surgery by educational background, presentations at scientific meetings, publications, or distribution of the prospective member's medical practice seemed to represent the best solution to group size and composition.

It is thought that such a society will in a general sense furnish leadership, foster advances, and enhance the study of shoulder surgery. More specifically, the meetings will serve as a forum where persons involved in this field of medicine can discuss new ideas and present scientific material. The society will be an educational body responsible for the development of scientific programs, for organization of current knowledge, for standardization of nomenclature, and for publication of material. It will act as a stimulant to research by providing a forum for presentation of new scientific advances and offering awards for special achievements. It will afford a point of origin for individuals interested in pursuing this specialty as a part of their graduate curriculum, and will develop post-graduate training opportunities. It will also afford recognition to those who have contributed to surgery of the shoulder by extending to them membership in the society.

We are well aware of the proposed disadvantages to some specialty organizations and that some consider this a fragmentation of orthopaedic surgery. On the other hand, we feel there are many benefits to proceeding at this time with a formation of such a group in this expansive phase in orthopaedic surgery in general and in shoulder surgery in specific. At this time, a nucleus for formation of such a society does exist and overtures toward formation of the society seem overwhelmingly worthwhile.

Please do let me know if you would be interested in participating in the formation of such a group and what suggestions you might have for the scope of such a society in terms of the membership. Our tentative plans are to hold a more formal organizational meeting at the time of the next American Academy of Orthopaedic Surgeons meeting in New Orleans in January of 1982. Please do let me hear from you.

Sincerely,

Robert H. Cofield, M.D.

RHC/mms

160 WELLESLEY ST. E.



TORONTO, ONTARIO
M4Y 1J3

THE WELLESLEY HOSPITAL

DIRECT DIAL 416
TEL. NO. 966-7908

R.H. Cofield, M.D.
Mayo Clinic
Rochester
Minnesota 55901

September 25, 1981

Dear Bob:

Thank you for your letter of September 14th. I think it is a most excellent and useful idea to develop an organization interested in the study of shoulder joint pathology and the treatment of the lesions that arise from this. I think the membership should consist of people with a proven interest in and contributions to the field of shoulder surgery by educational background, presentations at scientific meetings, publications, or distribution of the prospective member's medical practice.

I will be glad to meet with you at the organizational meeting at the time of the next American Academy of Orthopaedic Surgeons meeting in New Orleans in January of 1982.

Yours sincerely,

I. Macnab, M.B., Ch.B., F.R.C.S., F.R.C.S.(C)
Prof. of Surgery Univ. of Toronto.
Chief Div. of Ortho.Surg.
:jb

ROBERT L. SAMILSON, M.D., F.A.C.S.
3838 CALIFORNIA STREET, SUITE 505
SAN FRANCISCO, CALIFORNIA 94118
(415) 387-0770
ORTHOPAEDIC SURGERY

October 30, 1981

Robert H. Cofield, M.D.
Department of Orthopaedic Surgery
Mayo Clinic
Rochester, Minnesota 55901

Dear Bob:

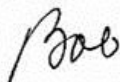
Thank you for your letter of October 26, 1981, with respect to the formation of a "North American Shoulder Society."

I am very much in favor of the idea, mainly for the purposes of exchange of information amongst informed individuals, as well as stimulation of research efforts in this important area.

In answer to your question, I would be interested in participating in the formation of such a group.

With best regards, I am

Sincerely,



Robert L. Samilson, M.D.

The Articles of Incorporation for the American Shoulder and Elbow Surgeons, registered in the state of Minnesota:

V969

STATE OF MINNESOTA



DEPARTMENT OF STATE

To All To Whom These Presents Shall Come, Greeting:

Whereas, Articles of Incorporation, duly signed and acknowledged under oath, have been recorded in the office of the Secretary of State, on the 9th day of March, A. D. 1983, for the incorporation of

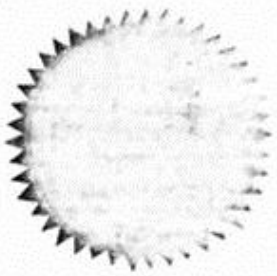
American Shoulder and Elbow Surgeons

under and in accordance with the provisions of the Minnesota Nonprofit Corporation Act, Minnesota Statutes, Chapter 317,

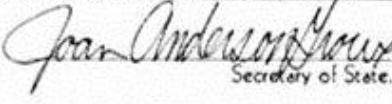
Now, Therefore, by virtue of the powers and duties vested in me by law, as Secretary of State of the State of Minnesota, I do hereby certify that the said

American Shoulder and Elbow Surgeons

is a legally organized Corporation under the laws of this State.



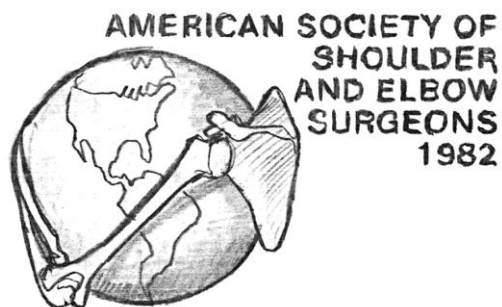
Witness my official signature hereunto subscribed and the Great Seal of the State of Minnesota hereunto affixed this ninth day of March in the year of our Lord one thousand nine hundred and eighty-three



Secretary of State.

SC-00019-02

Preliminary logo ideas for ASES....



...And the final choice of logo:



First, a partial reproduction of the report advocating for the establishment of a Journal of Shoulder and Elbow Surgery. Secondly, the beginning of the report authorizing the foundation of the *Journal of Shoulder and Elbow Surgery*.

REPORT to EXECUTIVE COMMITTEE ASES

New Orleans, February 10, 1990

TELECONFERENCE: Planning & Development Committee ASES, Jan. 30, 1990
PRESENT: Cofield, Hawkins, Jobe, Rowe, Wilde, Neer
ABSENT: Matsen and Rockwood
SUBJECT: Proposed new journal on shoulder and elbow surgery

The background was discussed. ASES has been approached in the past and declined. However, in 1989, as an outgrowth of the stimulus of the IV ICSS, Cofield, Michael Watson, Post, and Postacchini have suggested an international publication. Matsen obtained proposals from W. B. Saunders (11/89) and Raven Press (1/90). The Executive Committee, ASES requested the P & D Committee to study and make recommendations.

The unanimous vote of the P & D Committee was as follows:

1. There is a need for this journal. Immediate steps to establish it are recommended without unnecessary delay.
2. The name should be : "Journal of Shoulder and Elbow Surgery" (not "American" nor "International").



AMERICAN SHOULDER AND ELBOW SURGEONS

An Affiliate of the American Academy of Orthopaedic Surgeons

**TO: ACTIVE MEMBERS OF THE AMERICAN SHOULDER
AND ELBOW SURGEONS**

FROM: MELVIN POST, M.D., PRESIDENT

SUBJECT: PROPOSED JOURNAL OF SHOULDER AND ELBOW SURGERY

DATE: MAY 14, 1990

Dear Colleague:

At meetings in February and March of this year, the Executive Committee of the American Shoulder and Elbow Surgeons discussed in some detail and voted to move toward the establishment of a Journal of Shoulder and Elbow Surgery. This concept has been discussed previously, and indeed it was discussed most recently with representatives of other shoulder societies at the

Lists of Officers, Committees, and Meetings

Founding Members

Fred L. Allman, Jr., MD

James E. Bateman, MD, FRCS(C)

Louis U. Bigliani, MD

Robert H. Cofield, MD

Richard L. Cruess, MD

Anthony F. DePalma, MD

Frederick C. Ewald, MD

Anthony G. Gristina, MD

Richard J. Hawkins, MD, FRCS(C)

Frank W. Jobe, MD

Ian Macnab, MD, FRCS(C)

Frederick A. Matsen, III, MD

Virgil R. May, Jr., MD

Patrick J. Murnahan, MD

Charles S. Neer, II, MD

Robert J. Neviaser, MD

Tom R. Norris, MD

Melvin Post, MD

Charles A. Rockwood, Jr., MD

Robert L. Romano, MD

Carter R. Rowe, MD

Robert L. Samilson, MD

Clement B. Sledge, MD

Russell F. Warren, MD

Keith C. Watson, MD

Alan H. Wilde, MD

Past Presidents

Charles S. Neer, II, MD	1982-1983
Carter R. Rowe, MD	1983-1984
Frank W. Jobe, MD	1984-1985
Charles A. Rockwood, Jr., MD	1985-1987
Robert H. Cofield, MD	1987-1989
Melvin Post, MD	1989-1990
Frederick A. Matsen, III, MD	1990-1991
Richard J. Hawkins, MD, FRCS(C)	1991-1992
Robert J. Neviasser, MD	1992-1993
Russell F. Warren, MD	1993-1994
Harvard Ellman, MD	1994-1995
Edward V. Craig, MD	1995-1996
Robert D. Leffert, MD	1996-1997
Louis U. Bigliani, MD	1997-1998
John M. Fenlin, Jr., MD	1998-1999
Bernard F. Morrey, MD	1999-2000
Tom R. Norris, MD	2000-2001
Gary M. Gartsman, MD	2001-2002
James E. Tibone, MD	2002-2003
Joseph D. Zuckerman, MD	2003-2004
David M. Dines, MD	2004-2005
Joseph P. Iannotti, MD, PhD	2005-2006
W.Z. Burkhead, Jr., MD	2006-2007

Current Committee Members

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Christopher M. Jobe, MD, President-Elect
Joseph P. Iannotti, MD, PhD, Immediate Past-President
David M. Dines, MD, Past-President
Gerald R. Williams Jr., MD, Secretary/Treasurer (2006-2009)

Richard J. Friedman, MD, FRCS(C), Member-at-Large (>5 years) (2008)

Ken Yamaguchi, MD, Member-at-Large (< 5 years) (2007)

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W. Ben Kibler, MD (2007)

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Mark D. Lazarus, MD (2007)

Richard E. Debski, PhD (2009)

Mark W. Rodosky, MD (2009)

Robert J. Neviaser, MD (2007)

Stephen J. O'Brien, MD, MBA (2007)

Thay Q. Lee, PhD (2010)

W.Z. Burkhead, Jr., MD, Ex-officio

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William J. Mallon, MD, Chair (2008)

John M. Itamura, MD (2009)

Phillip E. Hansen, MD (2009)

John W. Sperling, MD (2008)

Anthony Miniaci, MD, FRCS(C) (2007)

Matthew L. Ramsey, MD (2008)

Scott P. Steinmann, MD (2008)

Jon J.P. Warner, MD (2007)

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J. Michael Wiater, MD (2009)

Dean W. Ziegler, MD (2009)

