

**The American Osteopathic Academy of  
Orthopedics**

***History of the AOA and its Contributions  
to the Osteopathic Profession***



By John H. Drabing, D.O., FAOA  
and  
David W. Smith, D.O., FAOA



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*Authored and researched by:  
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*This book is dedicated to the memory of **Morton (Morty) J. Morris, D.O., J.D.**, the former AOA executive director who passed away in May 2008. His love for the AOA was what motivated him to initiate this project and provide the moral support and encouragement necessary to complete it. Dr. Morris' widow, Marie, has carried out her husband's wishes by personally donating the funds necessary for the publication and dissemination of this comprehensive overview of the AOA's history and its contributions to osteopathic medicine.*



Authors' Note

We were appointed to serve on the American Osteopathic Academy of Orthopedics (AOAO) Historical Committee in 2006. A review of previous records and reports from this committee has revealed multiple aborted attempts to prepare a meaningful history of the academy. Our history dates back to at least 1941, and according to the records, a significant historical report has not been filed for nearly 20 years.

Our goal was to pursue the preparation of a meaningful history of the academy and see it through to a finished product. Memories of much of the academy’s valuable history are quickly disappearing and, together, we agreed to commit to the completion of this project—capturing and recording the history of the AOAO as we found it and as it was recorded in part by those pioneers who have gone before us.

Though it has taken several years to prepare, including multiple trips to the executive office in Florida for consultation and direction, this process permitted a cooperative effort that allowed us to sharpen our focus as we searched through historical documents written by some of the AOAO’s early pioneers. For those who will take the time to read this publication, we hope an element of pleasure will be experienced and that those old enough to remember will feel a true sense of nostalgia. For those coming up after us, we can only hope they will appreciate those forward-thinking orthopedic surgeons who had the courage and dedication to plunge into the unknown in an effort to see their dreams through to fruition.

Of course, the creation of this book wouldn’t have been possible without the foresight of Morton J. Morris, D.O., J.D., former AOAO executive director, who provided the support and encouragement necessary for us to embark on this labor of love. Before he passed away in May of 2008, we were in frequent communication with Dr. Morris, who was determined that this history be completed and properly recorded for the benefit of current and future AOAO members as well as the osteopathic profession.

His goal was to instill in the members an appreciation of the difficulties experienced by the pioneers in our specialty who fought so hard for equal rights, better education, and higher standards of performance that have led us to where we are today. The support from Dr. Morris before his untimely demise, and the continuing support and cooperation of his widow, Marie, have been greatly appreciated and most valuable to the success of this project.

We also are indebted to Ellis Siefer, D.O., who serves as the historian for the ACOS, for publishing *The American College of Osteopathic Surgeons-A Proud History* book in 1995. By using that publication as a resource tool, we were able to obtain the early history of the ACOS and the AOBS, which predates the formation of the AOAO and the AOBOS. Paul Alloy, D.O., M.D., also deserves a mention for providing us with key insight into what occurred in California during the early 1960s. We appreciate the time he took as well as the insight he provided about this tumultuous period in osteopathic history.

In addition, we would like to thank the AOAO Board of Directors for its willingness to support us through this project, and Scott Colton, who diligently edited the text and designed the graphic layout. His patience and willingness to work with two authors who have minimal computer skills and had never prepared a text like this before have been greatly appreciated.

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Table of Contents

Authors’ Note.....V

Introduction.....X

Chapter 1: The Early Years—Charting the Profession’s Development.....1

Chapter 2: Formation of the American Osteopathic Academy of Orthopedics.....5

Chapter 3: Historical Chronology of Orthopedic Surgery in the  
Osteopathic Profession.....11

Chapter 4: The Turbulent 1960s.....16

Chapter 5: The Four Executive Aces.....24

Chapter 6: Certification, *The Orthopod*, Award of Fellow, and  
Honorary Membership.....28

Chapter 7: Specialty Sections Emerge.....33

Chapter 8: Epilogue.....41

Appendix.....43

About the Authors.....54

**Authors’ Note:** *Because there was no way to effectively research the various fellow award designations of the numerous individuals mentioned in this book, we have chosen to list only academic degrees following names to ensure continuity.*

## Introduction

The American Osteopathic Academy of Orthopedics Historical Committee has repeatedly been given the responsibility of preparing a historical document that would reflect, as accurately as possible, the beginning history of organized orthopedics in the osteopathic profession. Nearly all the courageous D.O.s interested in advancing educational opportunity and specialization in our profession have now passed on, leaving behind a special legacy that should never be forgotten. Fortunately, some of those D.O.s prepared papers and recorded some of their experiences and history through submitted documents that would hopefully be remembered at sometime in the future.

Our goal with this book was to bring together all available history and collateral information available to us and organize it for presentation and preservation under one cover for future generations to remember and enjoy. Our history is a proud one and needs to be remembered and shared with the full membership of not only the academy but the osteopathic profession.

This book serves as a tribute to our courageous and dedicated past and present leaders who were and are committed to progress and the higher standards of education and orthopedic specialty treatment by osteopathic physicians. This has long been a goal of our academy. Recognizing the fact that the osteopathic profession has been a minority provider of medical care, it is that much more important that we work harder to provide the best quality care possible. It is with this appreciation of the legacy provided that we now recognize the contributions of those who had the foresight to lead, nurture, and provide quality examples for the future of those who would follow. It is these osteopathic giants in our profession and specialty to whom we dedicate this history.

The history of orthopedics/orthopedic surgery in the osteopathic profession begins on many fronts. Contributions to this history have been distilled from a few memorable osteopathic pioneers who were products of the extended efforts of many surgeons, both general and orthopedic, around the country—and even the world. Information presented in this history has been generated from papers and recordings of such pioneering authors as J. Paul Leonard, D.O., and John P. Wood, D.O., both of Detroit, Michigan. Donald Siehl, D.O., of Dayton, Ohio, and Arnold Gerber, D.O., of Philadelphia, Pennsylvania, also took the time to record some of that history. Combining this information from these early D.O.s, we have provided the following summary of the early history of orthopedics in the osteopathic profession.

Finding a starting point in preparation for this historical publication was somewhat difficult. Certainly, the purpose of this preparation is to identify and describe as best we can how the American Osteopathic Academy of Orthopedics began. Pioneering in the osteopathic profession is not new to those of us who developed interest in musculoskeletal diagnosis and surgery in the first half of the 20<sup>th</sup> century. Osteopathic medicine had its roots in Kirksville, Missouri. In a rather unique way, orthopedic surgery in the osteopathic profession had its roots in Kirksville as well.

Dr. Wood was one of the few early pioneers of our specialty who was gifted with the skill of medical writing. Dr. Wood is acclaimed for being an accurate reporter of history, and we depended on his historical writings for much of what we were able to locate about the early

history of our profession. Others of that period to whom we will refer include Drs. Leonard and Siehl. Arthur Miller, D.O., M.D., is another individual to whom we are grateful.

When reviewing the book authored by Dr. Wood titled *Osteopathic Orthopedics and other Selected Papers: A Reminiscent Review*, we found the following to be the most characteristic description of how orthopedic surgery developed in our profession and how the earliest orthopedic surgeons in our profession got started and became recognized. Dr. Wood started under the tutelage of George M. Laughlin, D.O., who was a general surgeon performing many orthopedic procedures at Laughlin Hospital in Kirksville, Missouri.

Dr. Wood described in his text that his interest continued to evolve in orthopedics through performing the regular sundry duties of an extern while becoming involved in his first orthopedic exposure. As a future osteopathic physician, it was logical to Dr. Wood that he follow into this special field of surgery. Through the kindness and encouragement of Dr. Laughlin, Dr. Wood graduated from Kirksville, interned in Indianapolis, Indiana, and eventually relocated to Detroit, Michigan. It was there that he had the opportunity to scrub and participate in orthopedic cases with a general surgeon—J.C. Trimby, M.D.

As described in his text, Dr. Wood then began reaching out to many institutions across the country, including the Mayo Clinic, along with other surgeons who were then performing procedures in orthopedic surgery that were of interest to Dr. Wood. After being exposed to multiple surgeons around the United States and in Vienna, Austria, he began doing more extensive spinal surgery and extremity surgery around the state of Michigan. He then became certified in orthopedic surgery and instituted a residency training program at Detroit Osteopathic Hospital (DOH), which is where the American Osteopathic Academy of Orthopedics was eventually established in 1941.

### Orthopedic Surgery as a Specialty

The history of the AOA was recorded by J. Paul Leonard, D.O., on different occasions over a period of 40 years (1941-1981). Some duplication of information during these preparations seems to be unavoidable because eliminating this replication would alter the communication and distort the message being presented.

Hooker Tospon, D.O., in a letter to Dr. Leonard in 1978, revealed what he remembered about the formation of the academy. From a different perspective, Dr. John Wood provided a commentary about the founding of our specialty from the earliest recorded history that actually predated information about the AOA. Altogether, we believe the reader will appreciate a wider perspective about the origin of orthopedic surgery as it evolved in the osteopathic profession. Opinions may vary; however, as we stand on the shoulders of these orthopedic giants, we are recording as best we can the history of our profession, which has been revealed to us through an array of documents.

### A Short Dissertation on the Definition of Orthopedic Surgery

In 1741, Andry, a professor of medicine in the Royal College and senior dean of the faculty of Physick at Paris, coined the word orthopaedia, and it has remained with us since that time. He described the meaning as the “art of correcting and preventing deformities in children.”

Orthopedic surgery has been practiced since recorded history, and Hippocrates described his treatment of club feet 400 years before the birth of Christ. Had plaster of

Paris been available to him in that day, we feel sure his results would have equaled those of today.

In 1844, Bigelow covered the ground then occupied by orthopedic surgery in a paper he wrote for the Boylston prize by commenting on the following subjects: strabismus, stammering, tenotomy, club foot, torticollis, false “ankylosis” of the knee joint, rickets, flexion of the hip joint, curvature of the spine, and contraction of the hands and fingers.

During the past 200 years, this special branch of surgery has made great strides, but since World War I the specialty has really come into its own. Today, the purposes of orthopedic surgery are generally defined as preventing and correcting deformity and preserving and improving the functions of bones and joints and motion apparatus when function is threatened or impaired by defects, lesions, or disease.

Although it is practically impossible to write a true and exact definition of orthopedics, it covers a far-reaching field and today encompasses the realm of fractures and trauma to the musculoskeletal system as well as diseases of the bones and joints. The orthopedic surgeon of today is the trauma surgeon as well, and his time is becoming increasingly occupied with injuries due to the high-speed vehicular traffic in which all of us are involved. Restoration of function and locomotion in a normal manner is his/her aim following either injury or disease, and this restoration of joint function can be materially aided by a trained specialist in physiotherapy who can be truly called the orthopedic surgeon’s other right hand.

**Authors’ Note:** *It is interesting to observe in this author’s definition of orthopaedia the emphasis placed on structure relating to function of bones and joints in the body. This sounds very osteopathic.*

## CHAPTER 1

### The Early Years: Charting the Profession’s Development

*In 1979, John P. Wood, D.O., who was one of the founders of the American Osteopathic Academy of Orthopedics, compiled a comprehensive history of the osteopathic orthopedic profession and the important individuals who played an integral role in its development. His article is presented in its entirety below.*



*John P. Wood, D.O.*

In the early days of orthopedic surgery in the osteopathic profession, most of the surgeons performing orthopedic surgery at that time were general surgeons. That was the era of self training in orthopedic surgery and in the field of general surgery for many surgeons. The opportunity for surgical training was not great at that time and, as a consequence, those surgeons had to pick up their training here and there, or wherever possible. It has been difficult to retrieve the exact history of the early days of orthopedics, but we have made an attempt, and while I am sure this is not complete, it will at least be a start.

I believe that William W. Jenny, D.O., was the first orthopedic surgeon in the osteopathic profession to completely specialize in that field, beginning in the early 1930s. He had never practiced general surgery prior to that time. He later took as an associate Walter Garard, D.O., whom he had trained. Dr. Jenny practiced in Los Angeles and was a member of the staff of Los Angeles County Hospital, Unit II. In fact, he was chief of the Division of Orthopedic Surgery for a number of years. As far as I have been able to ascertain, he would be the first orthopedic surgeon in the osteopathic profession who was fully and completely trained in orthopedic surgery and did not pursue any other surgical speciality. Most of the men in those days were general surgeons who also did orthopedic surgery. The first fully trained resident in orthopedic surgery to graduate from the program at the Los Angeles County Hospital, Unit II was Arthur Miller, D.O., who finished his residency in 1951 and practiced orthopedic surgery in Los Angeles for many years.

It is stated that a general surgeon, J. Willoughby Howe, D.O., pinned the first hip at the Los Angeles County Hospital, Unit II. Dr. Howe was among a group of other general surgeons who also performed orthopedics, such as Carl Phinney, D.O. Norman Sprague, Sr., D.O., performed a great deal of orthopedic surgery in Los Angeles in his own hospital, which was the Wilshire Hospital in Los Angeles. George Robbins, D.O., had an extensive practice in surgery, much of which was orthopedics. The other surgeons at that time who were doing orthopedic surgery in the early years in Los Angeles were Troy McHenry, D.O., Chet Lyons, D.O., Adolph Erickson, D.O., and Karl Madsen, D.O., who practiced in Oakland, California. Daniel Fridena, D.O., was the second full-time orthopedic surgical resident to graduate. John Segel, D.O., practiced in San Diego and is now retired. Don Larson, D.O., was still practicing in Long Beach. Rudy Gallardo, D.O., who finished his orthopedic residency in Detroit, went back to California to practice and was still, as far as we know, practicing orthopedics in Orange County.

As we delve into the earlier history of orthopedics, we note that in the yearbook of Kirksville College in 1921, Dr. Harold S. “Blondie” Hain is listed as an orthopedic surgeon at

the ASO hospitals. He had previously graduated in 1914. He studied under Dr. Joachinstahl at the King's Charity Hospital in Berlin. How long Dr. Hain remained on the staff of the American School of Osteopathy is now unknown, but I had first known Dr. Hain after he moved to Detroit and was in general practice until his death a number of years later.

George M. Laughlin, D.O., who graduated from the American School of Osteopathy in 1901 and was chief surgeon of the ASO Hospital, associated with the college. In 1918, he built his own hospital just across the street from the original hospital at the college.

Dr. George A. Still graduated from Northwestern University Medical School in 1904 and graduated from the American School of Osteopathy in 1905. He was professor of surgery of the American School of Osteopathy and became surgeon-in-chief at the hospital of the American School of Osteopathy. He followed Dr. Laughlin in that position. Both of these surgeons performed a lot of orthopedic surgery during their years at Kirksville and, it is stated, that Dr. Laughlin was one of the first men in America to take up the work introduced into this country by the famous Austrian surgeon, Dr. Lorenz.

Dr. Lorenz came into sudden fame in the United States by reason of his cure of Lolita Armour, who suffered from a congenital dislocation of the hip. That treatment was known at that time as bloodless surgery. As I quote from a story by Arthur L. Evans, which was published in *National Magazine* in 1926, "The principle employed was extended by Dr. Laughlin to the treatment of other deformities, including cases of spinal surgery."

Mr. Evans stated that Dr. Lorenz became so successful in this line of work that in 1918 he built a hospital to care for the patients that were referred to him. "The following incident is illustrative of his straight-forwardness and essential honesty. One day, before a large group of doctors in attendance during a national convention, he was demonstrating on a patient five or six years of age his method of reducing congenital dislocations of the hip. In attempting to bring the femur into position for applying a cast, a distinct pop was heard. The doctor stopped and said, 'The bone is broken.' Someone held up a hand and in a stage whisper said, 'Hush, the mother is here.' 'What of it?' asked the doctor. 'This is a contingency that sometimes happens. The mother must be told of it.' Then he proceeded to set the broken bone. Later, when it had healed, it is a pleasure to record the dislocation was corrected and the child, who had never done so before, walked normally.

It would seem that Dr. Laughlin now had enough activities to satisfy an ordinary man. Doubtless he had. But it did not satisfy him. In his orthopedic work, cases frequently came to him that required other surgical treatment, and he gradually drifted into the practice of general surgery. I asked him something about this surgical training. I knew he was a skilled anatomist and that he was an omnivorous reader of professional literature, but I wanted to know where he had acquired his knowledge and skill in surgery.

He said, "I am not a graduate of medicine. I have never studied surgery except here at the ASO and from various textbooks, with the exception of a few short courses in surgical clinics at various medical hospitals in this country. I have been obliged to feel my way along and develop the work upon my own responsibility. I have kept in close touch with every surgical publication."

Dr. George Still, who was the chief of surgery at ASO Hospital for many years, was a contemporary of Dr. George Laughlin, although a few years younger. He likewise was an

able surgeon and did orthopedic surgery at that time as well. It is stated that both he and Dr. Laughlin did a large volume of orthopedic surgery and treated many club feet. The ASO Hospital notes of April 24, 1914 quoted Dr. Still's travel from one part of Missouri to another, and we take this quotation from the *Morning News*. "Dr. George Still returned Thursday night from the western part of the state where he has been on an operating trip. Yesterday was another busy day at the hospital, with several operations having been performed by Dr. George Still."

It is reported in that publication that a patient whose hip bone was nailed into position with two sterilized ten-penny spikes about six weeks ago is now seen daily walking around the halls of the hospital. This case has attracted a great deal of attention throughout the country on account of its rarity. Dr. George Still has received many letters from other surgeons requesting information regarding his technique and the results of the operation. "A letter received at the hospital today stated that a young lady from Hagerstown, Maryland, who underwent a most serious operation for the removal of a tumor on the spinal cord about six weeks ago, reached home safely and is doing nicely.

"Yesterday, Dr. Still received a telegram asking him to come to Bartlesville, Oklahoma, to operate on a case of broken back caused by an oil explosion. About the same time another message arrived requesting him to come to Moccasin, Illinois, for an operation, and a long distance phone call requested his presence at Princeton, Missouri, to operate on a case there. He will probably leave tonight for Princeton and Oklahoma, returning Monday night, but he will be unable to make the trip to Illinois."

It is very obvious that these two fine surgeons were exceedingly busy at that time and were performing quality work that was attracting patients from many states of the union.

Dr. Laughlin not only continued as a specialist in surgery, but also in education. He built the 'new' school in Kirksville and a year later purchased the ASO. Both of these schools were then given to the profession with a stipulation that no one should ever acquire a proprietary interest in either of these two institutions and that they should remain nonprofit educational institutions.

One other relative of the Still family, M.F. Hulett, D.O., of Columbus, Ohio, had been doing some nonsurgical orthopedics in that city for a number of years. When Doctors Hospital was organized in early 1946, he was given privileges in manipulative orthopedics.

Orthopedic surgery in our profession was developing in the Midwest as well as the East, and James M. Eaton, D.O., was probably the first specialist in orthopedic surgery on the eastern seaboard. Dr. Eaton had received some training in general surgery with D.S.B. Pennock, M.D., prior to his advent as a specialist in orthopedic surgery, but I do believe he would be considered the first in the field of orthopedic surgery in that area. He trained many other surgeons and died at a fairly early age. Those who trained with him, however, have carried on in the field in Pennsylvania and other places in the East, and it is interesting to remember his concept of the method of diagnosing the rupture of intervertebral disc. I know that Dr. Eaton did use conventional myelography in those days, but he also became an exponent of discography.

He did several hundred discograms utilizing an opaque agent within the intervertebral space, and my only objection to his procedure was that he routinely placed a needle in the

intervertebral space between L3 and L4, L4 and L5, and L5 and S1. On one occasion I asked Dr. Eaton about this and he said, “Well, the annulus fibrosis is like a Goodyear tire. It’s a self-sealing mechanism, and you don’t have to worry about placing a needle in there.” I never quite agreed with this thesis, but nonetheless, he did a fine job in the field of orthopedic surgery in Philadelphia and as one of the real pioneers. Several of his early trainees were Arnold Gerber, D.O., his first “fellow,” followed by Glen Cole, D.O., Charles Brimfield, D.O., Dominic Solerno, D.O., Robert Friedman, D.O., Richard Borman, D.O., Sidney Runyan, D.O., and Richard Couch, D.O. George Rothmeyer, D.O., was doing some orthopedic surgery at the time, but most of his work was in foot surgery.

During this same period in the evolution of disc surgery in the osteopathic profession, I found myself in the vanguard of those doing heavy orthopedic surgery in the City of Detroit, chiefly intervertebral disc surgery. I can well remember the first patient I operated on in the early 1940s, at which time the medical superintendent at Detroit Osteopathic Hospital, Dr. Ralph Lindberg, was very dubious about this procedure, and he requested that I utilize a general surgeon to assist me. As a consequence, Dr. A. C. Johnson did assist me, but we had difficulty locating the disc. We found the level, but the disc was more in the midline than the myelogram had revealed, and it was Dr. Johnson’s opinion that we should do a transdural approach, which was carried out. Both the posterior and anterior dura were opened, the nerve roots retracted, the disc entered, and most of the nucleus removed. I recall well the patient’s post-op convalescence. He remained in the hospital 21 days, and I was actually afraid to move him, but the end result turned out to be quite successful. That was the only case in which assistance was requested by the hospital administration, and from that time on the technique improved as we went along and as the volume of surgical patients increased accordingly.

There are undoubtedly others in the field who were early pioneers such as Harold Clybourne, D.O., in Columbus, C. Robert Starks, Sr., D.O., of Denver, William Jenney, D.O., and Arthur Miller, D.O., both of Los Angeles, and James Eaton, D.O., of Philadelphia, and many which I have forgotten or failed to mention in this history.

**DID YOU KNOW?** *Dr. John Wright was the first full resident in orthopedic surgery at Detroit Osteopathic Hospital, completing his residency in 1946.*

## CHAPTER 2

### Formation of the American Osteopathic Academy of Orthopedics



*J. Paul Leonard, D.O.*

In the latter part of 1940, a group was formed at the suggestion of Dr. W.W. Jenney of Los Angeles, California. Dr. Jenney, being one of the first physicians in the country to limit his practice to orthopedic surgery in the osteopathic profession, was at that time the chief of the orthopedic service at the osteopathic unit of Los Angeles County Hospital. Dr. Jenney became very interested in forming some kind of a national organization, larger than a study group, to represent orthopedic surgeons in the osteopathic profession. This interest then led to a meeting in Los Angeles, where a very keen interest in the formation of this organization became apparent. This represents the first meeting where the formation of what would ultimately be known as the American Osteopathic Academy of Orthopedics was discussed and formulated.

On or about February 26, 1941, during a meeting of osteopathic physicians interested in the field of orthopedics, the academy was founded. This meeting took place at the Detroit Osteopathic Hospital in Detroit, Michigan. At that meeting, there were 27 physicians, many being from the states of Michigan and Ohio. From that meeting generated the desire to organize a formal group of physicians interested in orthopedic practice. Ten physicians agreed to form the group and to proceed with the creation of articles and bylaws for governance. These ten physicians were as follows:

- *H.E. Clybourne, D.O.*, of Columbus, Ohio
- *W.E. Darling, D.O.*, of Detroit, Michigan
- *James M. Eaton, D.O.*, of Philadelphia, Pennsylvania
- *W.W. Jenney, D.O.*, of Los Angeles, California
- *J. Paul Leonard, D.O.*, of Detroit, Michigan
- *Leonard C. Nagel, D.O.*, of Cleveland, Ohio
- *George Rothmeyer, D.O.*, of Philadelphia, Pennsylvania
- *Henry S. Shaffer, D.O.*, of Detroit, Michigan
- *C. Roberts Starks, Sr., D.O.*, of Denver, Colorado
- *John P. Wood, D.O.*, of Detroit, Michigan

There were three other physicians in attendance at the meeting who were given honorary status: C.J. Karibo, D.O., Detroit, Michigan, Department of Radiology; Paul T. Lloyd, D.O., Philadelphia, Pennsylvania, Department of Radiology; and Wallace M. Pearson, D.O., instructor of physical medicine, Kirksville, Missouri.

Dr. Jenney then became the first president of the academy, with Dr. Eaton selected to be his successor in 1942. Interestingly, following the meeting in February 1941, a third meeting was again held in Detroit at Detroit Osteopathic Hospital on February 12, 1942, at which time there were names suggested for the new orthopedic specialty group, including

**H.E. Clybourne, D.O.**

Osteopathic Academy of Orthopedics. However, in reviewing old records, it was discovered that there was a possibility that the last word was actually orthopedists and was later changed to orthopedics. There was another note of interest in 1942, whereby Hooker Tospon, D.O., of St. Joseph, Missouri, became a member and a very influential participant in the new academy.

Dr. Eaton ultimately incorporated the academy's first set of bylaws. In the beginning, there were provisions made for general surgeons and general practitioners who were keenly interested in orthopedics but were not actively practicing the specialty. This became a very popular type of membership in the early years of the organization and helped to expand the membership beyond the actual number of practicing and qualified orthopedic surgeons at that time.

Shortly after the academy was organized, residency training programs were instituted in several osteopathic hospitals around the country. There were programs established in Philadelphia, Pennsylvania, by Dr. Eaton, in Detroit, Michigan, by Drs. Leonard and Wood, in Columbus, Ohio, by Dr. Clybourne, in Los Angeles, California, by Dr. Jenney, and in Cleveland, Ohio, by Dr. Nagel. The residency programs were under the supervision of the Committee of Hospitals of the American Osteopathic Association. Preceptor programs were conducted under the supervision of the American College of Osteopathic Surgeons.

As the programs began to develop, instructional course lectures for members were organized in 1953 and conducted biannually in Los Angeles until 1961. From 1961 until sometime in the late 1970s, they were held at the Detroit Osteopathic Hospital. The first guest lecturers for the new academy came from Europe, most notably from Vienna, Austria, because allopathic orthopedists in Detroit and around the country did not want to provide lectures to osteopathic orthopedists. However, after several annual instructional course lectures were conducted very successfully, some of those lecturers were then invited to hold honorary membership in the proposed osteopathic academy. After that, the lectures were moved around the country at alternating locations for the convenience of the orthopedic surgeons, going to certain resort sites or to commercial

**George Rothmeyer, D.O.**

locations around the country. To promote geographic equality, the academy tried to alternate east and west locations for the convenience of everyone attending. Dr. Tospon organized an instructional course program in Vienna, Austria, in 1967, after which all those who had attended that symposium became honorary members of the Vienna Orthopedic Medical Society. It was also at that time that the academy celebrated 25 years of development and 105 active orthopedic members in the academy.

Guest lecturers at these early instructional course lectures included such internationally known speakers as Jorg Boehler, M.D., Emanuel Trojan, M.D., Franz Endler, M.D., Irving Ariel, M.D., and Joseph C. Risser, M.D., of Pasadena, California. Ernest Aegerter, M.D., of Philadelphia, Pennsylvania, was also a favorite speaker. It became more

evident by 1966 that osteopathic orthopedic surgeons were beginning to gain acceptance by their medical colleagues around the country and the world. Allopathic physicians then began to accept speaking invitations. On occasion, there were D.O.s from osteopathic training programs that rotated with allopathic orthopedists in the medical hospitals, which eventually led to better communication between the two professions. Without question, however, these were difficult times for pioneering osteopathic orthopedic surgeons.