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Laurence D. Higgins, MD (2007)
William N. Levine, MD (2007) (Liaison to OKO)
Carl J. Basamania, MD (2008)
W.Z. Burkhead, Jr., MD, Ex-officio

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Gordon W. Nuber, MD (2008)
Daniel D. Buss, MD (2008)
Sumant G. Krishnan, MD (2009)

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Anthony Miniaci, MD, FRCS(C), Co-Chair
William H. Seitz Jr., MD
Matthew L. Ramsey, MD
Richard E. Debski, PhD
Allen A. Deutsch, MD
Leesa M. Galatz, MD
Joseph P. Iannotti, MD, PhD, Ex-officio

2007 Closed Meeting Program Committee – Dallas, Texas

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John E. Kuhn, MD
Laurence D. Higgins, MD
Felix H. Savoie III, MD
Mark A. Frankle, MD
Kai-Nan An, PhD
Robert N. Hotchkiss, MD
Graham J.W. King, MD
W.Z. Burkhead, Jr., MD, Ex-officio

2008 Open Meeting Program Committee – San Francisco, California

Gregory P. Nicholson, MD, Chair

Answorth A. Allen, MD

Richard E. Debski, PhD

Mark S. Cohen, MD

Michael L. Pearl, MD

Edward G. McFarland, MD

Donald F. D'Alessandro, MD

Kenneth P. Butters, MD

W.Z. Burkhead Jr., MD, Ex-officio

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Louis U. Bigliani, MD

Robert H. Cofield, MD

Edward V. Craig, MD

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Gary M. Gartsman, MD

Richard J. Hawkins, MD, FRCS(C)

Joseph P. Iannotti, MD, PhD

Frank W. Jobe, MD

Robert D. Leffert, MD

Frederick A. Matsen, III, MD

Bernard F. Morrey, MD

Charles S. Neer, II, MD

Tom R. Norris, MD

Charles A. Rockwood, Jr., MD

James E. Tibone, MD

Russell F. Warren, MD

Alan H. Wilde, MD

Joseph D. Zuckerman, MD

W.Z. Burkhead, Jr., MD, Ex-officio

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Keith C. Watson, MD (2008)

Kenneth P. Butters, MD (2008)

Michael A. Wirth, MD (2007)

R. Michael Gross, MD (2007)

BOS (COMSS) Representatives

Robert H. Bell, MD (2009)

W. Z. Burkhead, Jr., MD (2008)

Evidence Based Medicine Committee

Brian J. Cole, MD, Chair

Patrick J. McMahon, MD

Matthew L. Ramsey, MD

AAOS CPT Coding Committee

T. Bradley Edwards, MD (2009), Chair

Jeffrey S. Noble, MD (2008)

AD HOC Committee Fellowship Match

Evan L. Flatow, MD

Frances Cuomo, MD

AAOS ICL Liaison Committee

Gregory P. Nicholson, MD (2007)

Liaison to AOSSM

Thomas L. Wickiewicz, MD (2007)

Liaison to AANA

Felix H. Savoie III, MD (2008)

Liaison to ASSH

Jesse B. Jupiter, MD (2008)

Historian: for 25th Year Anniversary

Jonathan B. Ticker, MD

Publications Committee

Marc R. Safran, MD, Chair (2007)

Augustus D. Mazzocca, MD (2009)

Carlos Guanche, MD (2007)

Craig C. Satterlee, MD (2008)

Kevin L. Smith, MD (2007)

Christopher M. Jobe, MD, Newsletter Editor

Former and Present ASES Staff Members

Executive Directors

Carole Murphy, 1986 - 1993

Karen Jared, 1993 - present

Coordinators

Colette Hohimer, 1989 - 1991

Lisa Anderson, 1991 - 1997

Penelope Johnson, 1997 - 2000

Emily Jones Clark, 2000 - 2007

Susan Shannon, 2007 - present

ASES Traveling Fellows

2007 Fellows

Leesa M. Galatz, MD

John W. Sperling, MD

2005 Fellows

Sumant G. Krishnan, MD

Scott P. Steinmann, MD

2003 Fellows

William N. Levine, MD

Patrick St. Pierre, MD

2001 Fellows

Michael L. Pearl, MD

Edward G. McFarland, MD

1999 Fellows

Kevin P. Speer, MD

Steve A. Petersen, MD

1997 Fellows

Roger G. Pollack, MD

Gerald R. Williams, Jr., MD

1995 Fellows

Douglas T. Harryman, II, MD

Michael A. Wirth, MD

1993 Fellows

Evan L. Flatow, MD

Jon J.P. Warner, MD

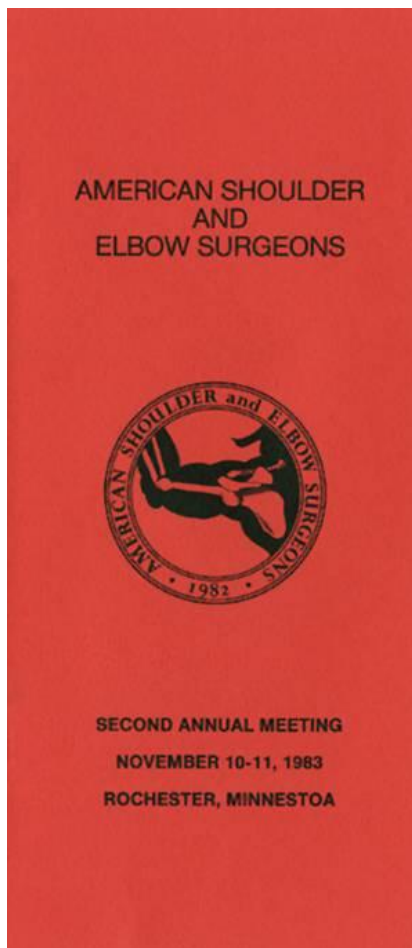


Inaugural ASES Traveling Fellowship, Switzerland, 1993 - Evan Flatow, Gilles Walch, Jon J. P. Warner, Christian Gerber

Meeting History

Closed Meetings

- 25th Closed Meeting - Chicago, Illinois.
September 13-15, 2006
- 24th Closed Meeting - Palm Beach, Florida,
November 9-12, 2005
- 23rd Closed Meeting - New York, New York,
September 29 – October 2, 2004
- 22nd Closed Meeting - Dana Point,
California, October 8-12, 2003
- 21st Closed Meeting - Pebble Beach,
California, October 30 - November 2,
2002
- 20th Closed Meeting - Napa, California,
October 24-27, 2001
- 19th Closed Meeting - Austin, Texas,
October 19-22, 2000
- 18th Closed Meeting - Philadelphia,
Pennsylvania, October 14-17, 1999
- 17th Closed Meeting - New York, New York,
November 5-8, 1998
- 16th Closed Meeting - Newport, Rhode
Island, September 5-8, 1997
- 15th Closed Meeting - Amelia Island, Florida,
October 17-20, 1996
- 14th Closed Meeting - La Quinta, California,
October 19-22, 1995
- 13th Closed Meeting - Manchester, Vermont, September 26-28, 1994
- 12th Closed Meeting - Williamsburg, Virginia, October 31 – November 2, 1993
- 11th Closed Meeting - Vail, Colorado, September 9-12, 1992
- 10th Closed Meeting - Seattle, Washington, September 4-7, 1991
- 9th Closed Meeting - Chicago, Illinois, November 7-10, 1990
- 8th Closed Meeting - New York, New York, October 4-7, 1989
- 7th Closed Meeting - Santa Fe, New Mexico, November 3-6, 1988
- 6th Closed Meeting - Orlando, Florida, November 18-21, 1987
- 5th Closed Meeting - San Antonio, Texas, November 12-14, 1986



4th Closed Meeting - Los Angeles, California, October 23-25, 1985

3rd Closed Meeting - Boston, Massachusetts, November 1-3, 1984

2nd Closed Meeting - Rochester, Minnesota, November 1983

1st Closed Meeting - New York, New York, November 1982

Open Meetings/Specialty Day

February 17, 2007, San Diego, California

March 25, 2006, Chicago, Illinois

February 26, 2005, Washington, DC

March 13, 2004, San Francisco, California

February 8, 2003, New Orleans, Louisiana

February 16, 2002, Dallas, Texas

March 3, 2001, San Francisco, California

March 18, 2000, Orlando, Florida

February 7, 1999, Anaheim, California

March 22, 1998 New Orleans, Louisiana

February 16, 1997, San Francisco, California

February 25, 1996, Atlanta, Georgia

February 19, 1995, Orlando, Florida

February 27, 1994, New Orleans, Louisiana

February 21, 1993, San Francisco, California

February 23, 1992, Washington, DC

March 10, 1991, Anaheim, California

February 11, 1990, New Orleans, Louisiana

February 12, 1989, Las Vegas, Nevada

February 7, 1988, Atlanta, Georgia – First
Specialty Day

January 21-22, 1987, San Francisco, California

February 19-20, 1986, New Orleans, Louisiana

January 23-24, 1985, Las Vegas, Nevada



Brochure from the 1985 Open Meeting

Neer Award Recipients

2007

Basic Science Award Christian Gerber, MD, Matthias A Zumstein, MD, Eric Frey, MD, Brigitte von Rechenberg, Hans Hoppeler, MD, Robert Frigg, Bernhard Jost, MD, Dominik C Meyer, MD **Reversion of Structural Muscular Changes Caused by Chronic Rotator Cuff Tendon Tearing Using Continuous Musculotendinous Traction: An Experimental Study in the Sheep**

Clinical Science Award Michael McKee, MD, Christian JH Veillette, MSc, MD, Emil H. Schemitsch, MD, Lisa M. Wild, BScN, Jeremy Hall, MD, Robert McCormack, MD, Bertrand Perey, MD, Mauri Zomar, RN, Pierre Guy, MD, Scott Mandel, MD, Thomas Goetz, MD, Karyn Moon, MD, Shirley Petit, RN, Irene Leung, RN **A Multicenter Prospective Randomized Controlled Trial of Open Reduction Internal Fixation versus Total Elbow Arthroplasty for Displaced Intra-articular Distal Humeral Fractures in Elderly Patients**

2006

Basic Science Award G. Russell Huffman, MD, John M Itamura, MD, Michelle H McGarry, MS, James E Tibone, MD, Long Duong, BS, Jeremy Gililland, BS, Thay Q Lee, PhD **Biomechanical Assessment of Inferior Tuberosity Placement during Hemiarthroplasty for 4-part Proximal Humerus Fractures**

Clinical Science Award Andrew A. Willis, MD, Stephen Fealy, MD, Russell F Warren, MD, Ronald S Adler, PhD, MD, Edward V Craig, MD, Frank A Cordasco, MD, Stephen Lyman, PhD **Deep-Vein Thrombosis Following Reconstructive Shoulder Arthroplasty: A Prospective Observational Study**