*In 1979, J. Paul Leonard, D.O., the first executive director of the AOA, penned an article about the early years of the organization, portions of which are excerpted below.*

**James M. Eaton, D.O.**

Orthopedics prior to 1940 was conducted principally by general surgeons in nearly all of our osteopathic hospitals; there were very few exceptions to this rule. Los Angeles County Hospital was one of these exceptions. To get orthopedic preceptorship training, you had to contact and arrange for training with a given orthopedic physician who, of course, expected to be paid for this work. You assisted him in his office, accompanied him on his hospital rounds, and possibly in some institutions were able to scrub with him on surgical cases. At this second meeting, when it was evident that the objectives of the academy should be put into words, the following was prepared and presented by James Eaton, D.O., and was ultimately incorporated into the academy bylaws as a mission statement:

- To promote and advance the specialty of orthopedics in general and to maintain, support, and encourage high standards of learning and ethics in the pursuit and practice of that specialty
- To establish, conduct, operate, maintain, sponsor, and promote the establishment of an affiliated organization with the American Osteopathic Association, which shall be composed of duly qualified licensed and practicing osteopathic physicians who shall specialize in the science and practice of the specialty generally known as orthopedics
- To sponsor, promote, and engage in encouraging educational programs and the publication of dissertations either in the form of books, periodicals, or selected articles dealing with the science and subject of orthopedics within the field of osteopathic medicine
- To sponsor, promote, and encourage research and study in the science and practice of orthopedics for the purpose of benefiting mankind and advancing the learning and understanding of the profession in this branch of the practice of osteopathic medicine
- To generally advance the knowledge and understanding of the science of orthopedics and to encourage and instruct osteopathic physicians and surgeons who are interested in the specialty of surgical and nonsurgical orthopedics and the structural relationship to health and disease

- To cooperate and coordinate the functions of the specialty with the American Osteopathic Association and its divisional societies in all matters determined to be in the best interest of the profession
- To do any and all other things necessary in connection with the foregoing purposes and incidental thereto



Leonard C. Nagel, D.O.

In addition, it should be noted that this was the meeting in which Hooker Tospon, D.O., attended for the first time and became a most active and influential member of the academy. It was also at this second meeting that it was decided that during the academy's growth and development, certain goals and ambitions would be met to broaden the growth and potential of the academy. It should also be noted that following the establishment of the academy in the early 1940s, provisions were made through the bylaws for associate membership for general surgeons and general practitioners who were keenly interested in orthopedics but were not actively practicing the specialty.

**FAST FACT:** In a letter from Dr. Hooker Tospon to Dr. J. Paul Leonard dated December 18, 1978, he stated, "The only thing I might contribute is from back about 1938 or 39, at which time Dr. James Eaton, Dr. George Rothmeyer, and myself were in a room in the Cadillac Hotel discussing the possibility of an organization. I took notes during this meeting and gave them to Dr. Eaton, but I do not know what happened to them. I was unable to attend the meeting the following year and the year after it was founded. The idea of it was given to us by the late Dr. James Eaton."



C.R. Starks, D.O.

### Dates of Importance

#### Early Formation Meetings

February 11, 1942

Detroit Osteopathic Hospital

February 12, 1942

Detroit Osteopathic Hospital

July 12, 1942

Stevens Hotel, Chicago, Illinois

#### Constitution

July 12, 1942

#### Bylaws

July 21, 1947

Stevens Hotel  
Chicago, Illinois

#### Incorporation

October 12, 1950

## Minutes of the February 11, 1942 Board Meeting

Minutes of the meeting of February 11, 1942 were read and approved. The treasurer's report was given, showing a balance of \$99.15.

Dr. H.E. Clybourne, chairman of the Bylaws Committee, reported that the committee had met and chosen the following names, one of which could be selected by the members as the name of the organization:

- ☐ Osteopathic Academy of Orthopedics
- ☐ Osteopathic College of Orthopedics
- ☐ American College of Orthopedics
- ☐ National Orthopedic Society
- ☐ National Orthopedic Academy

**DID YOU KNOW?** When the academy was officially incorporated in 1950, the word **American** was added to Osteopathic Academy of Orthopedics, officially creating the appellation **American Osteopathic Academy of Orthopedics**.



Harry S. Schaffer, D.O.

It was moved by Dr. J.P. Wood and seconded by Dr. W.E. Darling that the national name be the National Orthopedic Society. The motion was not carried.

It was moved by Dr. H. Schaffer and seconded by Dr. L.C. Nagel that the name of the association be the Osteopathic Academy of Orthopedics. The motion was carried.

**Article 7 Section 1** – It was moved by Dr. C.R. Starks and seconded by Dr. W.D. Jamison that the membership fee be \$10 per year. It was amended to that motion by Dr. H.E. Clybourne and seconded by Dr. L.C. Nagel that the associate membership fee be \$5 per year. The amendment was carried, and the motion was carried.

### Bylaws Excerpts

*Bylaws created July 21, 1947 at the Stephens Hotel in Chicago.*

#### **Article 4, Section 5**

**Senior Membership** – To become a senior member, the applicant shall have been a junior member for at least two years and shall give evidence of postgraduate training satisfactory to the board, must pass the examination given by the board, present 10 case records, and a thesis of at least 3,000 words on some orthopedic problem.

#### **Article 4, Section 6 was revised as follows:**

**Fellowship** – Fellowship in the academy may be conferred by the board when the senior member has presented evidence of exceptional work which might merit such honor.

*Note:* Actual fellowship awards were not granted until 1976.

Minutes of the July 21, 1947 Board Meeting

There was a luncheon meeting of the Board of Trustees of the Osteopathic Academy of Orthopedics at the Stevens Hotel, Chicago, Illinois, on Monday, July 21, 1947. Those present were Drs. C.R. Starks, J.P. Wood, H.E. Clybourne, J.P. Leonard, W.D. Bradford, J.W. Mulford, and H.N. Tospon. Dr. J.W. Eaton was also present.

The secretary-treasurer read the minutes of the February conclave, which was held in Detroit, and gave his financial report that showed a balance on hand of \$1,373.78.

The definition of orthopedic surgery used by the American Board of Osteopathic Surgeons was submitted by Dr. Eaton. Moved by Dr. Clybourne, seconded by Dr. Mulford, that this definition be officially adopted as the definition of orthopedic surgery for this academy. It is as follows:

*“That branch of medical science, art, and practice, which is concerned with the correction of deformities and defects of the bony skeleton and associated structures, the repair of injuries to the bones and joints, and the diagnosis and care of disease of the bones and joints by manual and instrumental means.”*

DID YOU KNOW?

During its first 25 years of existence, the AOA enjoyed many accomplishments of significance to both the AOA and the profession in general. Some of these accomplishments include being the first osteopathic specialty organization to:

- Sponsor academic programs for general surgeons and family physicians
- Conduct closed-circuit television programs for educational replay during training programs
- Provide an annual scholarship of \$1,000 to undergraduate orthopedic libraries
- Sponsor orthopedic residents to attend one annual meeting during their three-year training program
- Organize instructional course lectures annually at academy meetings
- Conduct an international instructional course lecture for members of the academy (Vienna, Austria, in June 1967)
- Maintain a residents’ loan fund

Between 1955 and 1966, the academy succeeded in holding meetings in 10 different states from Washington to Pennsylvania at little or no cost to any of those participating in the courses.

CHAPTER 3

Historical Chronology of Orthopedic Surgery in the Osteopathic Profession

*Why is this chronology of events leading up through today’s history being written? The purpose is to serve as a tribute to our courageous and dedicated past and present leaders who were, and are, committed to progress and the higher standards of education and orthopedic specialty treatment by osteopathic physicians. This has long been a goal of our academy. Recognizing the fact that the osteopathic profession has been a minority provider of medial care, it is that much more important for us to work harder to provide the best quality care possible. It is with this appreciation of the legacy provided that we now recognize the contributions of those who had the foresight to lead, nurture, and provide the quality examples for the future for those who would follow. It is these osteopathic giants in our profession and specialty to whom we dedicate this history.*

According to published reports, it seems the beginning of orthopedic thinking and its relevance to the osteopathic profession initiated when Dr. A.T. Still founded the first college of osteopathic medicine in Kirksville, Missouri. Philosophically, at that time, emphasis was placed on structural balance and function necessary to maintain good health. This thinking continues today. During that time and up to the end of the century, osteopathic medicine was simply becoming established as a profession. There were no specialties at this time, and most of the practitioners were solo. The American Osteopathic Association was subsequently founded shortly after the end of the 20<sup>th</sup> century to represent osteopathic medicine in the United States.

In 1927, the American College of Osteopathic Surgeons (ACOS) was incorporated in the state of Michigan.

In 1928, the first annual convention of the ACOS was conducted with the AOA in Louisville, Kentucky.

In 1935, there were levels of membership established in the ACOS for general surgeons. Junior membership status was established for general surgeons requiring only one year of internship, while senior membership status required documentation of 25 surgical cases performed, the writing of a thesis, and five years of assistantship under the tutelage of a qualified general surgeon.

In 1939, the ACOS approved the formation of the American Osteopathic Board of Surgery (AOBS) of surgical specialties, mainly in general surgery. Keep in mind that orthopedics at that time was conducted by general surgeons.

In 1940, the ACOS received the AOA’s sanction to qualify and certify the first specialists in orthopedic surgery. It was at this point that W.W. Jenney, D.O., of Los Angeles, California, came into the history of orthopedic surgery in our profession. He was the first D.O. orthopod recognized in our profession who elected to meet with a study group interested in orthopedics and orthopedic surgery and suggested the formation of an organization to represent orthopedic interests in our

profession. Dr. Jenney was chairman of orthopedic surgery at Los Angeles County Hospital, Unit II and the first D.O. orthopedist to sit on the American Osteopathic Board of Surgery.

**First members of the  
American Osteopathic Board of Surgery**

Howard E. Lamb, D.O., Chairman	Denver, Colorado
Ralph P. Baker, D.O., Vice Chairman	Lancaster, Pennsylvania
Robert Rough, D.O., Treasurer**	Los Angeles, California
John P. Schwartz, D.O.	Des Moines, Iowa
Albert C. Johnson, D.O.	Detroit, Michigan
Edward G. Drew, D.O.	Philadelphia, Pennsylvania
Harry L. Collins, D.O.	Chicago, Illinois
Lucious B. Faires, D.O.**	Los Angeles, California
George M. Laughlin, D.O.	Kirksville, Missouri
William W. Jenney, D.O.* **	Los Angeles, California
Orel F. Martin, D.O.	Boston, Massachusetts

\*Only D.O. orthopedic representative and first president of the AOA

\*\* California representation

In **1941**, J. Paul Leonard, D.O., of Detroit, Michigan, became the AOA's first executive director, serving in this position until 1975.

In **1942**, a group of osteopathic specialists organized the Annual Clinical Assembly for Osteopathic Specialists as a forum for osteopathic specialists, including those from the AOA and ACOS, to share educational information.

In **1946**, the first orthopedic surgery residencies were formalized. Enter Arthur Miller, D.O., M.D., who was the first fully trained orthopedic surgeon in the osteopathic profession in Los Angeles, California.

In **1949**, the AOA began holding meetings in conjunction with the ACOS but as a separate entity representing orthopedic surgeons. The first actual meeting with the American College of Osteopathic Surgeons was conducted in 1949 in Detroit, Michigan. The AOA continued to meet annually with the ACOS from 1949 through 2008.

In **1950**, the AOA received official recognition by the AOA as an affiliate specialty organization. That same year, a complete reorganization of the academy was conducted, limiting active membership to board-eligible applicants (applicants who had completed an approved residency or preceptee training program or documented postgraduate training beyond internship obtained elsewhere).

In **1952**, fee splitting raised its ugly head and came to fruition with *Lilly vs. IRS*. This had a major impact on the organizational relationships with the AOA. Then, the *AOA vs. ACOS/AOA* opened a Pandora's box where referrals and fee-splitting issues were concerned.

Independently, this issue produced a major schism with the AOA on an ethical basis. This was brought to pass by James Eaton, D.O., of Philadelphia, Pennsylvania. The American College of Osteopathic Surgeons became the first medical organization to publicly oppose the practice of fee splitting.

In **1953**, in response to *Lilly vs. IRS*, the ACOS passed a resolution calling for educating the public as well as medical students, interns, residents, young physicians, and surgeons about medical ethics.

In **1955**, Orel F. Martin, D.O., representing the ACOS, received the first Appreciative Award from the AOA. The Appreciative Award was designed originally for members of the profession who were not members of the academy but who had rendered unusual service to the organization during its development.

In **1955**, the Knotty Cane Award was also established to honor members of the academy who had given the academy some "knotty" problems to solve, but these original ideas soon changed and the Knotty Cane became an award for members of the academy who had rendered some unusual service to the organization during the previous year, while the Appreciative Award became an award for anyone who had rendered unusual service to the academy or to the osteopathic profession.

In **1958**, Donald Siehl, D.O., of Dayton, Ohio, wrote an article entitled "Why the American Osteopathic Academy of Orthopedics?" where he explores challenges of orthopedic education within the profession and the academy. In that article, he presented a great sense of pride in what the academy had developed and the educational theme that had been maintained. He also pointed out that many of the leaders in the American Osteopathic Association have come from the American Osteopathic Academy of Orthopedics and from the American College of Osteopathic Surgeons. Orthopedic education was his personal mission.

In **1959**, as a means of improving communication among the members, the AOA established a publication called *The Orthopod*.

In **1962**, academy membership totaled 74.

In **1969**, the American Medical Association (AMA) opened its doors to osteopathic membership. At the same time, many county medical societies opened up to osteopathic physicians and allopathic hospitals began to extend staff privileges to D.O.s, including surgeons. In addition, professional liability issues began to heat up. Insurance availability was definitely present; however, because of claims, it was reaching crisis proportions.