2005

Clinical Science Award Pascal Boileau, MD, Duncan Watkinson, MD, Istvan Hovorka, MD, A Hadzidakis, MD **Results of Reversed Prosthesis in Glenohumeral Joint Arthritis Associated with Rotator Cuff Tear**

Clinical Science Award Sameer Nagda, MD, Gerald Williams, Jr., MD, Kenneth Rogers, PhD, ATC, Matthew Ramsey, MD, Charles Getz, MD, David Silverberg, MD **Monitoring of Peripheral Nerve Function During Shoulder Arthroplasty Using Continuous Intraoperative Nerve Monitoring**

2004

Basic Science Award David M. Dines, MD, Daniel A Grande, PhD, Pasquale Razzano, MS, James Mason, PhD **Tendon Gene Therapy Modulates the Local Repair Environment**

Clinical Science Award Julie Bishop, MD, an KY Lo, MD, Steven Klepps, MD, Justin Bird, MD, James Gladstone, MD, Evan L Flatow, MD **Cuff Integrity Following Arthroscopic Versus Open Rotator Cuff Repair: A Prospective Study**

2003

Basic Science Award Bryan T. Kelly, MD, Riley J. Williams, MD, Frank A. Cordasco, MD, Sherry I. Backus, MA, PT, James C. Otis, PhD, Daniel E. Weiland, MD, David W. Altchek, MD, Edward V. Craig, MD, Thomas L. Wickiewicz, MD, Russell F. Warren, MD **Differential Patterns of Muscle Activation in Patients with Symptomatic and Asymptomatic Massive Rotator Cuff Tears**

Clinical Science Award Eiji Itoi, MD, Yuji Hatakeyama, MD, Tadato Kido, MD, Takeshi Sato, MD, Hiroshi Minagawa, MD, Ikuko Wakabayashi, MD, Moto Kobayashi, MD **A New Method of Immobilization after Dislocation of the Shoulder: A Prospective Randomized Study**

Clinical Science Award John W. Sperling, MD, Robert H. Cofield, MD, Charles M. Rowland, MS **Minimum 15-Year Follow-up of Neer Hemiarthroplasty and Total Shoulder Arthroplasty in Patients 50 Years Old and Less**

2002

Basic Science Award John D. MacGillivray, MD, Stephen Fealy, MD, Jason L. Koh, MD, Alan Nixon, DVM, Russell F. Warren, MD, Michael Terry, MD **Evaluation of a Rotator Cuff Defect Model Augmented with a Bioresorbable Scaffold in Goats**

Clinical Science Award Jan Nowak, MD, Margareta Holgersson PhD, Sune Larsson MD, PhD **Can We Predict Sequelae Following Fractures of Clavicle Based on Initial Findings? A Prospective Study with 9-10 Years Follow Up**

2001

Basic Science Award Mark A. Frankle, MD, Leo Ondrovic, MS, Blaine Markee, MD, William Lee, PhD **Tuberosity Reconstruction in Hemiarthroplasty for Four-Part Proximal Humerus Fractures: A Biomechanical Study to Assess Interfragmentary Stability**

Clinical Science Award Gerald R. Williams, Jr., MD, Joseph P. Iannotti, MD, PhD, John Antoniou, MD, PhD, FRCSC, Matthew L. Ramsey, MD **Iliotibial Graft Reconstruction for Treatment of Glenohumeral Instability Associated with Irreparable Suscapularis Tears and Capsular Deficiency**

2000

Basic Science Award Louis J. Soslowsky, PhD, David Malicky, PhD, Cameron Mouro, BS, Juan Frisancho, MD, Steven Lindholm, John Kuhn, MD **Total and Non Recoverable Strain Fields of the Glenohumeral Joint Capsule Under Shoulder Subluxation**

Clinical Science Award Ashwin V. Deshmukh, MD, Mark Koris, MD, David Zurakowski, PhD, Margi Chan, BA, Thomas S. Thornhill, MD **Minimum Ten-Year Follow-up, Functional Outcome, and Quality of Life After Neer-Type Total Shoulder Arthroplasty**

1999

Basic Science Award Louis J. Soslowsky, PhD, Stavros Thomopoulos, MS, Sovanrith Tun, MD, Colleen L. Flanagan, MS, Colby C. Keefer, BS, Jerry J. Mastaw, BS, James E. Carpenter, MD **Overuse Activity Injures the Supraspinatus Tendon in an Animal Model: A Histologic and Biomechanical Study**

Clinical Science Award Jon J.P. Warner, MD, I.M. Parsons IV, MD **Latissimus Dorsi Tendon Transfer: Comparison of Primary and Salvage Reconstruction of Massive Irreparable Rotator Cuff Tears**

1998

Basic Science Award Christian Gerber, MD, Richard W Nyffeler, MD, Alberto G Schneeberger, MD **Experimental Rotator Cuff Repair: An In-Vivo Study in 47 Sheep**

Clinical Science Award Christian Gerber, MD, Bruno Fuchs, MD, Juerg Hodler, MD **The Clinical and Structural Results of Direct Repair of Massive Tears of the Rotator Cuff**

1997

Basic Science Award Mark Selecky, MD, C. Thomas Vangsness, Jr., MD, Thomas Hedman, PhD, Vahid Saadat, MS **The Effects of Laser Induced Collagen Shortening on the Biomechanical Properties of the Inferior Glenohumeral Ligament Complex**

Clinical Science Award William H. Thompson, IV, MD, Frank W. Jobe, MD **Ulnar Collateral Ligament Reconstruction in Throwing Athletes: Muscle Splitting Approach Without Transposition of the Ulnar Nerve**

1996

Basic Science Award Evan L. Flatow, MD, Rick A. Raimondo, MD, Rajeev Kelkar, MS, Vincent M. Wang, BS, Roger G. Pollock, MD, Robert J. Pawluk, MS, Van C. Mow, PhD, Louis U. Bigliani, MD **Active and Passive Restraints Against Superior Humeral Translation: The Contributions of the Rotator Cuff, the Biceps Tendon, and the Coracoacromial Arch**

Clinical Science Award Joseph P. Iannotti, MD, PhD, John T. Campbell, MD, Richard S. Moore, MD Tom R. Norris, MD, Gerald R. Williams, Jr., MD **Peri-Prosthetic Humeral Fractures—Mechanisms of Fracture and Treatment Options**

1995

Basic Science Award Claude T. Moorman, III, MD, Xiang-Hua Deng, MD, Russell F. Warren, MD, Peter A Torzilli, PhD, Thomas L. Wickiewicz, MD **The Coracoacromial Ligament: Is It the Appendix of the Shoulder?**

Clinical Science Award Allan E. Inglis, MD, Mark P. Figgie, MD Lauren Asnis **Total Elbow Replacement Arthroplasty for Flail and Unstable Elbows**

1994

Basic Science Award Scott M. Lephart, PhD, Paul Borsa, MD, Freddie H. Fu, MD Jon J.P. Warner, MD **Proprioception of the Shoulder Joint in Normal, Unstable, and Post Capsulolabral Reconstructed Individuals**

Clinical Science Award David M. Weinstein, MD, Charles S. Neer, II, MD **On the Rarity of Glenoid Component Failure**

1993

Clinical Science Award David S. Morrison, MD, Anthony Frogameni, MD, Paul Woodworth, PT **Conservative Management for Subacromial Impingement of the Shoulder**

Clinical Science Award Robin R. Richards, MD, FRCS(C), D. Beaton, BScOT, A.R. Hudson, MD, ChB, FRCS(Ed), FRCS(C) **Shoulder Arthrodesis in Fifty-Seven Patients: A Functional Outcome Analysis**

1992

Roger G. Pollock, MD, Efrain D. Deliz, MD, Louis U. Bigliani, MD, Steven J. McIlveen, MD, Evan L. Flatow, MD **Prosthetic Replacement in Rotator Cuff Deficient Shoulders**

Eiji Itoi, MD, Neil E. Motzkin, MD, Bernard F. Morrey, MD, Kai-Nan An, PhD **The Stabilizing Function of the Long Head of the Biceps: With the Arm in Hanging Position**

Felix H. Savoie, III, MD, Thomas J. Montgomery, MD, Buford Yergler, MD **Comparison of Arthroscopic Debridement with Open Surgical Repair for Full Thickness Tears of the Rotator Cuff**

1991

Douglas T. Harryman, II, MD, J.A. Sidles, PhD, F.A. Matsen, III, MD **Laxity of the Normal Glenohumeral Joint – A Quantitative Assessment**

Brett R. Horwitz, MD, D. Lawrence Burk, MD, John M. Fenlin, MD, Arthur R. Bartolozzi, MD **Correlation of MRI and Arthrography with Surgical Findings in**

Rotator Cuff Disease

1990

Louis U. Bigliani, MD, Stephen J. McIlveen, MD, Frank Cordasco, MD, Emilio Musso, MD **Operative Repair of Massive Rotator Cuff Tears: Long Term Results**

Christian Gerber, MD, Alberto Schneeberger, MD, Tho-Son Vinh, MD, PhD **The Arterial Vascularisation of the Humeral Head. An Anatomic Study**

1989

Steven J. O'Brien, MD **Anatomy and Histology of the Inferior Glenohumeral Ligament Complex**

Charles A. Rockwood, Jr., MD, D. Christopher Young, MD **Complications and Management of the Failed Bristow Shoulder Reconstructions**

1988

Bernard F. Morrey, MD **Surgical Takedown of the Ankylosed Elbow**

Shawn W. O'Driscoll, MD, Dennis C. Evans, MD **Long-Term results of the Staple Capsulorrhaphy: Twenty Years Experience in the Toronto Teaching Hospitals**

1987

Frank W. Jobe, MD, Ronald Glousman, MD, James Tibone, MD, Diane Moynes, MS, RPT, Jacquelin Perry, MD **Dynamic EMG Analysis of the Throwing Shoulder with Gleno-Humeral Instability**

Melvin Post, MD **Constrained Total Shoulder Arthroplasty - Long Term Results**

1986

Edward V. Craig, MD **Continuous Passive Motion in the Rehabilitation of the Surgically Reconstructed Shoulder**

1985

Daniel A. Funk, MD, Kai-Nan, MD, PhD, Bernard F. Morrey, MD, Jasper R. Daube, MD **The Dynamics of the Elbow: A Functional Electromyographic Study**