In **1974**, the California Supreme Court ruled unanimously to overturn the state referendum preventing D.O. graduates from being licensed as D.O.s in the state of California, which was beginning a rebuilding of the profession in the state.

In **1975**, William Monaghan, D.O., of Kansas City, Missouri, took over the executive director helm from Dr. J. Paul Leonard, serving in this role until 1981.

In **1976**, the transition to an orthopedic academy in which active membership was limited to individuals who received approved orthopedic training beyond internship occurred. Academy membership figures were as follows: active members (67); associate members (18); honorary members (6); and registered trainees (14) for a total of 99 members (Note: The six honorary members are not included in the total number).

In **1976**, the AOA began to honor the senior members of the organization. A fellowship medal was designed for the AOA by Mrs. Wendy Slater, the wife to the then president of the AOA—Dr. Wesley R. Slater. The medals were presented at the annual meeting of the AOA at the fall convention. The initial class of honorees included Drs. John P. Wood, Donald Siehl, Thomas T. McGrath, Arnold Gerber, John M. Wright, Hooker N. Tospon, George Rothmeyer, Robert O. Fagen, and Charles H. Brimfield. Fellowships were awarded for meritorious service to the academy.

In **1979**, the American Osteopathic Board of Orthopedic Surgery (AOBOS) was established by the AOA. The AOBOS examines orthopedic surgeons for certification and recertification and functions separately from the American Osteopathic Academy of Orthopedics as a committee of the American Osteopathic Association. This was also the time period when continuing medical education credits were required for license renewal for the first time. Drs. Jenney and Eaton were among the early members of the American Osteopathic Board of Surgery in 1943 representing the orthopedic group. In fact, they developed the protocol and guidelines for certification in orthopedic surgery and prepared the foundation for what the AOBOS is today.

In **1981**, Donald Siehl, D.O., of Dayton, Ohio, became the AOA's third executive director, serving in the position until 1991.

In the **1980s**, the AOA joined the ACOS in responding to proposed legislation/regulation by allying themselves with the D.O./M.D. specialty colleges, speaking with one voice in Washington, D.C. The 1980s also represented a turning point for the osteopathic profession, if not medicine generally. In 1984, 149 osteopathic hospitals closed, while in 1990 another 106 were shuttered. The American Osteopathic Hospital Association (AOHA) was near its demise and considered joining the American Hospital Association. This was ultimately defeated. D.O. general practitioners were then extended hospital privileges in medical hospitals across the United States. This further diminished the census in D.O. hospitals as well as reduced the number of referrals to D.O. specialists.

In **1988**, the Student Osteopathic Surgical Association was created for student membership to encourage interest in osteopathic surgical specialties.

In **1991**, Morton Morris, D.O., J.D., of Hallandale, Florida, became the AOA's fourth executive director, serving in this position until his death in 2008. The AOA executive office relocated from Dayton, Ohio, to South Florida that same year. In addition, Dr. Morris created the academy's first website—[www.aoao.org](http://www.aoao.org). The orthopedic educators program also was established by Dr. Morris at that time.

At the **1999** mid-year meeting, there were 282 registrants. At the ACAOS meeting that same year, there were 400-plus members registered.

In August **2009**, AOA membership figures were as follows:

Active	1,082
Allied Health	18
Associate	10
Disabled	7
Honorary	18
Life	53
Military	12
Resident	179
Resident Candidate	295
Retired	26

In **2008**, the AOA separated from the ACAOS, with whom it had been meeting for many years, to convene independently. The first gathering of the academy on this basis occurred in Boston, Massachusetts, in the fall of 2009.

In **2008**, Lee Vander Lugt, D.O., of Chickasha, Oklahoma, became the AOA's fifth executive director.



*Pictured at an unknown meeting (from left) are an unidentified gentleman, Leonard Nagel, D.O., Mrs. Wood, and John Wood, D.O.*

CHAPTER 4  
The Turbulent 1960s

The California Calamity

The early 1960s were very turbulent years for the osteopathic profession. It would be impossible to write about orthopedic surgery in the osteopathic profession without mentioning the state of California. In this endeavor, it is to be noted that much of this information was taken from an article by John P. Wood, D.O., which was published in *The Orthopod*. As a side note, Dr. Drabing has some personal information as he was well acquainted with C. Robert Starks, Sr., D.O., who was a founding member of the AOA. Another interesting fact is that Dr. Drabing's father was a member of the first D.O. intern class at Los Angeles County Hospital, Unit II in 1928-29.

Almost all the early training in orthopedic surgery in the osteopathic profession was carried out in California at Los Angeles County Hospital, Unit II (the osteopathic wing). William W. Jenney, D.O., was the chief of orthopedics at this hospital and began practicing in the 1930s. According to Dr. Wood, Dr. Jenney was the first fully trained surgeon in orthopedics and never practiced general surgery. Over the years, many residents had the benefit of training under Dr. Jenney's tutelage. Some of the residents mentioned in a correspondence with Dr. Arthur E. Miller include Drs. Troy McHenry, Adolph Erickson, Walter Garard, Karl Madsen, Chester Lyons, Arthur Miller (1948-1951), Daniel Fridena (1950-52), Donald Larson (1955-59), Frank Sorrentino (1958-1961), Jerome Bornstein (1958-1961), and Richard Schrader (1962-66). Other osteopathic physicians spending some training time with Dr. Jenney and Dr. Miller were many of the founders of the AOA. Other D.O. orthopods were Frank Wolfe and Robert Fagen. Based on this information, it seems appropriate that Dr. William W. Jenney was the first president of the AOA in 1941-42. A flow chart would be as follows:

W. W. JENNEY

Troy McHenry	Adolph Erickson	Walter Garard	Karl Madsen	Chester Lyons	Donald Donisthorpe
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Arthur Miller (1948 – 1951)

Daniel Fridena (1950 – 1953)

John Segel (1953 – 1956)

Donald Larson (1955 – 1959)

Frank Sorrentino (1958 – 1961)

Jerome Bornstein (1958 – 1961)

\*Rudolph Gallardo (1960 – 1962)

Chapter 4: The Turbulent 1960s

Andre Pichly (1960 – 1964)

Wade Eckert (1960 – 1964)

Richard Schrader (1962 – 1966)

George Harunk (1964 – 1968)

\*Dr. Gallardo was in an orthopedic residency from 1958 through 1960 at Detroit Osteopathic Hospital in Detroit, Michigan, prior to transferring to Los Angeles County Hospital, Unit II.



Robert O. Fagen, D.O.  
AOA President (1959-60)

There were many osteopathic hospitals and practicing osteopathic physicians in California in the 1950s and early 1960s. In fact, California, Ohio, Pennsylvania, and Michigan were the largest state societies in our profession at that time. However, there were many osteopathic physicians in California who were unable to gain hospital privileges in their communities. Consequently, after many behind-the-scenes negotiations, the California Medical Society and the California Osteopathic Association merged. Over 2,000 D.O's walked across a stage in an auditorium and were granted an M.D. degree for the sum of \$65 apiece. This occurred in 1961, and there was an immediate loss of these physicians to the AOA as well as the loss of many educational opportunities, including 199 approved internships and 72 approved residencies. These losses reduced the number of D.O. training slots by 20 percent. At the same time, the profession lost its California osteopathic college as well as Unit II at Los Angeles County Hospital. Many other osteopathic hospitals around the nation were fighting for recognition as well.

In 1962, a California state referendum disbanded the Osteopathic Board of Examiners, which had been in existence since 1922—making it impossible for new osteopathic physicians to begin practice in the state of California. This proved to be a big blow to the remaining osteopathic physicians in California and to the profession in general.

It is interesting to note that the American Medical Association in a meeting of its House of Delegates in 1969 had an amendment passed that would allow qualified D.O.s to join the AMA and also qualify for internship and residency programs under the auspices of the AMA.

With the merger of the two California societies in 1961, a new entity was formed by the remaining D.O.s who preferred not to join the new association. These doctors then formed the Osteopathic Physicians and Surgeons of California (OPSC), who then fought a long, hard, and costly battle to reinstate a board so physicians could again apply to practice osteopathic medicine in California. The battle was finally successful in 1974 when the California Supreme Court ruled that the referendum in 1962 should be overturned. This ruling allowed osteopathic physicians to again be licensed in the state.

It also is interesting to note that many of the surgeons trained in California became M.D.s in 1961. Some, like Dr. Arthur Miller, remained in contact with their D.O. colleagues. Some of the former members of the AOA were later given honorary membership back into

Chapter 4: The Turbulent 1960s

the academy—Jerome Bornstein, M.D., Karl Madsen, M.D., Donald Larson, M.D., and Frank Sorrentino, M.D.

There are now two osteopathic schools in California. The first is Western University of Health Sciences College of Osteopathic Medicine of the Pacific in Pomona, with the other being Touro University College of Osteopathic Medicine located in Vallejo.

The history of the profession in California has gone from highs to extreme lows and now back to the highs. It certainly has been an interesting ride for those old enough to remember it.

Although we will never know all the detailed politics that contributed to that significant change in our history, it was certainly devastating to lose more than 2,000 osteopathic physicians, over 50 osteopathic hospitals including Los Angeles County, Unit II in Los Angeles, California, as well as hundreds of osteopathic training positions. That in essence destroyed The College of the Pacific and the osteopathic profession in the state of California until 1974 when the California Supreme Court ruled unanimously to overturn the state referendum preventing D.O. graduates from being licensed as D.O.s in the state of California. It was not until 1976 that attempts to reestablish osteopathic education and the formation of new colleges in the state of California came to fruition. There are now two osteopathic training institutions in the state of California, and D.O. licenses are once again fully recognized.

### **Arthur E. Miller, D.O. (M.D.)**

Why is it appropriate to recognize Dr. Arthur Miller at this time? Why is the educational program model that was developed in Los Angeles, California, so important to our AOA history and development?

For starters, it was this training program with the directors and early trainees that introduced a professional dimension into what has become known and accepted as our residency training model for orthopedic surgery in the osteopathic profession. Before this, most training in orthopedic surgery in the osteopathic profession was taught by general



surgeons as preceptors and was mostly associated with trauma. This training model from California was then exported to other parts of the country such as Michigan, Missouri, Ohio, and Texas and adopted by the AOA. In fact, it continues as a model today. Dr. Miller is the best known survivor of that generation to be recognized by our academy and credited with developing the orthopedic surgery teaching model in our profession.

In an article written by Dr. Miller, he stated that, “Mankind has always been indebted to those who have gone before us.” We are especially indebted to those who developed new paths in the unknown wilderness, rather than follow the paths that were already established. Dr. Miller was the first full-time orthopedic resident at Los Angeles County Hospital, Unit II. His predecessors eagerly shared their time, knowledge, and talents to allow him to develop during his orthopedic training.

W.W. Jenney, D.O., was the first in the Los Angeles area to limit his practice to orthopedic surgery. Prior to Dr. Jenney, orthopedic surgery in the Los Angeles area was done

by the general surgeons. He also was the first senior attending orthopedic surgeon at Los Angeles County Hospital, Unit II. Dr. Jenney obtained his training in orthopedic surgery mainly in Germany and Austria. Training by the allopaths was not available in his day, so he explored the unknown.

The amalgamation of degrees between the California Medical Association and the California Osteopathic Association occurred in 1962. Immediately, the orthopedic attending staff in Unit II was increased by 28 allopathic orthopedists. Dr. Miller resigned as senior attending orthopedic surgeon at Los Angeles County Hospital, Unit II in 1972. He was the last D.O. attending orthopedic surgeon. The last of the “pure” D.O. orthopedic residencies ended in 1965.

### **The Fee-Splitting Predicament**

What other adversities plagued the profession in the 1960s? Fee splitting became a serious ethical problem in the profession, creating a major conflict among members of the AOA, ACOS, and the AOA. This issue began to open a Pandora’s box politically. Fee splitting produced a major rift among members of these national organizations, which nearly took the profession down. The fee-splitting issue was ultimately corrected by the Internal Revenue Service and by insurance companies. During this time, the AOA stood firmly with the ACOS against the AOA on this issue. The ACOS was represented by C. Robert Starks, Sr., D.O., an orthopedic surgeon who served as chairman of the Ethics Committee. Following a binding arbitration agreement, the ACOS/AOA prevailed over the AOA, and the fee-splitting process was ended.

### **Important Figures in the Fee-Splitting Issue**

#### **C. Robert Starks, Sr., D.O.**



As chairman of the ACOS Ethics Committee, Dr. Starks was a major force in the college’s fight against unethical billing practices among members and the profession. An ACOS Fellow, secretary (1973), and Orel F. Martin Medal recipient (1973), he also was a founding member of the American Osteopathic Academy of Orthopedics and the first and only two-term president of the AOA. His impressive credentials underscored the integrity of the ACOS Ethics Committee, to which he brought high professional standards and an abiding sense of fairness.

#### **James O. Watson, D.O.**

Dr. Watson, who was a general surgeon, chaired the Special Reference Committee that examined the effect of *Lilly vs. IRS* on the profession and helped the college develop its stance against fee splitting. A dedicated board member, he served as president in 1953 and received the Orel F. Martin Medal in 1970. Dr. Watson, who was instrumental in obtaining full practice rights for osteopathic physicians in Ohio, was a member and past chairman of the Federal Health Programs in Washington, D.C. (1941-1960). He received numerous honors and awards over the years and was named honorary president of the Ohio Osteopathic Association in 1972 – the only individual to be so honored.