Biennial Meetings

2006: Orlando, Florida, April 6-9, 2006

2004: Monterey, California, October 14-17, 2004

2002: Orlando, Florida, April 4-7, 2002

2000: Miami Beach, Florida, May 4-7, 2000

1998: Kiawah Island, South Carolina, April 23-26, 1998

International Congresses on Surgery of the Shoulder

- 10th International Congress on Surgery of the Shoulder, Costa do Sauipe, Brazil, September 16-20, 2007
- 9th International Congress on Surgery of the Shoulder, Washington DC, USA, May 2-5, 2004
- 8th International Congress on Surgery of the Shoulder, Capetown, South Africa, April 23-26, 2001
- 7th International Congress on Surgery of the Shoulder, Sydney, Australia, October 5-8, 1998
- 6th International Congress on Surgery of the Shoulder, Helsinki, Finland, 1995
- 5th International Congress on Surgery of the Shoulder, Paris, France, 1992
- 4th International Congress on Surgery of the Shoulder, New York City, USA 1989
- 3rd International Congress on Surgery of the Shoulder, Fukuoka, Japan, 1986
- 2nd International Congress on Surgery of the Shoulder, Toronto, ON, Canada, 1983
- 1st International Congress on Surgery of the Shoulder, London, England, 1980

Journal of Shoulder and Elbow Surgery Sponsoring Societies

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European Society for Surgery of Shoulder and Elbow

British Elbow and Shoulder Society

Danish Society for Surgery of the Shoulder and Elbow

Finnish Shoulder Society

German Society for Shoulder and Elbow Surgery

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Italian Society of Shoulder and Elbow Surgery

Spanish Society for Surgery of Shoulder and Elbow

Swedish Society for Shoulder and Elbow Surgery

South American Shoulder and Elbow Society

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Shoulder and Elbow Society of Argentina

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South African Shoulder and Elbow Surgeons

Japan Shoulder and Elbow Society

Shoulder and Elbow Society of Australia

Asian Shoulder Association

Korean Shoulder and Elbow Society

International Board on Surgery of the Shoulder

American Society of Shoulder and Elbow Therapists

Photos

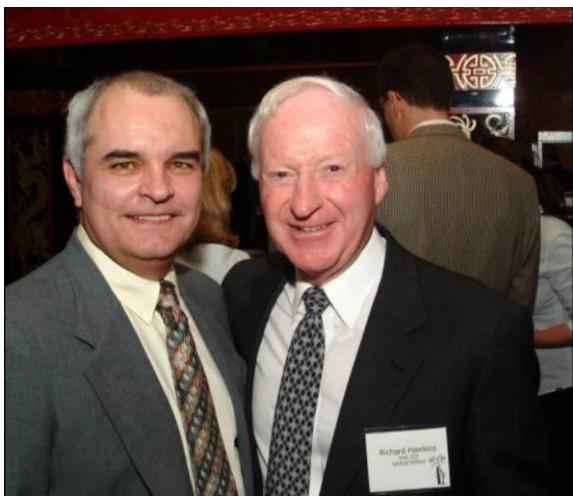
A selection of Society Members over the past 25 years; names are provided in the legend following the photos.



Frank Jobe, Jon J.P. Warner, Robert Cofield, Neal ElAttrache at the 2005 Specialty Day cocktail party in Washington, D.C.



Frances Cuomo



William Mallon and Richard Hawkins



Ralph Coonrad, Donald Ferlic, Charles Sorbie, and W. Z. Burkhead at the 2005 Specialty Day cocktail party in Washington, D.C.

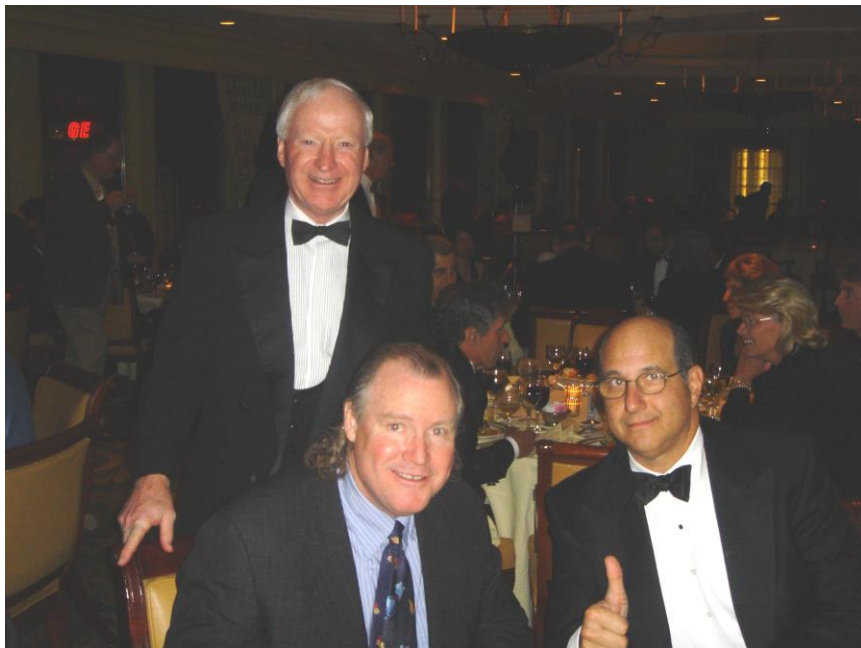
Edward McFarland and Gregory Nicholson at the 2005 Specialty Day cocktail party in Washington, D.C.



Frank Cordasco, Andrew Green, Scott Steinmann, Jason Koh, and Jonathan Ticker at the 2005 Specialty Day cocktail party in Washington, D.C.



Frederick Matsen presenting Charles Neer with a plaque commemorating his leadership at the 1991 Closed Meeting in Seattle, Washington



Richard Hawkins, W. Z. Burkhead, and Gary Gartsman



Gregory Nicholson, Jon J.P. Warner, Brian Cole, and Pascal Boileau at the
ASES Closed Meeting in New York, 2004



William Levine,
Christopher Ahmad,
Gerald Williams, and
Thomas Thornhill at
the 2005 Specialty Day
cocktail party in
Washington, D.C.

W. Z. Burkhead performing with Doctor
Doctor at the Banquet during the 2003
Closed Meeting in Laguna Nigel, California





John Fenlin, Tom Norris, and Christopher Jobe

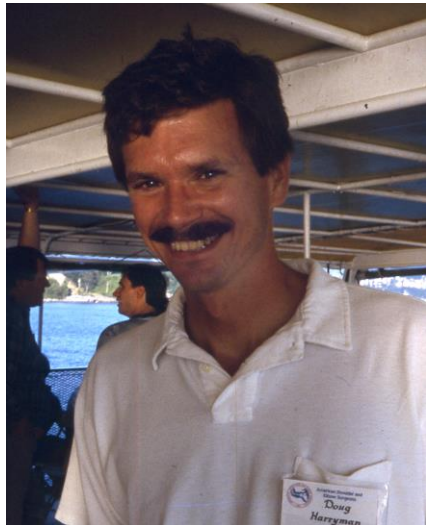
Ralph Blasier and John Kuhn
at the 2005 Specialty Day
cocktail party in Washington,
D.C.



Robert Neviasser and James Tibone



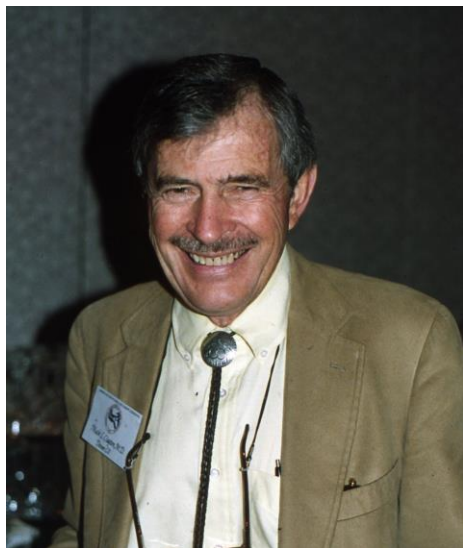
Charles Rockwood and Charles Neer



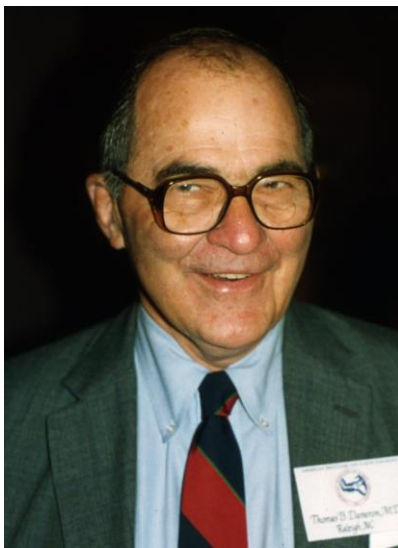
Douglas Harryman



Julius Neviaser



Mack Clayton



Thomas Dameron



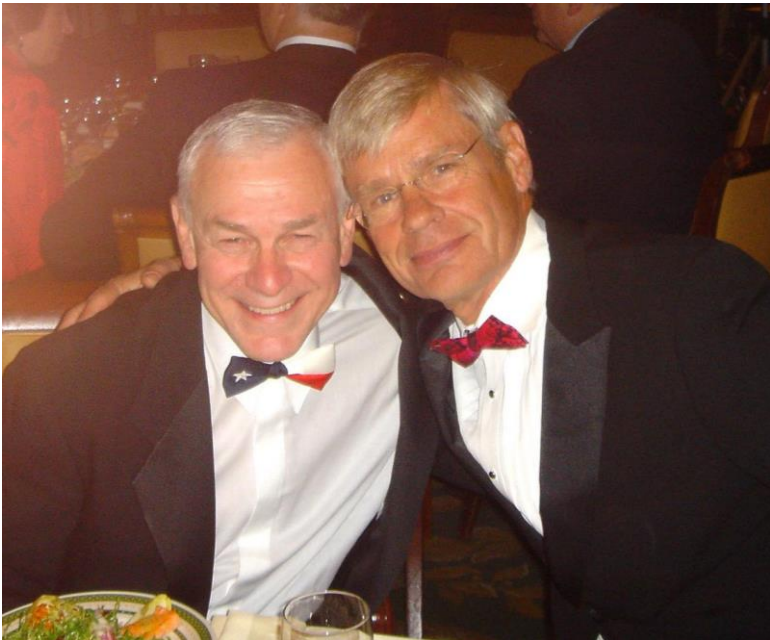
Sandy and Mike Kirkley



Virgil May



Lennart Hovellius, Chris Young, and Hiroaki Fukuda



Bernard Morrey and Frederick Matson



Michael Nilon, Barbara Frieman, and Matthew Ramsey



Bernard Morrey and Lanny Johnson



Patrick McMahon



Richard Caspari



Susan Shannon



Karen Jaren and Emily Jones at the 2005
Specialty Day cocktail party in
Washington, D.C.



Harvard Ellman and colleagues



A group of Founding Members: Louis Bigliani, Charles Rockwood, Charles Neer, Frederick Matsen, Robert Cofield, and Carter Rowe



ASES members attending the Closed Meeting in Seattle, Washington, September 4-7, 1991

Row 1 (Left to Right) – Frederick Matsen, III, Melvin Post, Frank W. Jobe, Charles S. Neer, II, Charles A. Rockwood, Jr., Robert H. Cofield, Carter M. Rowe, Richard J. Hawkins

Row 2 – Robert J. Neviaser, Richard B. Caspari, Russell F. Warren, Robert D. Leffert, Louis U. Bigliani, Alan H. Wilde, Tom R. Norris, Hans K. Uhthoff

Row 3 – Unknown, Stephen J. Snyder, Jesse B. Jupiter, Christopher M. Jobe, Robin R. Richards, Hill Hastings II, Kai-Nan An, Richard J. Friedman

Row 4 – Gary M. Gartsman, David S. Morrison, Van C. Mow, Dr. Murley, Joseph P. Iannotti, Patrick J. Murnahan, Norman K. Poppen, Thomas J. Neviaser

Row 5 – Edward V. Craig, David M. Dines, Michael Watson, Thomas B. Dameron, Ralph B. Blasier, Unknown

Row 6 – Kenneth P. Butters, Stephen J. McIlveen, David Sonnabend, Hiroaki Fukuda, Bernard F. Morrey, R. Michael Goss, Dr. Howell, Charles Sorbie

Row 7 – Douglas T. Harryman, II, Donald C. Ferlic, Unknown, Thomas S. Thornhill, Robert H. Bell, Lanny L. Johnson, John A. Sidles, Gary W. Misamore, W.Z. (Buz) Burkhead, Jr., James E. Tibone



ASES memb attending the Closed meeting in Palm Beach, Florida, November 9-12, 2005.

Front Row (Left to Right) – John M. Fenlin, Jr., Russell F. Warren, Robert H. Cofield, Robert J. Neviasser, Richard J. Hawkins, Frederick A. Matsen, III, Tom R. Norris, Louis U. Bigliani, Bernard F. Morrey, Frank W. Jobe, James E. Tibone, Edward V. Craig, David M. Dines, Joseph P. Iannotti

2nd Row From Front (Left to Right) – Charles Sorbie, R. Michael Gross, Gary S. Perlmutter, Gregory P. Nicholson, Ralph W. Coonrad, Michael L. Pearl, Jonathan B. Ticker, Leesa M. Galatz, Matthew L. Ramsey, Brian J. Cole, Jon J.P. Warner, Robin R. Richards, Ronald E. Glousman, Carl J. Basamania, Federico A. Grassi, Gordon I. Groh, Tim L. Uhl, John (Jed) E. Kuhn, C. Thomas Vangsness, Jr., Jeffrey S. Abrams, Stephen C. Weber, Thay Q. Lee

3rd Row From Front (Left to Right) – Frances Cuomo, James R. Andrews, Gilles Walch, Daniel D. Buss, George M. McCluskey, III, Donald F. D'Alessandro, Xavier A. Duralde, Richard J. Friedman, David N. Collins, Ronald P. Karzel, Marc R. Safran, Felix (Buddy) H. Savoie, III, Andrew Green, Gerald R. Williams, Jr., George A. Paletta, Jr., Dean W. Ziegler, Steve A. Petersen, Robert B. Litchfield, Robert H. Bell

4th Row From Front (Left to Right) – Frank A. Cordasco, Mark P. Figgie, Anthony A. Romeo, Michael Simoni, Patrick M. Connor, James P. Bradley, William J. Mallon, Mark A. Frankle, Thomas W. Wright, Benjamin Shaffer, Patrick J. McMahon, Richard E. Debski, Jeffrey S. Noble, Robert Hollinshead, A. Daniel Moya, Yong-Girl Rhee

5th Row From Front (Left to Right) – John M. Itamura, Barbara G. Frieman, Mark D. Lazarus, Sergio L. Checchia, Evan L. Flatow, Giovanni DiGiacomo, W. Benjamin Kibler, Robert H. Hawkins, Gordon W. Nuber, Ken Yamaguchi, Laurence D. Higgins, C. Craig Satterlee, Kenneth P. Butters, Peter D. McCann, Edward B. Self, Jr.

6th Row From Front (Left to Right) – Neil J. Maki, W. Angus Wallace, James C. Esch, Louis J. Soslowsky, Phillip E. Hansen, Answorth A. Allen, Riley J. Williams, Ettore Taverna, Stephen Copeland, Stephen J. O'Brien, John E. Conway, Graham J.W. King, W.Z. (Buz) Burkhead, Andrew S. Rokito, Scott P. Steinmann

Back Row (Left to Right) – Neal S. ElAttrache, Stephen J. Snyder, Stephen S. Burkhart, David W. Altchek, Daniel Mole, Laurent Lafosse, Pascal Boileau, Gary W. Misamore, Roger G. Pollock, Herbert Resch, William H. Seitz, Jr., Christopher M. Jobe, Kirk Jensen, Lewis A. Yocum

Current Membership, as of July 2007

Total Members: **290**
Active Members: **125**
Associate Members: **59**
Affiliate Members: **10**
Senior Members: **17**
Corresponding Members: **77**
Honorary Members: **2**

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**Jin-Young Park, MD,
Prof.**
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Houston, TX

ACTIVE

Michael L Pearl, MD
Los Angeles, CA

ASSOCIATE

Gary S Perlmutter, MD
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HONORARY

Jacquelin Perry, MD
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CORRESPONDING

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Milan, ITALY

ACTIVE

Mark W Rodosky, MD

Pittsburgh, PA

ACTIVE

C Craig Satterlee, MD

North Kansas City, MO

ACTIVE

William D Regan Jr, MD

Vancouver, BC
CANADA

ACTIVE

Andrew S Rokito, MD

New York, NY

ACTIVE

Felix H Savoie III, MD

Jackson, MS

CORRESPONDING

Herbert Resch, MD

Salzburg, AUSTRIA

SENIOR

Robert L Romano, MD

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ASSOCIATE

Theodore F Schlegel, MD

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CORRESPONDING

Yong-Girl Rhee, MD

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KOREA

ASSOCIATE

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SWITZERLAND

ACTIVE

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ACTIVE

Marc R Safran, MD

Stanford, CA

ACTIVE

William H. Seitz, Jr, MD

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SENIOR

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Jr, MD**

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CORRESPONDING

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Sotelo, MD, PhD**

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ASSOCIATE

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AUSTRALIA

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Ridgewood, NJ

ACTIVE

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Arlington, VA

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Joern Steinbeck, MD
Muenster, GERMANY

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Scott P Steinmann, MD
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Maebashi, Gunma,
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Nahoto Takagishi, MD
Fukuoka, JAPAN

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Boston, MA

ACTIVE

James E Tibone, MD
Los Angeles, CA

ACTIVE

Jonathan B Ticker, MD
Massapequa, NY

CORRESPONDING

Felipe Toro, MD
Santiago, CHILE

CORRESPONDING

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FRCS**
Wigan, Lancashire,
UNITED KINGDOM

AFFILIATE

**Tim L Uhl, PhD, PT,
ATC**

Lexington, KY

SENIOR

Hans K Uhthoff, MD

Ottawa, ON CANADA

ACTIVE

**C Thomas Vangsness
Jr, MD**

Los Angeles, CA

CORRESPONDING

Marti Vastamaki, MD

Helsinki, FINLAND

CORRESPONDING

**Basil C Vrettos, MD,
FRCS**

Cape Town, Western
Cape, SOUTH AFRICA

CORRESPONDING

Gilles Walch, MD

Lyon, FRANCE

CORRESPONDING

**Andrew L Wallace,
MBBS, PhD, FRACS**

London, UNITED
KINGDOM

CORRESPONDING

W Angus Wallace, MD

Nottingham, UNITED
KINGDOM

CORRESPONDING

Richard Wallensten, MD

Stockholm, SWEDEN

AFFILIATE

William R Walsh, PhD

Randwick,
AUSTRALIA

ACTIVE

Jon J P Warner, MD

Boston, MA

ACTIVE

Russell F Warren, MD

New York, NY

ACTIVE

Keith C Watson, MD

Fort Worth, TX

HONORARY

Michael Watson, MD

Herts, UNITED
KINGDOM

ACTIVE

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R Peter Welsh, MD

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ZEALAND

ASSOCIATE

J Michael Wiater, MD

Beverly Hills, MI

ASSOCIATE

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Wickiewicz, MD**

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SENIOR

Alan H Wilde, MD

Broadview Heights, OH

SENIOR

A Murray Wiley, MD

Toronto, ON
CANADA

CORRESPONDING

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PhD**

Bergen,
NETHERLANDS

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**Gerald R Williams Jr,
MD**

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ASSOCIATE

Riley J Williams, MD

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ACTIVE

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Thomas W Wright, MD
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Taipei, TAIWAN

ACTIVE

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Saint Louis, MO

ACTIVE

Lewis A Yocum, MD
Los Angeles, CA

ASSOCIATE

Dale C Young, MD
Richmond, VA

ACTIVE

Bertram Zarins, MD
Boston, MA

ASSOCIATE

Dean W Ziegler, MD
Milwaukee, WI

ACTIVE

Joseph D Zuckerman, MD
New York City, NY

In Memoriam

Members

James E. Bateman, MD (1999)
Richard B. Caspari, MD (2000)
Mack L. Clayton, MD (2007)
Thomas B. Dameron, Jr., MD (2004)
Anthony F. De Palma, MD (2005)
Harvard Ellman, MD (1996)
Anthony G. Gristina, MD (1998)
Douglas T. Harryman, II, MD (2000)
Ian G. Kelly, MD (2004)
Lipmann Kessel, MD (1986)
Alexandra (Sandy) Kirkley, MD (2002)
Virgil R. May, Jr., MD (2000)
Melvin Post, MD (2002)
Carter M. Rowe, MD (2001)
A.K. Saha, MD (1994)
Robert L. Samilson, MD (1984)

Honorary Members

E. Amory Codman, MD (1940)
Verne T. Inman, MD, PhD (1980)
Ian Macnab, MD (1992)
Harrison L. McLaughlin, MD (1970)
Herbert F. Moseley, MD (1970)
Julius S. Neviaser, MD (1980)

Bylaws

**RESTATED AND AMENDED
BYLAWS
OF
AMERICAN SHOULDER AND ELBOW SURGEONS
(the “Society”)**

MISSION STATEMENT

Through educational programs and by encouraging research, the organization seeks to foster and advance the science and practice of shoulder and elbow care.