## **The Vietnam War**

Ordinarily, wartime is a very depressing time, threatening the well being of everyone involved. Certainly, that was true in all the wars up to this time beginning with World War II. However, the osteopathic profession did gain a dimension not ordinarily appreciated by our membership. When medical doctors were called to serve in the Armed Forces, osteopathic physicians were not included because they were not permitted to serve as physicians with a military commission. In short, D.O.s were allowed to remain home and care for the civilian population.

During World War II, to the best of our knowledge and understanding, D.O.s had no privileges of any kind in a medical hospital. In fact, they were not drafted into the military as physicians in active duty. At that time, the AMA considered D.O.s as members of a “cult” and did not regard us as “ethical practitioners.”

It was during that period in our history when D.O.s who were already trained in general surgery often banded together with other D.O.s to form osteopathic hospitals. This happened over most of the country where D.O.s were fully licensed to practice medicine. Therefore, this is how most of the osteopathic hospitals began. Interestingly, the osteopathic hospital enjoyed a renaissance in the osteopathic profession because D.O.s were not permitted to serve as recognized practitioners in the military during World War II. During this period of time, osteopathic hospitals gained a footing in the United States, allowing the profession to flourish like never before. For a period of more than 20 years, between the end of World War II, The Korean Conflict, and the Vietnam War, many D.O. hospitals were created.

The Vietnam War clearly was a point of transition, allowing for universal acceptance of D.O.s onto medical staffs nationwide and into training programs across the United States.

An article was published in *The DO* in July 2007 that very precisely and neatly detailed the role the Vietnam War played in changing the history of osteopathic medicine forever. The article was entitled “The Tug of War” by Barbara Greenwald.

To begin, the Vietnam War, as with all wars, was exceptionally costly to human life. The first 113 D.O.s serving as commissioned officers and fully qualified physicians in the military were honored at the AOA House of Delegates in July 2008 in Chicago, Illinois. One of those whose life was sacrificed who was unable to be present for the honor but will never be forgotten as the first D.O. to lose his life in the Vietnam War was James S. Sosnoski, D.O., who died on February 16, 1968.

Vietnam was the turning point for the osteopathic profession in so many ways and represents a very bittersweet time in our history, especially when you consider it was not until 1950 that osteopathic physicians were recognized as fully qualified physicians and surgeons with licensing free of restrictions.

In 1956, the U.S. Congress amended the Army-Navy-Public Health Service Medical Officer Procurement Act of 1947 to allow D.O.s to be commissioned as medical officers in the U.S. Army, U.S. Navy, U.S. Air Force, and U.S. Public Health Service. But this first victory came nearly 40 years after the AOA first urged the federal government to commission D.O.s as physicians in the military. And while Murray Goldstein, D.O., M.P.H., became the first D.O. in the Public Health Service’s Commissioned Corps in 1953, it was not until 1965 that D.O.s were allowed to serve as medical officers in the military.

In an article titled “The Sword and the Scalpel—The Osteopathic ‘War’ to Enter the Military Medical Corps: 1916-1966,” Norman Gevitz, Ph.D., detailed the profession’s efforts to gain recognition of D.O.s in the military. Much of the following timeline is based on that article, which appeared in the May 1998 issue of *JAOA—The Journal of the American Osteopathic Association*.

**1916:** The AOA voted to protest discrimination by the army and navy against D.O.s who were not included in plans to expand the army and navy medical corps as World War I escalated.

**1917:** In June, O.J. Snyder, D.O., the chairman of the AOA Committee on National Affairs and the 1915-16 AOA president, wrote to the secretary of war, urging the appointment of D.O.s in the medical corps.

**1917:** A bill is introduced in June in the U.S. House of Representatives providing for the selection of osteopathic physicians in the medical service of the army and navy. The bill languishes in committee.

**1917:** During the summer, five D.O.s who served on the AOA Committee on National Affairs met with the secretary of war and other federal officials to offer the services of osteopathic physicians in World War I.

**1917:** In December, former U.S. President Theodore Roosevelt wrote Charles Green, D.O., of New York City to wish “the American Osteopathic Association all success in its efforts to secure for osteopathic physicians the right to serve in their country in the army and navy.”

**1918:** The U.S. War Department informed Congress in March that it opposed the equal treatment of D.O.s and M.D.s in the military.

**1919:** World War I ended—and with it the profession’s determination to lobby for military commissions for the time being.

**1946:** Public Law 604 gave the U.S. President authority to appoint graduates of osteopathic medical schools as medical officers in the navy.

**1950:** The AOA began talks with the American Medical Association to reverse its position that D.O.s are “cultists.”

**1950-53:** Bowing to opposition from the AMA, President Harry S. Truman declined to use Public Law 604 to commission D.O.s during the Korean War.

**1956:** On July 24, President Dwight D. Eisenhower signed an act that amended the Army-Navy-Public Health Service Medical Officer Procurement Act of 1947. The amended law allowed D.O.s to be commissioned as medical officers in the military and Public Health Service.

**1966:** On May 3, Secretary of Defense Robert S. McNamara authorized the acceptance of D.O.s into all military medical services on the same basis as M.D.s.



Attendees at a 1964 board meeting are (seated from left) Frank Wolfe, D.O., J. Paul Leonard, D.O., Jack D. Hutchison, D.O., Dominic J. Salerno, D.O., C.R. Starks, D.O., Constantine H. Heleotis, D.O., and Fred Auwers, D.O. Standing are an unidentified gentleman, Hooker N. Tospon, D.O., and Thomas T. McGrath, D.O.

**1966:** Harry J. Walter, D.O., volunteered to join the Air Force Medical Corps the same day McNamara announced the policy change. He is sworn in as a first lieutenant in the air force on July 13.

**1967:** In July, the first draft of D.O.s into the armed forces took place; 113 D.O.s are drafted into the army and navy.

In the summer of 1967, the U.S. Selective Service began drafting osteopathic physicians to serve in three military corps. Unlike most allopathic physicians, D.O.s were not eligible for draft deferment to complete civilian residencies, so many were drafted shortly after they completed their osteopathic internships. All 113 D.O.s who were drafted that summer were in their 20s. The summer of 1967 also marked the beginning of the experience that would forever change the lives of those 113 D.O.s and all those to follow. Many of these young people inducted into the service in 1967 later became orthopedic surgeons. One of those draftees was Terry L. Weingarden, D.O. He was secretly called in to treat President Richard Nixon, who had been receiving osteopathic manipulative therapy on a regular basis for sacroiliac dysfunction by W. Kenneth Riland, D.O. One day, when Dr. Riland was out of the country, Dr. Weingarden was summoned to 1600 Pennsylvania Avenue, where he underwent questioning for clearance. A few days later, he was called back to treat President Nixon for the low back disorder and was sworn to secrecy.

### Paving the Way

By proving themselves as capable practitioners of medicine, the first 113 D.O. medical officers opened many doors for the profession, both tangible and intangible. As military officers, many D.O.s enjoyed full practice rights on military bases in states where they would have qualified for only restricted licenses as civilian physicians. The AOA used this information in its fight to gain full practice rights for D.O.s in these states.

It was a D.O., Harry Walter, who practiced at Vandenberg Air Force Base in California before serving in Vietnam, who was one of eight D.O.s who filed a class action suit challenging the California law enacted in 1962 that prohibited the licensing of osteopathic physicians in the state. A six-year fight ended in 1974 when the California Supreme Court rendered the 1962 law unconstitutional, restoring the eligibility of D.O.s for California licensing and ending one of the darkest chapters in the history of the osteopathic medical profession. The far-reaching effects of the California decision would be felt for many years to come as reflected in an editorial in the June 1974 issue of *The Journal of the American Osteopathic Association*.

Many members of the profession feel that the first D.O.s who served as military officers paved the way for the significant D.O. presence in the uniformed services today. More than 2,200 osteopathic physicians serve in the country's army, navy, air force, and public health service. "For those D.O.s in Vietnam, the rules were different than they were for D.O.s back home," said one military physician. "Without the presence of politics, we showed what we could do."

"Because of that service, doors that had been previously closed to D.O.s were opened," said Dr. Weisberg in an essay for Volume 67, Number 3 of the Philadelphia College of Osteopathic Medicine's *Digest*. "Our drafting and military service did more for the osteopathic medical profession than any single individual or group did or could have done since the founding of osteopathic medicine in 1874."



Smiles abound at a 1965 meeting.

## CHAPTER 5

### The Four Executive Aces

Dating back to the formation of the academy in February 1941, it was necessary to have an executive director as a central figure to run the organization. That first executive director was **J. Paul Leonard, D.O.**, from Detroit, Michigan, who seemed to be the natural leader of our academy in Detroit. Dr. Leonard possessed good administrative ability and was quite capable of excellent communication with other orthopedic surgeons. Dr. Leonard continued his term until 1975.

**William J. Monaghan, D.O.**, from Kansas City, Missouri, began his term in 1975 and brought many businesslike skills, including those of membership expansion, the development of subsections in the academy, and the creation of the title of Fellow for those surgeons with extraordinary achievement in the academy.

**Donald Siehl, D.O.**, of Dayton, Ohio, became the AOA's third executive director in 1981 and served until 1991. Dr. Siehl, who came from a very long osteopathic genealogy, was a former president of the American Osteopathic Association, the American College of Osteopathic Surgeons, and the AOA. Dr. Siehl had been professionally recognized as a high-profile figure not only in the osteopathic profession but in the American Osteopathic Academy of Orthopedics.

**Morton J. Morris, D.O., J.D.**, of Hallandale, Florida, became executive director in 1991 and served in this capacity until his untimely demise on May 2, 2008. Dr. Morris made significant contributions to many of the legal aspects of our academy and much, much more. Dr. Morris also had the pleasure and benefit of an exceptionally supportive wife, Marie, who continues to serve as the AOA's assistant executive director and remains in close contact with the academy's membership.

It has been our good fortune to have extremely well-qualified leaders in our academy dating all the way back to 1941. It is thanks to the skill and foresight of these four aces that our academy now functions at such a high level of excellence. In September 2008, a fifth ace—**Lee Vander Lugt, D.O.**, of Chickasha, Oklahoma—began his tenure as the academy's executive director.

#### J. PAUL LEONARD, D.O.

Probably nobody in the academy would argue that there is another person in our profession who contributed more relentlessly and unselfishly in his organizational work for his hospital, church, community, as well as local, state, and national organizations than Dr. Leonard. This is especially true for the AOA. The deep and sincere appreciation of the academy for Dr. Leonard's work is reflected by the fact that the entire 17<sup>th</sup> AOA Postgraduate Seminar held in Kansas City was dedicated to the contributions of Dr. Leonard.

Dr. Leonard was born in Wheeling, West Virginia, on August 8, 1901 before moving to Albion, Pennsylvania. He graduated from Albion High School in 1920 and went on to do his premedical training at Grove City College in Pennsylvania. He received his D.O. degree



in May 1925 from Des Moines Still College of Osteopathy and Medicine and completed his internship training at Detroit Osteopathic Hospital. During the next three years, Dr. Leonard was associated with Paul C. Goodlove, D.O., M.D., who served as chief of surgery and chairman of the Detroit Osteopathic Hospital Board of Trustees.

Dr. Leonard was then married to Dortha Mae Salisbury, which was followed by the genesis of two children—a son named Norman, who became a radiologist in Muskegon, Michigan, and a daughter named Kathryn, who became a violinist.

Dr. Leonard remained in Detroit, where he was active in many professional and philanthropic organizations. He served as a medical officer to the Parachute Division of the Civil Air Patrol in Detroit during World War II with a commission of first lieutenant. He established a general practice in Detroit before being granted a general surgical residency in 1930. He was elected to the board of trustees at Detroit Osteopathic Hospital in 1932 and served continuously on that board until his demise. He was chairman of that board from 1957 to 1970 before being made chairman emeritus of the board.

Dr. Leonard was always interested in educational development and created the educational program of the Intern Training Committee at Detroit Osteopathic Hospital. This appointment then led to his interest in the AOA in 1940 when the academy was in the process of being considered. Dr. Leonard became the founding executive director of the AOA in 1941.

Dr. Leonard was a member of the American College of Osteopathic Surgeons, becoming a junior member in 1942 and a senior member in 1947. He was certified in orthopedic surgery by the AOBS in 1947 and promoted to fellowship in the American College of Osteopathic Surgeons in 1953. He was awarded life membership in 1967. He also became a Fellow of the AOA in 1976.

#### WILLIAM J. MONAGHAN, D.O.

Dr. Monaghan was born and raised in Morgantown, West Virginia. Following high school, he tried to enlist in the U.S. military but was rejected because of a heart murmur. He then turned to the Canadian Air Force, where he passed the examination and concluded



his military service with a version of the GI Bill to attend college. He then furthered his education and graduated with a D.O. degree from Kansas City College of Osteopathic Medicine. He was subsequently married to Kathleen McGrath, R.N., and began a residency under the tutelage of his new brother-in-law, Thomas T. McGrath, D.O.

Dr. Monaghan was a dedicated D.O. and came from two generations of osteopathic physicians. As related by Dr. Monaghan, the first osteopathic orthopedic surgeons who qualified for privileges in a hospital had limited formal training and functioned without standards of supervision as we know it today. He reported that, "Internal fixation was experimental and skeletal traction and casting were the treatments of the day." Dr. Monaghan's training came from one of the original Los Angeles-trained surgeons, Leonard C. Nagel, D.O. Harold Battenfield, D.O., was one of Dr. Monaghan's trainees

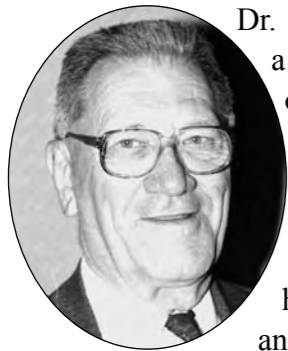
and said, “Bill recognized that his education came from the ‘because I said so’ era.” Dr. Monaghan eventually outlived that saying.