ARTICLE I

NAME, OBJECTIVES AND PURPOSE, OFFICES, CORPORATE SEAL

1.01. Name. The name of the society shall be the American Shoulder and Elbow Surgeons. Surgery of the shoulder and elbow is a medical specialty, which includes the investigation, preservation, restoration, and development of the form and function of the shoulder girdle, arm, elbow, and associated structures by medical, surgical, and physical means.

1.02. Objectives and Purpose. The objectives of the American Shoulder and Elbow Surgeons (herein after referred to as the “Society”) shall be:

- A. The Society in a general sense will furnish leadership, foster advances, and enhance the study of shoulder and elbow surgery.
- B. The meetings will serve as a forum where persons involved in this field of medicine can meet, discuss new ideas, and present scientific material.
- C. The Society is an educational body responsible for development of scientific programs, for organization of current knowledge, for standardization of nomenclature, and for publication of scientific materials.

- D. The Society will act as a stimulant to research by providing a forum for presentation of new scientific advances and offering awards for special achievement.
- E. The Society will afford a point of origin for individuals interested in pursuing this specialty as a part of their medical career and will develop post-graduate training opportunities.
- F. The Society will afford recognition to those who have contributed to surgery of the shoulder and elbow by extending to them membership in the society.

1.03. Registered Office. The address of the registered office of this Society in Minnesota shall be as set forth in the Articles of Incorporation of this Society, or in the most recent amendment or restatement of the Articles of Incorporation, or in a certificate of change of registered office filed with the Secretary of State of Minnesota reflecting the adoption of a resolution by the Executive Committee of this Society changing the registered office.

1.04. Other Offices. This Society may have other offices, within or without the State of Minnesota, as the Executive Committee may from time to time determine, or as the activities of this Society may from time to time require.

1.05. Corporate Seal. If the Executive Committee determines a corporate seal to be necessary or desirable, this Society may have a corporate seal, circular in form, and bearing the name of this corporation or any abbreviation thereof and the words "Corporate Seal" (or "Seal") and "Minnesota"; provided, however, that if this Society has a corporate seal, the use of the seal by the Society on any document shall not be required, and the use or nonuse of a corporate seal shall not affect the validity, recordability, or enforceability of any document executed by, or any action taken by, the Society.

ARTICLE II

CLASSES OF MEMBERSHIP

2.01. Classes of Membership. There shall be the following classes of membership in this Society: Active Members, Associate Members, Affiliate Members, Senior Members, Corresponding Members, and Honorary Members.

2.02. Active Members. A physician who holds a degree of doctor of medicine, doctor of osteopathy, or equivalent medical degree as determined by the Executive Committee, who holds a valid and unrestricted license to practice

medicine in the United States or Canada and who is a member in good standing of the American Academy of Orthopaedic Surgeons, the Canadian Orthopaedic Association, or the major national group representing the medical specialty of the proposed Active Member acceptable to the Executive Committee shall be eligible to become an Active Member. Candidates for Active Membership shall have demonstrated a proven interest in and contribution to the field of shoulder or elbow surgery as demonstrated by the candidate's educational background and scholarship, presentations at scientific meetings, publications, and medical practice. An Active Member shall possess voting rights and may hold office and serve on the committees of the Society. The Executive Committee shall elect Active Members at the first regular meeting of the Society as proposed by the Secretary-Treasurer.

2.03. Associate Members. A person who holds a degree of doctor of medicine or doctor of osteopathy and resides in the United States or Canada, and who is a member in good standing in the American Academy of Orthopaedic Surgeons, the Canadian Orthopaedic Association, or the major national group representing the medical specialty of the proposed Associate Member, shall be eligible to become an Associate Member. Associate Members may serve on Society committees but shall not be entitled to vote or hold office. Each year the Membership Committee of the Society shall review the roster of Associate Members and recommend to the Executive Committee those Associate Members who they feel should be recommended for Active Membership in the Society.

2.04. Affiliate Members. A person who is a physician or recognized expert, such as a biologist or engineer, who has contributed to the understanding of the shoulder or elbow and who is a resident of the United States or Canada, shall be eligible to become an Affiliate Member. This person with rare exception will hold an advanced educational degree such as Doctor of Philosophy or Doctor of Medicine. Affiliate Members may serve on Society committees but shall not be entitled to vote or hold office.

2.05 Senior Members. Active Members and Affiliate Members upon reaching the age of 65 or upon retirement from active medical or other scientific practice shall be eligible to become Senior Members. Eligible Active or Affiliate Members may apply to the Secretary-Treasurer of the Society for transfer to Senior Membership. The Secretary-Treasurer will then notify the Executive Committee. Senior Members shall not possess the right to vote, hold office, or serve on committees of the Society with the exception of the Planning and Development Committee. Senior Members may not be required to attend the Annual Meetings of the Society or pay dues; however, Senior Members may be required to pay a fee for meetings of the Society that they attend. Senior Members will be reinstated to Active or Affiliate Member status upon application to the Secretary-Treasurer of the Society and approval by the Executive Committee.

2.06. Corresponding Members. Persons who would otherwise be considered for Active or Affiliate Membership, but who reside and practice medicine outside the United States or Canada, shall be eligible to become Corresponding Members. If applicable, a Corresponding Member shall also be a member of the major specialty society established in the Corresponding Member's home country. A Corresponding Member shall not possess the right to vote or hold office but shall be permitted to serve on the committees of the Society. Corresponding Members shall not be required to pay dues but will be required to pay a fee for meetings of the Society that they attend.

2.07. Honorary Members. Persons identified by the Executive Committee as worthy of the title of Honorary Members because of their notable contributions to the field of surgery of shoulder or elbow, or because of their long-term activity in the interests of the Society shall be eligible to become Honorary Members. Honorary Members shall not be required to attend meetings or pay dues. Honorary Members shall not be entitled to vote, hold office or serve on committees of the Society.

ARTICLE III

ELECTION, MEETINGS AND RIGHTS OF MEMBERS

3.01. Membership. Membership in the Society is a privilege and shall be by invitation only. Two Active Members may sponsor an individual for Active, Associate, or Affiliate, Membership by writing supporting letters to the Chair of the Membership Committee of the Society. Affiliate members may also be nominated for membership by one affiliate member and one active member. Corresponding members must be nominated for membership by one corresponding member and two active members. An Active Member may sponsor up to two individuals for Active or Associate membership in any given year. An Active Member may also sponsor up to two individuals for Affiliate membership or two individuals for Corresponding membership in any given year. Upon receipt of supporting letters on behalf of a candidate for membership, the Membership Committee will send a membership application to the candidate, which must be completed and returned to the Membership Committee by the date decided upon by the Membership Committee. After consideration of the supporting letters and membership application, the Membership Committee may require additional supporting letters, a list of operative procedures, or a personal interview with the candidate for membership. After due deliberation, the Membership Committee shall recommend to the Executive Committee those candidates who should be considered for Active, Associate, Affiliate, or Corresponding Membership.

3.02. Recommendation by Executive Committee. At least forty-five (45) days prior to the annual meeting, the Executive Committee shall review the recommendations of the Membership Committee and shall determine whether to recommend candidates to the Society for membership in the categories indicated by the Membership Committee. An affirmative vote by two-thirds (2/3rds) of the voting members of the Executive Committee at the meeting shall be necessary to recommend a candidate to the Society for membership.

3.03. Election by the Membership of the Society. At least thirty (30) days prior to the Annual Meeting of the Society, the Secretary-Treasurer shall forward to the membership of the Society the names of those candidates recommended by the Executive Committee for membership in the Society. Active Members attending the Society's Annual Meeting shall vote on the membership recommendations of the Executive Committee. An affirmative two-thirds (2/3rds) vote of the Active Members present at the Annual Meeting shall be required to elect any candidate to any class of membership in the Society. Those newly elected candidates shall receive a certificate of membership (reflecting the appropriate category of membership) in the Society and a copy of these Bylaws.

3.04. Election of Honorary Members. Candidates for Honorary Membership may be recommended to the Society by either the Membership Committee or the Executive Committee. The Executive Committee, by unanimous agreement of the voting members in attendance, will then recommend these candidates to the Society for Honorary Membership.

3.05. Meetings of Members.

(a) Place of Meetings. Meetings of the membership shall be held at the principal office or place of business of the corporation or at such other suitable place convenient to the membership as may be designated by the Executive Committee.

(b) Annual Meetings. An Annual Meeting of the members of the Society shall be held each year at such time as the Executive Committee determines. The members may transact such business as may properly come before them at such meeting, provided that a quorum is present in person at the meeting.

(c) Special Meetings. Special meetings may be called by the President or may be called as directed by the Executive Committee. The notice of any special meeting shall state the time and place of such meeting and the purposes thereof. No business shall be transacted at a special meeting except as stated in the notice unless all members have waived notice of the meeting.

(d) Notice of Meetings. It shall be the duty of the Secretary-Treasurer to mail or e-mail a notice of each annual or special meeting, stating the purposes thereof if it is a special meeting as well as the time and place where it is to be held, to each member of record on the date occurring thirty (30) days before the date scheduled for the meeting, at his or her address as it appears on the membership records of the Society, or if no such address appears, at his or her last known place of business, at least ten (10) days but not more than thirty (30) days prior to such meeting. The mailing of a notice in the manner provided in this section shall be considered notice served; provided, that such notices may be excused in the same manner as provided for notices of meetings of the Executive Committee in Section 6.03.

(e) Quorum. Except as otherwise provided by law, the Articles of Incorporation, or these Bylaws, the presence at any meeting, in person, of a one-third (1/3) of the members shall constitute a quorum.

(f) Adjourned Meetings. If any meeting of the membership cannot be organized because a quorum is not present, the members who are present may, except as otherwise provided by law, adjourn the meeting to another time.

(g) Conduct of Meetings. Meetings of members shall be conducted in accordance with Robert's Rules of Order, Revised. The President, if present, or if not present, the President-Elect shall preside over all meetings of members. In the absence of such officers at any meeting of members, the members present at the meeting shall appoint any person present to act as presiding officer of the meeting. The order of business at each regular meeting, and so far as possible, at special meetings of members, shall be:

- (1) Calling of roll.
- (2) Proof of notice or waivers.
- (3) Reading and approval of minutes of previous meetings or action of members.
- (4) Reports.
- (5) Unfinished business.
- (6) New business.
- (7) Adjournment.

3.06. Membership Termination. Membership of any member may be terminated by a two-thirds (2/3rds) vote of the Executive Committee under the following circumstances:

(a) Upon forty-five (45) days written notice for failure to pay membership fees and/or dues.