Dr. Battenfield also stated that, “When Bill began private practice, orthopedic courses were rare and not open to osteopathic physicians. He learned that one way to obtain outside education and get into a course was to wear a salesman’s badge. Therefore, he negotiated with the local salesman to use the company’s products in exchange for the use of his identity badge in order to get into postgraduate courses.” This sounds a little far-fetched but is accurate. Dr. Battenfield stated that, “One of my duties as a resident was to bring the current issue of the *Journal of Bone and Joint Surgery* and read to Dr. Monaghan as we traveled between hospitals.”

Dr. Battenfield said that Dr. Monaghan was “drafted” to take the position of executive director of the American Osteopathic Academy of Orthopedics. His reputation as a “straight shooter” as well as his ability to organize helped land him the job. Significant changes were made in the academy at that time, although it took years to see these changes come to fruition.

Dr. Monaghan, who served as executive director from 1975 through 1981, is credited with recognizing a need for preparing some revised bylaws in order to facilitate more uniform governmental structure. Regular meetings with Wesley R. Slater, D.O., and William Button, D.O., helped develop the revised bylaws and the procedural manual. Much of the protocol during the annual meetings as we know it today emanated during Dr. Monaghan’s reign as executive director.

### **DONALD SIEHL, D.O.**



Dr. Siehl, who served as executive director from 1981 until 1991, was a natural and very competent leader who had dedicated his life to the osteopathic profession and its service organizations. He earned his D.O. degree at the Kirksville College of Osteopathic Medicine in 1943 and served his internship and residency at Doctors Hospital in Columbus, Ohio. He represented presidential leadership or served as an officer of every osteopathic college, board, academy, and committee with which he came in contact. He served as president of the AOA, ACOS, AOA, and OOA as well as secretary-treasurer of the American Osteopathic Board of Surgery for 12 years. He was named a Fellow in the AOA and ACOS and a life member of the AOA, ACOS, and AOA.

Dr. Siehl was a highly revered professional and teacher in orthopedic surgery and was especially talented in surgical and nonsurgical methods involving the lumbar spine. He served as program director at Grandview Hospital in Dayton, Ohio, where he graduated more than 35 orthopedic surgeons under his watch. For the American Osteopathic Board of Orthopedic Surgery, he largely directed and set up its specialty certifying board, where he served as a consultant for about three years.

Among his many honors was recognition as a Northrup lecturer, Scott Memorial lecturer, A.T. Still lecturer, and AOA Distinguished Service Certificate awardee. He was an ACOS Distinguished Osteopathic Surgeon awardee, received the Orel F. Martin medal from the ACOS, and the Distinguished Service Award from Grandview Hospital, where he served on staff for many years.

He received the Charles A. Ballinger Purdue Frederick Award for being a distinguished osteopathic surgeon, the AOA Knotty Cane Award, and the AOA President’s Appreciative Award, which he received six times throughout his career. The state of Ohio presented him a citation for meritorious service. And in 1991, the Donald Siehl, D.O. Bioskills Lab of Grandview Hospital was dedicated to his exemplary history as a trainer.

Dr. Siehl died on September 30, 1994, three years after his retirement as executive director of the AOA.

### **MORTON J. MORRIS, D.O., J.D.**



Upon the retirement of Dr. Donald Siehl at the close of the 1991 Annual Clinical Assembly, Dr. Morris was appointed executive director of the AOA by the board of directors. Dr. Morris, who is a graduate of Kirksville College of Osteopathic Medicine, brought significant dedication to the position and to the cause of osteopathic medicine generally. Dr. Morris was uniquely qualified to take the reins of the organization, bringing dual expertise in orthopedic surgery and law.

Dr. Morris served as president of the AOA in 1985-86 and assumed a leadership role in several other organizations as well, including becoming president of the Florida Osteopathic Medical Association, for which he was also legal counsel, and the Dade County Osteopathic Medical Association. He also was a member and a Fellow of the American College of Quality Assurance and Utilization Review of Physicians and served as legal counsel for many of the organizations he was affiliated with as a member.

In addition, Dr. Morris was honored as a Fellow of the AOA, the ACOS, and the American College of Legal Medicine. He also made the dean’s list at the University of Miami Law School while pursuing his legal imprimatur. In 1982, Dr. Morris received the Distinguished Service Award from the Florida Osteopathic Medical Association. He also presented more than 85 major papers and lectures throughout the continental United States and Florida and served as a guest lecturer in both osteopathic medicine and the legal aspects of medical practice.

During his illustrious career, Dr. Morris received numerous other accolades, including the AOA Knotty Cane Award in 1989, 2000, 2005, and 2007, the Lifetime Achievement Award from the Florida Osteopathic Medical Association in 2000, the Orel F. Martin Award from the American College of Orthopedic Surgeons in 2004, and the Distinguished Service Award from the American Osteopathic Association in 2005. He also was selected to give the prestigious A.T. Still Lecture at the AOA House of Delegates meeting in Chicago, Illinois, in 2006.

One of his primary interests in organizational medicine was geared toward counseling and improving academic programs. One of these was recertification in orthopedic surgery. His law practice was predominantly oriented toward the defense of medical malpractice and administrative law and to present defense positions before administrative agencies and licensing boards such as PROs, Medicare, the review process, and general health law.

Dr. Morris passed away on May 2, 2008.

# CHAPTER 6

## Certification, *The Orthopod*, Award of Fellow, and Honorary Membership

### AOAO Board Certification

In order to know about the American Osteopathic Board of Orthopedic Surgery (AOBOS), it is necessary to know the background of the American College of Osteopathic Surgeons (ACOS). The ACOS was incorporated on January 26, 1927 by a group of osteopathic surgeons that included Drs. George M. Laughlin, John Deason, S.D. Zaph, O.G. Weed, F.R. Bigsby, A.C. Hardy, Orel F. Martin, and Harry Collins. As an early indication of the interest in orthopedic surgery by this group of surgeons, there were orthopedic topics included in the 1929 annual clinical meeting held in Kansas City, Missouri. These topics were “Arthroplasty of Hip and Elbow” and “Reduction of Fractures Under Local Anesthesia.”

During the next several years, the teaching of orthopedic surgery was only accomplished by observing general surgeons doing what limited procedures were available at that time. The training was often done on a part-time basis as the trainees were usually conducting a general practice while observing the surgeries that were available.

In 1939, the ACOS approved the formation of the AOBS, which was officially formed in 1940 with the approval of the American Osteopathic Association (AOA). The AOA has always been the parent organization of the ACOS and remains so to this day. The AOBS was given the mandate to qualify and certify the training in general surgery, urology, orthopedics, and anesthesiology. Among the 11 members of the first AOBS was one orthopedic surgeon, Dr. William W. Jenney of Los Angeles, California. Also included among the first AOBS members was Dr. George M. Laughlin, a general surgeon from Kirksville, Missouri, who was known to do many orthopedic procedures in the 1930s.

As noted elsewhere in this book, the American Osteopathic Academy of Orthopedics (AOAO) was founded in 1941. In 1942, the ACOS annual meeting was included into the Annual Clinical Assembly of Osteopathic Specialists.

In 1946, the ACOS and AOA established residency program standards. In just two years, there were 19 hospitals with training programs. In 1950, with the direction of the AOA, the ACOS established a Registry of Training Programs. From this time on, until 1979, the testing and certification of orthopedic surgeons were conducted by the AOBS, with the tests being administered by previously certified orthopedic surgeons. The AOA granted the certifications following the recommendations of the AOBS.

James M. Eaton, D.O., chairman of the AOBS and an orthopedic surgeon, prepared in 1955 the “Basic Requirements of an Approved Residency Including the Surgical Specialties.” This document then served as a guideline for the development of other surgical specialties. The AOA approved this document in 1956.

Certification in orthopedic surgery initially evolved from the American College of Osteopathic Surgeons whereby there was orthopedic representation on that board that directed and guided the certification process for orthopedic surgery beginning in 1966. Some of the rules and requirements are noted in the initial form from that 1966 booklet for comparison.

The American Osteopathic Board of Orthopedic Surgery was established in 1979.

The purpose of the certification examination is to provide the public with a dependable mechanism to identify physicians who have met a standard to assure excellence in the field of orthopedic surgery.

Certification is currently valid for 10 years beginning with certificates issued on or after January 1, 1994. Recertification examination will then be required every 10 years thereafter. The recertification examination was developed and administered by the AOBOS. Certification issued before 1994 was not time limited.

### The Orthopod



The first *Orthopod* was published as an official communications instrument for the AOAO in 1959. The first editor was J. Paul Leonard, D.O., followed by Richard Borman, D.O., and Robert Ho, D.O. They were then followed by co-editors James Laughlin, D.O., and David W. Smith, D.O., in 1976, and then Daniel Morrison, D.O., who became editor of *The Orthopod* for the next several years.

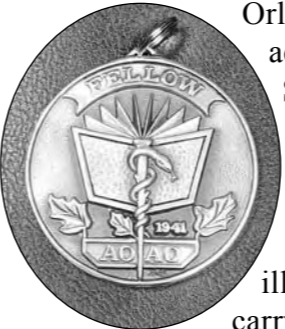
At this point, it is appropriate to give recognition to a photographer who helped document the AOA’s history with pictures frequently published in *The Orthopod*—Chuck Gnaegy, who was the photographer for the ACOS and AOA for many years.

For a brief time, *The Orthopod* was augmented by a publication called *The Journal of the American Osteopathic Academy of Orthopedics (JAOAO)*, which was first published in 1982. However, after about four issues were published under the editorship of Dr. Morrison, the *JAOAO* was discontinued due to the lack of overall submissions. A companion piece to *The Orthopod*—the *AOAO Newsletter*—was created in 2001, with Arnold Melnick D.O., serving as executive editor. In 2007, it was decided to merge the content of the *AOAO Newsletter* with *The Orthopod* and launch a revamped, full-color version of the magazine, with Scott Colton acting as both editor and graphic designer. Since 1999, Colton has served as director of medical communications at Nova Southeastern University College of Osteopathic Medicine in Fort Lauderdale, Florida. *The Orthopod* is now published three times a year in March, July, and November.

### The Award of Fellow

In 1976, the American Osteopathic Academy of Orthopedics began to honor longstanding and senior members of the organization for special achievement. At a meeting held in New Orleans, Louisiana, a Fellow medal was proposed and designed for the academy by the wife of the then president of the AOA—Wesley R. Slater, D.O. Wendy Slater was a fine artist who created the prototype for the medal, which the board had agreed would be a sterling silver accolade that would be presented at an annual meeting each year upon recommendations of the board.

It was agreed that the medallion would incorporate a graphic illustration of “the mythological god of medicine, Aesculapius, carrying a knotty wooden staff entwined with a single snake representing life-giving powers.” It was also agreed there would be three oak leaves growing from the foundation of the AOA representing the ideals of the academy: integrity, ability, and



dedication. The symbolic book represents the knowledge, while the pages of the book stand for the torch of life. The year 1941 was to be incorporated into the medallion to commemorate the year of the AOA's origin.

With this information in hand, Wendy had no difficulty in putting together an award that honors this kind of achievement in our academy.

The following inaugural class of Fellows was presented with the fellowship medallions during the 1976 fall convention:

*Charles Brimfield, D.O.*  
*Robert O. Fagen, D.O.*  
*Arnold Gerber, D.O.*  
*J. Paul Leonard, D.O.*  
*Thomas T. McGrath, D.O.*  
*George Rothmeyer, D.O.*  
*Donald Siehl, D.O.*  
*Hooker N. Tospon, D.O.*  
*John M. Wright, D.O.*  
*John P. Wood, D.O.*



*Wendy Slater*

As the years progressed, the Award of Fellow has been bestowed upon many of the outstanding trainers, mentors, and earlier orthopedic surgeons who paved the way for future generations of orthopedic surgeons. The Award of Fellow is now presented on a regular basis for meritorious accomplishments and service to the academy, profession, and mankind.

Interestingly, bylaws in the beginning provided for fellowship recognition for outstanding AOA members. However, there is no record of any such awards being granted before 1976.

### **Honorary Membership in the AOA**

Honorary membership in the AOA was extended to many medical orthopedists/neurosurgeons who supported the academy academically in the early days. It was difficult to procure superior speakers who were authorities in their respected fields to speak and present at the instructional course lecture series held annually at the midyear educational session. The AOA required that 50 percent of the speakers of any educational meeting for which continuing medical education credits were being obtained had to possess an osteopathic background. The other 50 percent could be M.D.s in any specialty appropriately contributing to the theme of that program. The academy was able to attract many authoritative speakers in orthopedics and neurosurgery for programs in the future. Honorary membership was frequently offered and accepted by many of these guest speakers.

### **Honorary Members**

Honorary members shall have made a considerable contribution to the osteopathic profession over a period of not less than 10 years. They must have spent considerable time and energy in their field (e.g., physician, attorney) supporting osteopathic orthopedic surgery and be well recognized in their area of specialty by their peers. In addition, they must have written two articles or given at least two lectures at AOA events. The articles must have been published in an AOA journal or *The Orthopod* or published in a national journal concerning osteopathic medicine (or coauthored by a D.O.).