(b) Upon ninety (90) days written notice for failure to pay a mandatory assessment.

(c) Upon ninety (90) days written notice for any reason when, in the judgment of the Executive Committee in its sole discretion, the purposes, best interests or well being of the Society will be served thereby.

(d) Failure to fulfill meeting attendance requirement based upon policies and procedures established by the Executive Committee.

No membership shall be terminated under clause (c) until the member has been afforded a reasonable opportunity to be heard by the Executive Committee. No membership shall be terminated under clauses (a) or (b) if the member tenders payment to the Society of the amount due that is specified in the notice of termination prior to the end of the notice period specified in clause (a) or clause (b), as the case may be.

ARTICLE IV

MEMBERSHIP DUES AND FEES

4.01. Dues. Annual dues shall be determined by the Executive Committee. Active, Associate, and Affiliate Members shall pay these dues annually to the Secretary-Treasurer of the Society. The dues shall include a subscription fee to the official journal of the Society.

4.02. Registration Fees. Registration fees for each annual or interim meeting of the Society shall be paid by non-dues paying members and guests. The amount of such fees shall be determined by the Executive Committee. Active, Associate, or Affiliate Members will be required to pay registration fees, as determined by the Executive Committee.

4.3. Assessments. The Executive Committee shall have the power to impose a special assessment on the membership or any one or more categories of membership.

4.04. Exemption. Any request for exemption from dues or fees shall be directed to the Secretary-Treasurer and shall be decided upon by the Executive Committee.

ARTICLE V

ETHICS AND DISCIPLINE

5.01. Ethics Rules. Each member shall be expected to comply with the Principles of Medical Ethics of the American Medical Association and with the Bylaws (and any amendments thereto) of this Society (collectively, the “Ethics Rules”). The Executive Committee shall possess the right to censure, suspend, or expel any member for violation of the Ethics Rules.

5.02. Report of Ethical Violations. Any recognized violation of the Ethical Rules by a member of the Society should be reported in writing to the President of the Society. Upon receipt of a report, the President shall forward a copy of the report to the member in question for response.

5.03. Investigation by Executive Committee. The report and the member’s response, if available, will be considered at the next Executive Committee meeting. If the Executive Committee feels that the report should not be pursued further, the member in question and the member initiating the report shall be notified. If two-thirds (2/3rds) of the voting members present believe the alleged violation merits further investigation, the Secretary-Treasurer shall so inform the member and explain the right to appear before the Executive Committee on a specified date or submit further evidence to demonstrate why disciplinary action should not be taken. If further action by the Executive Committee is deemed to be necessary, the notified member in question shall respond by a registered or certified letter to the Secretary-Treasurer within thirty (30) days of receipt of the notice.

5.04. Hearing. The Executive Committee shall then hold a hearing to consider the evidence relevant to the allegations of ethical misconduct contained in the report. The member whose conduct is in question shall be afforded an opportunity to be heard and to present evidence on his or her behalf. A majority of the voting members of the Executive Committee present at the meeting must vote in favor of taking any disciplinary action. If disciplinary action is approved, the Secretary-Treasurer will notify the member as to the type of discipline and the reason for it within fifteen (15) days of the Executive Committee decision.

ARTICLE VI

EXECUTIVE COMMITTEE

6.01. Composition of the Executive Committee. The board of directors of this Society shall be known as the “Executive Committee.” The Executive Committee shall be composed of seven (7) members: the President, the President-elect, the Secretary-Treasurer, the two (2) immediate past-Presidents, and two members-at-large. Each past-President shall serve a two (2) year term on the Executive Committee after completing his year as President. One member-at-large

shall be nominated by the Nominating Committee and presented to the Society for election at the Annual Meeting. Additional nominations for members-at-large may come from the floor. Members-at-large shall be elected to a two (2) year term by a majority of the Active Members in attendance at the Annual Meeting, and they shall be ineligible for re-election to subsequent terms. One member-at-large shall have been an Active Member of the Society for less than five (5) years and the second member-at-large shall have been an Active Member of the Society for more than five (5) years. One COMSS representative shall be a member of the Executive Committee.

6.02. Authority and Duties of the Executive Committee. The Executive Committee shall manage the business and affairs of the Society and shall possess all powers and responsibilities conferred upon the board of directors of a nonprofit corporation by chapter 317A of the Minnesota Statutes, as now or hereafter amended, except as those responsibilities may be limited or delegated by the Articles of Incorporation or these Bylaws. The Executive Committee shall be responsible for membership selection and for the discipline of members. The Executive Committee shall receive and consider the reports of committees and review their activities. The Executive Committee may invite who it wishes to attend Executive Committee meetings.

6.03. Meetings. The Executive Committee shall conduct an annual Executive Committee business meeting at the Annual Meeting of the Society. The Executive Committee may conduct special meetings called by the President or any four members of the Executive Committee. At least five days' notice of any special meeting must be given to each Executive Committee member. The attendance of an Executive Committee member at any meeting shall constitute a waiver of notice except where an Executive Committee member attends for the express purpose of objecting to the meeting because it is not lawfully called or convened.

6.04. Quorum. Except as otherwise required by the Articles of Incorporation or these Bylaws, a quorum shall consist of a majority of the voting members of the Executive Committee. A majority vote of the members present and voting at a meeting of the Executive Committee at which a quorum is present shall be the act of the Executive Committee, unless the vote of a larger number is required by applicable law, the Articles of Incorporation or these Bylaws.

6.05. Vacancies. Vacancies on the Executive Committee may be filled by a majority vote of the remaining members of the Executive Committee should they so elect.

6.06. Written Action. Any action that the Executive Committee could take at a duly called meeting of the Executive Committee may be taken by a written action signed by all the members of the Executive Committee. The same action need not be signed by all members, and each may sign a separate counterpart of the Written Action.

6.07. Electronic Communication. A conference telephone call, or other conference among directors by any means of communication through which the members may simultaneously hear each other during the conference, shall constitute a meeting of the Executive Committee; provided that any notice requirements for a meeting are met and that the number of members participating in the conference are sufficient to constitute a quorum at a meeting.

ARTICLE VII

JOURNAL OF SHOULDER AND ELBOW SURGERY

7.01. The Journal of Shoulder and Elbow Surgery (the “Journal”) shall be the official publication of the Society for scientific and medical articles which contain information regarding the investigation, development, preservation and restoration of the form and function of the shoulder girdle, arm, elbow and associated structures by medical, surgical, and physical means. The Journal shall become the recognized international publication for shoulder and elbow surgeons. The Journal shall solicit contributions from the membership of the Society and similar medical specialty societies throughout the world.

7.02. Board of Trustees. The Board of Trustees shall manage the publication of the Journal. The Board of Trustees shall have the final responsibility and complete authority for all decisions relating to the publication of the Journal. The Board of Trustees shall be composed of eight (8) voting members: six (6) representatives from the American Shoulder and Elbow Surgeons (North America), one representative from the Japan Shoulder Society, and one representative from the European Society for Surgery of the Shoulder and Elbow. In addition, the Board of Trustees shall have one non-voting member: the Editor-in-Chief of the Journal. The Board of Trustees shall manage the publication of the Journal. The North American members of the Board of Trustees shall be past presidents of the Society who two years after their term as president will be appointed for a six-year term on the Board of Trustees. Should a member be elected Chairman of the Board, he/she is allowed to complete the full two (2) year term as Chairman. Should a vacancy arise among the North American Voting members of the Board of Trustees, the Board of Trustees may elect to fill the vacancy for the remainder of that individual’s term of office. All candidates for the six (6) North American voting positions on the Board of Trustees shall be Active Members of the Society.

The officers of the Board of Trustees shall consist of the Chairman, the Secretary, and the Treasurer, and shall be elected by the membership of the Board of Trustees for two-year terms of office. No person may serve more than two (2) consecutive full terms as an officer in the same office of the Board of Trustees. The Editor-in-Chief of the Journal shall be appointed by the Board of Trustees, and such appointment shall be for a two (2) year term subject to unlimited renewals. The Japanese and European Trustees will be nominated by their respective Societies. These Trustees shall not require election by the membership of the Society, and they shall counsel the Board of Trustees on international issues and facilitate communication with, and publication in the Journal by, members in their respective societies. The Chairman of the Board of Trustees shall present a report at the Annual Meeting of the Society.

7.03. Editor-in-Chief. The Editor-in-Chief shall be responsible for selecting, preparing and transmitting the editorial materials to the publisher of the Journal for publication. The Editor-in-Chief shall be selected by the Board of Trustees. The Editor-in-Chief shall be responsible for nominating individuals for various positions on the editorial staff. Such positions shall include Deputy or Associate Editors, North American and international members of the editorial staff, editorial advisors, consultant reviewers and other appropriate members of the editorial staff. All such appointments shall be subject to the approval of the Board of Trustees. The Editor-in-Chief, upon approval by the Board of Trustees, shall have full power and authority to enter to contracts for the publication of the Journal and for all related aspects of publication. The Editor-in-Chief shall also have full power and authority, subject to approval by the Board of Trustees, to assign the Society's copyrights in and to the Journal. The Editor-in-Chief shall prepare an annual report for the Board of Trustees together with interim reports as the Board of Trustees may require.

ARTICLE VIII

OFFICERS

8.01. Officers; Terms of Office. Elected officers of the Society shall be: the President, the President-Elect, the Secretary-Treasurer, and the Secretary-Treasurer-Elect. The President shall serve a one-year term of office. The President may not serve two (2) consecutive full terms. The President-Elect and the Secretary-Treasurer-Elect shall serve one-year terms of office. The Secretary-Treasurer shall serve a three (3) year term and may be elected for one consecutive full term of office.

8.02. Nomination and Election of Officers. The Nominating Committee shall prepare a list of nominees for the positions, which will become

vacant at the close of the Annual Meeting at which the list is presented. Additional nominations may be made by Active Members from the floor. Each Active Member in attendance shall have one vote for each position being considered. There shall be no cumulative voting. The term of office for those elected shall commence at the close of the Annual Meeting at which they are elected. The Nominating Committee shall prepare the following list of nominees annually:

President-Elect

1 member-at-large to the Executive Committee

1 Past President to the JSES Board of Trustees

The Nominating Committee shall prepare a list of nominees for Secretary-Treasurer-Elect each third year at the Annual Meeting preceding the termination of the office of the current Secretary-Treasurer by one year.

8.03. Vacancy and Removal. A vacancy in any office or in the three (3) elected positions of the Nominating Committee may be filled upon a majority vote of the members of the Executive Committee for the unexpired portion of the term or until the next Annual Meeting. Any officer, committee member or agent of the Society may be removed by the Executive Committee when in its judgment the best interests of the Society would be served thereby.