### **Following are the AOA honorary members:**

- *Steven P. Arnocky, D.V.M.* – lecturer in biomechanics (Michigan)
- *Frederick C. Balduini, M.D.* – lecturer in sports medicine (Florida)
- *Jerome L. Bornstein, M.D.* – orthopedist (California)
- *James Richard Bowen, M.D.* – chairman, orthopaedics department, Dupont Institute (Delaware)
- *Alvin H. Crawford, M.D.* – chairman, orthopedics department, Cincinnati Children's Hospital (Ohio)
- *James Farmer, Ed.D.* – educator, AOA Orthopedic Educators' Course (Illinois)
- *R. Victor Gallardo, M.D.* – orthopedist (California)
- *Eugene D. Horrell, M.D.* – lecturer in hand surgery (Michigan)
- *Stephen Howell, M.D.* – clinician and researcher in the field of knee replacement, anterior cruciate ligament reconstruction, and sports medicine (California)
- *Donald Larson, M.D.* – orthopedist (California)
- *Adolph V. Lombardi, Jr., M.D.* – president of Joint Implant Surgeons and president of medical staff services at New Albany Surgical Hospital (Ohio)
- *Marvin H. Lottman, M.D.* – orthopedist (California)
- *G. Dean MacEwen, M.D.* – pediatric orthopaedics department, Dupont Institute (Pennsylvania)
- *Arnold Melnick, D.O.* – founding dean of SECOM, editor, and pediatrician (Florida)
- *Arthur E. Miller, M.D.* – chairman, orthopedic department, L.A. County Hospital (California)
- *John A. Ogden, M.D.* – lecturer in pediatric orthopaedics, Yale University. Now in Atlanta (Georgia)
- *George E. Omer, Jr., M.D.* – lecturer and trainer, chairman, Department of Orthopedics, New Mexico School of Medicine, former chief of orthopedics, Fitzsimmons Army Hospital, Denver (Colorado)
- *James Roach, M.D.* – lecturer in pediatric orthopaedics, Scottish Rites Hospital (Texas)
- *Frank Sorrentino, M.D.* – orthopedist (California)
- *Arthur Steffee, M.D.* – lecturer and trainer in orthopedic and spine surgery (Ohio)

AOAO Current Mission Statement

The purpose of this organization shall be to:

- Foster and maintain the highest professional, moral, and ethical standard with regards to all aspects of osteopathic medicine and orthopedic surgery
- Further education of its members by the presentation of subjects of interest and courses of instruction and the publication of scientific data pertinent to orthopedic surgery at such intervals as shall suit the needs of the membership
- Recognize the osteopathic concept as it relates to the field of orthopedic surgery
- Stimulate and maintain high moral and ethical standards in the specialty of orthopedic surgery
- Recognize outstanding accomplishments in the practice of orthopedic surgery or outstanding service to this organization on the part of any member by conferring upon him the title of Fellow in the American Osteopathic Academy of Orthopedics



Edward A. Loniewski, D.O. (1977-78 AOA president) with William E. Button, D.O. (1978-79 AOA president).

CHAPTER 7  
AOAO Specialty Sections Take Root

The AOA continued desirable growth into the 1980s when interest in divisional societies was in full swing and subspecialties in orthopedics were becoming recognized nationally. Even as small as the AOA was at that time, creating specialty sections within the AOA was necessary for the continuing growth of our membership. General orthopedics needed subdivisions to provide academically for the growth and development sought by its membership. The AOA Board of Directors recognized the following sections within our membership:

*Hand Surgery – 1980*

*Sports Medicine – 1980*

*Spinal Surgery – 1990*

*Pediatrics – 1994*

*Adult Reconstruction – 1998*

*Foot and Ankle – 2000*

HAND SURGERY SECTION



The Hand Surgery Section of the AOA was officially founded on October 15, 1980. The roots of the Hand Surgery Section were extremely informal and began at AOA yearly meetings in St. Louis and Atlanta in 1972 and 1973. A small group of AOA members interested in hand surgery met informally and discussed the possibility of presenting papers on hand surgery in association with the Annual Clinical Assembly of Osteopathic Specialists.

The original goal was to keep the hand surgery group informal. Initially, there were no membership rosters, officers, dues, or elections. However, the AOA Board of Directors eventually recognized that a formal organization of the hand surgery group into a section would be beneficial to all AOA members as well as to those specifically interested in hand surgery.

A constitution and bylaws were formulated by the committee and approved by the board of directors. Subsequently, the AOA approved an amendment to its bylaws in October 1980 allowing for the formation of sections in the academy, thus allowing formal acceptance of the Hand Surgery Section as the first section of the AOA.

On October 14, 1980, the first official business meeting of the Hand Surgery Section was called to order at the Diplomat Hotel in Hollywood, Florida. At that first official meeting, the bylaws and constitution of the Hand Surgery Section were approved by its members, and the charter officers were elected. The newly elected president was Jerry A. Taylor, D.O., of Southfield, Michigan.

The goals of the Hand Surgery Section were to provide education in the field of hand surgery to all AOA members and to aid and assist osteopathic orthopedic residents with

obtaining hand surgery rotations as a part of their residency program.

Membership in the Hand Surgery Section was initially open to all AOA members who had a minimum of three months of formal hand surgery training or had performed a minimum of 50 open surgical hand procedures within the preceding 12 months.

### SPORTS MEDICINE SECTION

During the 1960s and 1970s, sports medicine was a component of many D.O. orthopedic surgeons' practices, and a large majority of them were team physicians at all levels. In the early 1970s, physicians began discussing the development of a sports medicine section for the academy, and informal meetings were held in 1975 and 1976. Dr. John Wood was instrumental in organizing this group, and Dr. Harlan Hunter was appointed to write the bylaws. The initial bylaws were reviewed by the group and given to the AOA and the AOA for approval in 1977 under the name The American Osteopathic Society for Sports Medicine.

In 1980, the Sports Medicine Section was formally recognized by the AOA. Initially, the section imposed strict requirements in order to qualify for membership. In 1981, there were 27 founding members who were awarded certificates and plaques at the Annual Clinical Assembly in Boston, Massachusetts. In the early to mid 1980s, the section stabilized at 80 to 85 members.

In the beginning, the section's main function was education for sports-related conditions encountered by orthopedic surgeons. However, because many of the members functioned as team physicians and their practices evolved, it became apparent that more than general orthopedics was needed in caring for athletes. Insurance companies for professional and college teams were recommending credentialing for their sports medicine physician, which required the section to move to the next level. In order to meet the demands of the subspecialty, the section began to work toward additional education, such as developing a Certification of Added Qualification in Sports Medicine.

During this time, another organization had developed within the osteopathic profession—the American Osteopathic Academy of Sports Medicine (AOASM). This comprised approximately 200 non-orthopedic physicians and 20 to 25 orthopedic surgeons.

In 1989, 1990, and 1991, there was an effort to develop cooperation among the different organizations in sports medicine. The M.D.s had recently developed their separate orthopedic sports medicine group, known as the American Orthopedic Society for Sports Medicine, which was a surgical sports medicine group, and had also developed a nonsurgical group. During this time period, the AOA had the opportunity, along with AOASM, to partner with the newly formed group in establishing the *Journal of Sport Medicine*.

In July 1993, Robert E. Draba, Ph.D., executive director of the American Osteopathic Association, was also drafting certification at the primary care level in sports medicine for the AOA Board of Trustees. He was working in coordination with the AOASM and the Academy of Family Practice and hoped to have orthopedic input from the AOA Sports Medicine Section as well.

From 1993 to 1995, Dr. Robert W. Nebergall served as president, with Dr. Robert A. Armstrong assuming the leadership role from 1995 to 1997. Since that time, the yearly succession of presidents has included Dr. Robert P. Falconiero, Dr. Thomas M. Fox, Dr.

Victor R. Kalman, Dr. D. Matthew Maddox, Dr. Enrico A. Marcelli, Dr. Paul Lapoint, Dr. Ronald Hess, Dr. Keith R. Pitchford, Dr. Christian Peterson, and Dr. Mark R. Nikkel.

Although the past several years were marked by a lack of significant activity, the Sports Medicine Section officially began its reorganization process at the Annual Clinical Assembly of Osteopathic Specialists meeting held September 2008 in Boca Raton, Florida. During the meeting, which included discussion at the AOA board meeting, new sports medicine officers were appointed. These include: Dr. M. Christopher MacLaren from Tampa, Florida, as president; Dr. Douglas P. Dietzel from Michigan State University and Dr. Peter T. McAndrews as vice president; and Dr. James Leibolt from Virginia Tech as secretary-treasurer. These new officers are helping to reinvigorate the section by reviewing and updating the bylaws, requesting nominations and election of new officers as indicated by the bylaws, and most importantly, continuing to oversee and help direct CME programs.

Over the past few years, there has been much confusion on dues payment, section rosters, and other issues. As a result, section business will now be conducted through the AOA office in Florida. This will include membership forms, maintaining a membership database, and distributing emails and information as needed. In addition, discussions have taken place with industry-supported cadaver surgical technique courses as they relate to sports medicine so the section can hopefully reestablish a cadaver-type course at the Orthopaedic Learning Center.

### Sports Medicine Section Fast Facts

**John P. Wood, D.O.**, recognized for his expertise in sports medicine, cared for many professional athletes, including those from the Detroit Lions, Pistons, Red Wings, and Tigers as well as other amateur athletes from the Detroit area.

**Richard Emerson, D.O.**, and **D. Matthew Maddox, Jr., D.O.**, both of Phoenix, Arizona, have served as team physicians for several professional sports teams in the Phoenix area, including the Phoenix Suns.

**John J. McPhilemy, D.O.**, has spent more than two decades as the team physician for the NBA's Philadelphia 76ers and also serves as coordinator of its 11-person medical staff, which includes a dentist, a psychologist, an ophthalmologist, and a podiatry consultant.

### SPINE SURGERY SECTION

Spinal surgery in orthopedics has long been a staple of the orthopedic surgeon in the osteopathic profession. Simple laminotomy/discectomy was being performed by general surgeons as well as neurosurgeons and orthopedic surgeons in the past. In the 1980s, there was an explosion of technological implant opportunities onto the market, allowing much-improved stabilization in spine surgery. These included such things as pedicle screws, spine plates, and even artificial disc implants. One of the surgeons on the leading edge of this technology was Arthur Steffee, M.D., of Cleveland, Ohio. Working with Dr. Steffee was Robert Biscup, D.O. Thanks to their successful collaboration, many significant contributions have been made in regard to the enhancement of the spine surgery specialty. To address this educational horizon, a spine surgery section within the AOA was born.



*Arthur Steffee, M.D.* In 1982, Dr. Steffee performed the first pedicle screw and plate surgery in North America. Orthopedic residents from various osteopathic programs, including Brentwood Hospital (currently Meridian South Pointe) in Cleveland, had standing PGY4 rotations with Dr. Steffee at St. Vincent Charity Hospital, where he was department chairman and co-director of the Cleveland Clinic Orthopaedic Residency Training Program. Program Director Edward L. Andrews was the first D.O. orthopedic resident to train under the renowned Dr. Steffee in the early 1970s, and through his ongoing relationship with him, had arranged for his residents, and others, to have standing four-month rotations with him during their PGY4 year.

Dr. Steffee was the first M.D. orthopedic surgeon willing to train osteopathic residents in the state of Ohio. This became a very popular rotation amongst the dozens of D.O. residents who trained under Dr. Steffee, as well as David Selby, M.D., of Dallas, Texas, due to their extensive knowledge, skills, and innovative approach to orthopedic surgery.

Dr. Steffee also was the first surgeon in the state of Ohio to perform a hip replacement operation (both in humans and on his dog), and he designed dozens of joint implants and performed many of the world's first operations. As a major consultant to and inventor for several orthopedic device companies at the time, he exposed his residents to new technologies, industry leaders, engineers, visiting surgeons, and entrepreneurship.

By training, Dr. Steffee was an orthopedic surgeon with a fellowship in hand surgery under Dr. Dan Riordan of New Orleans. Although he was a brilliant hand surgeon who distinguished himself by treating countless trauma and degenerative arthritis patients, Dr. Steffee did not limit his practice to only hand surgery. In fact, he was known affectionately as a “surgeon’s surgeon.” Fearless, he is fondly remembered as saying, “There are not many areas of the human body where I have not been more than a few times, whether I wanted to or not.” With funds from his consulting activities, Dr. Steffee created the Cleveland Research Institute in the basement of St. Vincent Charity Hospital, which included a research director, a machinist, and a fully equipped machine shop to develop and produce prototype implants and devices. Dr. Steffee always encouraged his residents and colleagues to use this facility as a resource if they had any ideas, thoughts, or suggestions on developing something new and different. He instilled the idea of “never accepting things the way they were—but always thinking of how to do it better.”

The idea of the Variable Screw Placement (VSP) pedicle screw and slotted spine plate came to Dr. Steffee in 1982 when he was performing a revision lumbar laminectomy and fusion on a patient with severe spinal stenosis and a degenerative spondylolisthesis with instability. The only spine stabilization devices available at the time were Harrington Rods, Knodt Rods, the Luque Rectangle, and sublaminar wires. Thinking on the fly, he decided to try and use a standard AO cancellous bone screw and a fixed hole AO plate. It worked marginally. The problem was “lining up the holes in the AO plate with the pedicles of the two vertebral bodies at L4 and L5.”

Working with his machinist and research staff in 1983, the idea emerged of modifying the 6.5 mm AO cancellous screw by removing the large fixed insertion hex head and machine

threading the smooth shank to accept a conical threaded nut (the old Hagie Pin Nut used to treat femoral neck fractures). A new plate was designed that used slots rather than fixed holes for variable placement of the screws, thereby eliminating the problem of lining up fixed holes to the pedicles. The sequence of insertion was as follows: place the modified screws into the pedicles, then place the slotted plate over the screw, and then apply the posterior tapered nut. It was a success. Dr. Steffee and his staff realized they had just created the first pedicle screw and plate system in North America and began “shopping” it around to the major orthopedic companies. Little interest was expressed, so Dr. Steffee then decided to form a new private company called AcroMed Corporation, which would become the first dedicated spine implant company in North America. This launched a new medical device industry for spine implants, which today totals over \$10 billion in annual sales and features dozens of new companies starting every year.