8.04. President. The President shall be the principal executive officer of the Society and shall have the following duties:

- a. Preside at all meetings of the Society and Executive Committee.
- b. Deliver an address at the Annual Meeting.
- c. Appoint all committees not otherwise provided for in the Bylaws and fill all vacancies that occur on committees between Annual Meetings.
- d. Serve as an ex-officio member of all committees except the Nominating Committee.
- e. Execute documents as directed by the Executive Committee.
- f. Act in the event of any contingency or emergency not covered by these Bylaws, and in general perform all duties incident to the office of President or such other duties as may be prescribed by the Executive Committee from time to time.

8.05. President-Elect. The President-Elect shall be elected for a one-year term and shall then assume the office of the President. During the term as

President-Elect, he shall act as the President in the President's absence, and he shall perform other duties as may be assigned to him by the Executive Committee or the President.

8.06. Secretary-Treasurer. The Secretary-Treasurer shall be elected for a three (3) year term and shall have the following duties:

- a. Be responsible for all funds or other properties of the Society and endorse all financial statements.
- b. Maintain a membership roster and collect funds and dues.
- c. Receive funds due to the Society and deposit them as may be designated by the Executive Committee.
- d. Pay all expenses of the Society.
- e. Maintain an itemized account of receipts and expenditures and present an annual financial report to the Executive Committee and to the membership at the annual business meeting of the society.. The Executive Committee may direct that this report be audited by a Certified Public Accountant.
- f. Maintain correspondence and historical records of the Society.
- g. Keep minutes of meetings of all members and the Executive Committee
- h. Keep records of committee meetings.
- i. Duly give notices including the notification of candidates elected into the Society, nominees of their election, members of their appointment to committees, and members of any disciplinary action against them.

8.07. Secretary-Treasurer-Elect. The Secretary-Treasurer-Elect shall be elected for a one-year term prior to the termination of office of the incumbent Secretary-Treasurer. He shall then assume the office of Secretary-Treasurer. During the year as Secretary-Treasurer-Elect, he shall serve as ex-officio member of the Executive Committee, serve as assistant to the Secretary-Treasurer; and perform such other duties as may be assigned to him by the Executive Committee or the Secretary-Treasurer.

ARTICLE IX

STANDING COMMITTEES

9.01. Nominating Committee. The Nominating Committee shall consist of three Active Members nominated and elected each year by the Active Members

present at the Annual Meeting of the Society, and the past President of the Society who will be leaving the Executive Committee at the termination of that Annual Meeting. The past President will serve as Chair of the Nominating Committee. No person may serve two consecutive terms. Responsibilities of the committee are defined in Section 8.02.

9.02. Membership Committee. The Membership Committee shall consist of Active or Associate Members appointed by the President as vacancies arise. The appointment to the committee will be for two years, but members may serve up to two (2) successive full terms. The President shall designate the Chair of the committee. The Membership Committee shall receive sponsoring letters for Active, Associate, Affiliate, and Corresponding Memberships. Applications shall be sent to the candidate. After completion and return of the application, the individual will be considered for membership into the Society. A report will be presented annually to the Executive Committee for their consideration. The Executive Committee may elect to recommend, not recommend, or defer decision on an application pending more full investigation of the applicant's qualifications.

9.03. Program Committee, Open Meeting. The Chair and other members of the Open Program Committee will be appointed by the President. The appointment to the committee will be for one year, but members may be reappointed to successive full terms. The committee shall be responsible for the organization and conduct of the Annual Meeting of the Society.

9.04. Continuing Education Committee. The Continuing Education Committee shall consist of Active members of the Society. Each year the President of the Society shall appoint up to two Active Members to serve on the committee. Each appointment will be for a two-year non-renewable term. The Committee shall be responsible for the organization of the continuing medical education activities of the Society.

9.05. Research Committee. The Research Committee shall consist of Active, Associate, and Affiliate members of the Society. Each year, the President shall appoint up to two (2) members to the Committee. Each appointment will be for a three-year term. The Committee shall be responsible for organizing the research activities of the Society

9.06. Planning and Development Committee. The Planning and Development Committee shall consist of past Presidents of the Society and members of the Founding Board. The Committee shall meet at least annually and shall advise the Executive Committee on various matters. The Chair will be elected

by the Committee and will serve a two-year term. The Chairmay serve two consecutive terms.

9.07. Ad-Hoc Committees. Ad-Hoc Committees shall be appointed by the President with the approval of the Executive Committee.

9.08. Exchange Fellowship Committee. The Exchange Fellowship Committee shall consist of a Active and Associate members of the Society. Each year the President of the Society shall appoint one member to serve on the Committee for three years. The term is not renewable. The Committee shall be responsible for maintaining the Exchange Fellowship Program of the Society in conjunction with the European Shoulder Society, S.E.C.E.C. The Chair will serve for two years.

9.09. Program Committee, Closed Meeting. The Chair and other members of the Closed Program Committee shall be appointed by the President. Appointment to the committee shall be for one year and members may be appointed to consecutive terms. The Committee shall be responsible for the organization of the Annual Closed Meeting of the Society.

9.10. Ethics Committee. The Ethics Committee shall consist of three Active or Associate member of the society. Each year the president of the Society shall choose an active or associate member to be a member of the Ethics Committee for a three year non renewable term. The Chair will serve for two years.

9.11. International Shoulder Meeting Liaison Committee. This Committee shall consist of six members: a Chair and five members at large. The members of this committee shall be chosen by the President of the Society. These members should either be Past Presidents or officers of the Society.

9.12. Publications Committee. This Committee shall consist of a chair and Active or Associate members of the Society. The President shall appoint an Active or Associate member each year to serve on the committee for three (3) years. This committee shall be responsible for the publications (i.e., newsletter, brochures, etc.) of the Society.

9.13. CPT Coding Committee. This committee shall consist of a Chair and Active members of the Society. The President shall appoint an active member each year to serve on the committee for two (2) years. This committee shall aid the society in matters of coding and billing.

9.14 Electronic Technology Committee. This committee shall consist of a Chair and Active or Associate members of the Society. The President shall appoint an Active or Associate member each year to serve on the committee for two years and may serve two (2) consecutive terms. This committee shall be responsible for such matters of electronic technology as they relate to this organization.

ARTICLE X

BOARD OF CONTINUING EDUCATION IN SHOULDER AND ELBOW SURGERY

A separate division of the Society known as “Continuing Education in Shoulder and Elbow Surgery” (“CESES”) shall be established and shall be operated exclusively for charitable and educational purposes. The supervision, management, and direction of the CESES shall be vested in the Board of Continuing Education in Shoulder and Elbow Surgery (“CESES Board”) subject to the advice and consent or control of the Executive Committee of the Society. The CESES Board shall consist of the President of the Society and the members of the Executive Committee of the Society.

A trust indenture establishing Continuing Education in Shoulder and Elbow Surgery on February 12, 1984 is recognized by the American Shoulder and Elbow Surgeons.

ARTICLE XI

INDEMNIFICATION

This Society shall, in the exercise of the power granted to Minnesota nonprofit corporations generally by Minnesota Statutes, Chapter 317A, as now enacted or as hereafter amended, and including any other provisions of Minnesota law applicable thereto, indemnify its former, present, and future officers, directors, members, employees, and agents to the full extent provided by law against expenses and liabilities, and carry and maintain insurance therefore, but only under the circumstances, in the manner, and to the extent from time to time permitted by law.

ARTICLE XII

CONFLICTS OF INTEREST

Any member, director, officer, key employee or member of a committee of this Society who is interested in a matter, contract or transaction presented to the members, the Executive Committee or a committee for action, authorization, approval or ratification shall (unless his or her interest therein is obvious from the matter, contract or transaction itself), without request, make a prompt, full and frank disclosure of his or her interest therein to the members, the Executive Committee or the committee prior to action upon the matter, contract or transaction. The disclosure (if required) shall include all material facts about the matter, contract or transaction. The body to which the disclosure is made shall thereupon determine, by majority vote, whether the disclosure shows that a conflict of interest exists or can reasonably be deemed to exist. If a conflict exists or is deemed to exist, that fact shall be noted in the minutes of the meeting at which the matter, contract or transaction is considered or acted upon, and the interested person shall not vote on, nor use his or her personal influence on, nor participate (other than to present factual information or to respond to questions) in, the discussion or deliberations with respect to the matter, contract or transaction. The interested person shall be counted in determining the presence of a quorum at any meeting where the matter, contract or transaction is considered or acted upon. The minutes of the meeting shall reflect the disclosure made, the vote on the existence of a conflict, and, where applicable, the interested person's abstention from voting and participation, and whether a quorum was present. For purposes of this provision, a person shall be deemed to be "interested" in a matter, contract or transaction if he or she is involved in the matter or is the party (or one of the parties) proposing to contract or deal with the Society, or is a partner, employee, officer, director, or substantial shareholder of, or has a material financial or influential interest in, the entity proposing to contract or deal with this Society.

ARTICLE XIII

AMENDMENTS OF ARTICLES AND BYLAWS

13.01. General. The Articles of Incorporation of this Society and these Bylaws, each as from time to time amended or restated, may be amended, revised or restated from time to time to include or omit any provision which could lawfully be included therein or omitted therefrom at the time the amendment, revised or restated is adopted. Any number of amendments, or an entire revision or restatement of the Articles of Incorporation or these Bylaws may be considered, acted upon, and adopted, provided that the amendment, revision or restatement of the Articles of Incorporation or these Bylaws is approved and recommended by the Executive Committee, and submitted to, voted on, and approved by the affirmative vote of two-thirds (2/3rds) of the Active Members of the Society present at the Annual Meeting or a special meeting duly called for the purpose of considering the proposed amendment(s).

13.02. Amendments Related to Tax-Exempt Status. Notwithstanding the provisions of section 13.01 of these Bylaws, if any amendment or revision of the Articles of Incorporation or these Bylaws, or both, is required to enable the Society to maintain tax-exempt status as an organization described in Section 501(c) (6) of the Internal revenue Code of 1986, as amended, the Executive Committee shall have the power and authority to amend the Articles of Incorporation or these Bylaws, or both, as the case may be, by adopting amendments or revisions by the affirmative vote of two-thirds (2/3rds) of the members of the Executive Committee present and voting at meeting; however, no amendment or revision shall substantially change the purposes of the Society or the rights, privileges, duties and responsibilities of the members of the Society or the members of the Executive Committee unless the amendment or revision is noticed, approved, and adopted in accordance with section 12.01.

Dated: October 2, 2004

Reflects changes voted on October 2, 2004

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

- *Albert Einstein*