In the fall of 1986, Dr. Biscup arranged for a workshop to be held in conjunction with the AOA annual assembly meeting in Los Angeles to teach D.O. orthopedic and neurosurgeons how to perform pedicle fixation of the spine. Dr. Biscup had also arranged for James N. Weinstein, D.O., of the University of Iowa to co-chair the event with Dr. Biscup. Dr. Weinstein had just been named chairman of the orthopedic department at Iowa and was a member of the medical advisory panel of AcroMed Corporation along with Dr. Biscup. “Jim was an M.D.-trained D.O. and a rising star in the spine world, and I felt his participation would be a great addition to our program, and it was,” Dr. Biscup said. The program was sold out and offered osteopathic surgeons the opportunity to learn cutting-edge techniques and procedures well ahead of many of their M.D. counterparts.

In 1989, Dr. Biscup was approached by Dr. Morton Morris about starting a section on spinal surgery in the AOA. Both Dr. Morris and Dr. Biscup felt this would be a great addition to the academy and provide a forum for education and training of academy members, offer possible collaborative research endeavors, and help to generate standards and examinations for Certificates of Added Qualifications in Spine Surgery and standards for fellowship training programs. The AOA membership was polled for its input, and a constitution, bylaws, rules and regulations, and mission statement were generated. The AOA Board of Trustees approved the charter in 1990, and the first meeting was held at the 1991 fall AOA meeting.

Dr. Biscup chaired the initial meeting and led the AOA members and residents present through the proceedings. Amendments to the constitution and bylaws were offered and subsequently presented to the AOA trustees for approval. An area of notable achievement was the inclusion of osteopathic neurosurgeons into the Spine Surgery Section—the first time osteopathic surgeons from two different specialties came together for the common good of the profession.

Next, the first officers were nominated and elected. Dr. Biscup became the first president of the Spine Surgery Section, a position he held for two years as required by the constitution. Afterward, he passed the baton to the many other qualified members of the American Osteopathic Academy of Orthopedics who have distinguished themselves in many ways throughout the years in both the osteopathic profession as well as national and international spine organizations. Since the early beginnings, the spine section has continued to grow and be an active and vital organization within the AOA.

Dr. Steffee was honored by his many osteopathic friends and colleagues at the 1993 AOA annual assembly with a Lifetime Achievement and Honorary Membership Award for his many contributions to the education and training of dozens of osteopathic surgeons at a time when acceptance of D.O. surgeons was challenged. Dr. Biscup and Dr. Steffee remain very close friends and colleagues. “My career as an osteopathic physician and surgeon is one of opportunity and, I guess, of being at the right place at the right time,” he said. “However, 24 years later, I still teach young physicians and surgeons today to never be content or complacent with how things are, but always strive for finding better and newer ways to improve the care we provide to our patients. It was good advice then, and it’s still great advice today.”

### **PEDIATRIC SECTION**

A preliminary meeting was held on September 25, 1994 at the Grand Hyatt Hotel in Washington D.C., where officers were established and board members appointed in accordance with the bylaws. The primary mission of the AOA Pediatric Section is to conduct, operate, and maintain a pediatric orthopedic seminar to be held in connection with the AOA fall meeting and the ACAOS program.

The section’s objective is the advancement of educational activity of pediatric orthopedic surgery. This society focuses on the enhancement of pediatric care with musculoskeletal problems and establishes, conducts, operates, maintains, sponsors, and promotes an affiliate organization within the American Osteopathic Academy of Orthopedics.

In September 1995, the section became more active in New Orleans, where some internal shifting of responsibility was suggested allowing similarity to the parent organization (AOA). In order to bring this new section into compliance, it was necessary to revise the bylaws at that time.

### **ADULT RECONSTRUCTIVE AND ARTHRITIS SURGERY SECTION**

It was in the fall of 1998 at a national meeting of the AOA in Chicago, Illinois, when a formative group of surgeons keenly interested in adult reconstructive surgery agreed to meet for the purpose of forming a section in the academy for adult reconstructive and arthritis surgery. The structure and content of the bylaws of this subspecialty section were ultimately decided upon by those in attendance that day. During a general meeting, the attendees received input and suggestions from leadership in the AOA relative to their bylaws and their entry requirements to the section. Once formulated, the bylaws were then presented to the AOA Executive Committee, and in November of 1998, they were published in *Orthopedics Today*, highlighting the development of this subsection in the AOA in a highly favorable light.

With appropriate approval by the AOA Board of Directors, the section began providing direction and playing an active role in the development of the lecture curriculum for the annual fall and spring meetings. A membership drive also was arranged to reach all interested academy members desiring to be involved in the section. The first full general membership meeting took place in the fall of 1999.

The bylaws from the hand section were utilized as a template to develop the criteria for admission to the adult reconstructive section. Appropriate modifications suitable for the new section were approved by all committee members. The bylaws were then officially approved at a meeting in Seattle, Washington.

It was at that meeting where support for a formal annual meeting relative to total joint replacement arthroplasty took root. Because this particular type of surgery produced enthusiastic support from the membership, and could be supported by many of the larger orthopedic implant manufacturers, it was agreed that the general program chairman for the following year would be approached about having a special section for lectures in adult reconstructive surgery.

This pattern has continued until the present time because total joint arthroplasty has become a regular staple in orthopedic surgery.

### **FOOT AND ANKLE SURGERY SECTION**

This is the most recently formed section under the AOA banner, and the first meeting was conducted on May 4, 2000. Fellowship-trained foot and ankle surgeons attended as well as others. David Prieskorn, D.O., who helped establish the section, was elected as acting president.

The purpose of the Foot and Ankle Section is predominantly education. In light of the relatively small membership, and until rules and regulations have been formulated and submitted to the AOA board for approval, it was elected to have meetings on an informal basis as scheduled by the president. The section’s purpose is to provide academic opportunities for those with a special interest in foot and ankle surgery. A fellowship in foot and ankle surgery is not required for membership at the present time.

### **MICHIGAN OSTEOPATHIC ACADEMY OF ORTHOPEDIC SURGEONS**



Because of the AOA’s limited membership numbers, there has been little need for state or county orthopedic societies. However, because there has always been a large population of osteopathic orthopedists in the state of Michigan, a state society was formed in the 1970s thanks to the efforts of a prominent osteopathic icon living in the area.

The Michigan Osteopathic Academy of Orthopedic Surgeons (MOAOS) was founded by Edward A. Loniewski, D.O., who served as chairman of the Department of Orthopedic Surgery at Botsford General Hospital in Farmington Hills, Michigan.

In the early 1970s, it was difficult for osteopathic residents and surgeons to have access to the many allopathic programs that were available to AMA-trained orthopedic surgeons. It was apparent that a unified effort of the osteopathic orthopedic community would improve the educational quality of the osteopathic training programs.

A study group with case discussions was started at Botsford General Hospital on a regular basis. These discussions proved successful, and the program was then extended to all orthopedic programs in the Detroit area, including all those from the Detroit metropolitan area as well as Flint and Lansing. Meetings took place at the hospital, and guest allopathic orthopedic surgeons were invited to lecture. The programs were alternated between hospitals, with each hospital program being responsible for at least one program a year. The programs were held monthly with resident paper presentations and occasional guest speakers.

The success of the programs dictated formalization into an organization, which occurred in 1977 when the MOAOS became incorporated, bylaws were written, and officers were elected. The association's mission statement is as follows:

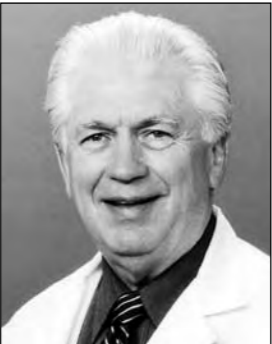
*"The purpose of the Michigan Osteopathic Academy of Orthopedic Surgeons (MOAOS) is to foster and maintain the highest possible standards in the practice of orthopedic surgery, further education of its members through educational programs dealing with the science of orthopedics, recognize the osteopathic concept as it relates to the field of orthopedic surgery, protect and advance the rights and privileges of osteopathic orthopedic surgeons in the state of Michigan, protect the rights of the citizens of Michigan to have access to high-quality osteopathic care, and establish an affiliation with the American Osteopathic Academy of Orthopedics (AOAO) and the Michigan Osteopathic Association (MOA)."*

The programs continued to improve, and a yearly resident scientific paper writing competition was instituted. The association continued to thrive until the late 1990s when both interest and attendance decreased. However, because there remained a need for the MOAOS to exist, it was revamped in 1998. The board was downsized to five members, a resident representative was added, and Dr. Loniewski became the organization's executive director. Since this restructuring occurred, the membership has grown. As of 2009, southeastern Michigan's eight AOA-approved orthopedic residency programs were educational members.

**Prominent Figures in AOA History**



*Philip H. Lewis, D.O.*  
*1974-75 President*



*Raymond Schlueter, D.O.*  
*1980-81 President*



*David W. Smith, D.O.*  
*1981-82 President*



*John H. Drabing, D.O.*  
*1986-87 President*



*Boyd W. Bowden II, D.O.*  
*1990-91 President*



*Robert Mandell, D.O.*  
*1992-93 President*



*Debra K. Spatz, D.O.*  
*2006-07 President*



*Lee Vander Lugt, D.O.*  
*Current Exec. Director*

**EPILOGUE**

After reviewing over 70 years of history regarding the development of orthopedic surgery as a specialty in the osteopathic profession, and in light of the current liberal and social environment that seems to be infiltrating our profession, what do we believe the future holds for our specialty? The professional and political challenges are likely to be substantial, though there is an element of uncertainty as to just how the health system is going to fare in the future. Overall, we certainly have all the right equipment to conduct a very successful specialty in our profession. We have abundant and very well-trained manpower, and we have a horizon that is bright in spite of a few anticipated cloudy days in the future. One thing the osteopathic profession has provided us as a collective group is an exceptionally strong sense of belonging and a very strong bond among our colleagues to stay together. We have learned from experience that sticking together as professionals is vital to our success. Keeping this in mind for the future could be one of our strongest assets.

The American Osteopathic Academy of Orthopedics has been in a state of change for the past few years. Most of this change has been directed toward improvement and independence. By now, the leaders of the ACOS and those planning the ACAOS are keenly aware of the fact that the AOA has left the ACAOS and that the meeting held in Boca Raton, Florida, in September 2008 marked the last time we met together. For the older members of the academy, this represents an element of sadness because so many great friends will not be meeting as often. However, meeting independently has many benefits, and the educational programs will be more focused for specific areas of the AOA membership. The academy leadership also believes that site selection will be easier because the group will be smaller and there will be more hotels available to choose from annually.

The academy continues to receive strong financial support from its members and moral support for the changes that are being conducted to continue our educational efforts. It is the fondest hope of the academy that we focus additional attention on continuing medical education seminars and more diverse site selections in the future.

At the present time, the AOA executive office will continue to remain in South Florida. We anticipate for the short term, and perhaps longer, that the AOA office will remain in South Florida before relocating back to the Midwest now that Dr. Lee Vander Lugt is serving as the academy's new executive director. Marie Morris did an outstanding job during the many years she worked side-by-side with her beloved husband, Dr. Morton Morris, and she continues to be actively involved in the academy on a daily basis.

Historically and politically, there have been many changes in American medicine involving the osteopathic profession as it relates to the allopathic profession. For many years, osteopathic physicians were considered a cult by the AMA. Due to this problem, most osteopathic hospitals were started by a few local D.O.s in many cities throughout the nation. These hospitals grew and prospered into several large and well-respected medical institutions. As early as 1961, some local medical societies began recognizing the training of osteopathic physicians and opened their membership and hospitals to osteopathic physicians. Some medical institutions opened fellowship positions for the D.O. profession, and later on, residencies were added to the list of available positions for further training.

Other significant events that have seriously affected the profession include

governmental intervention in the advent of HMOs, PPOs, IPAs, DRGs, and the many other members of the alphabet soup. Insurance companies including Medicare, Medicaid, and multiple other government organizations have caused small hospitals to close their doors or become part of a larger complex. The purely osteopathic hospitals, characteristically 100- to 300-bed facilities, have been bought out of existence by larger hospital management corporations. Outpatient surgical centers, outpatient surgery and hospital settings, and modern medical technology have changed the face of medicine in a relatively short period of time. Different crises in medical malpractice insurance have definitely affected the practice of medicine in our country.

In conclusion, over the past 25 or so years, the AOA has grown to more than 1,000 members, with many more potential members still in training. This can be attributed to the fact that the number of osteopathic medical schools in existence has grown from 6 schools in 1962 to 28 (25 schools and 3 branch campuses) in 2009. The academy now has several different sections under its banner, including sports medicine, hand surgery, spine, reconstructive surgery, foot and ankle, and pediatrics that are dynamic and growing forces in the osteopathic profession and in medicine in general. The loss of osteopathic hospitals and training facilities has had an impact, but the academy seems stronger than ever. Only time will tell what the future holds for our academy, the profession, and medicine in general. However, it's important to note that there have been more D.O.s in leadership positions in the past 25 years than ever before, and we expect this number will grow as our talent continues to be recognized.



Harold Battenfield, D.O. (1984-85 president) with Morton J. Morris, D.O., J.D. (1985-86 president).

APPENDIX  
AOAO Presidents

* Dr. William W. Jenney	1941-1942
* Dr. James M. Eaton	1942-1944
* Dr. Harold E. Clybourne	1944-1945
* Dr. John P. Wood	1945-1947
* Dr. C. Robert Starks, Sr.	1947-1948
* Dr. Leonard C. Nagel	1948-1949
* Dr. Troy L. McHenry	1949-1950
* Dr. Harry F. Schaffer	1950-1951
* Dr. J. Paul Leonard	1951-1952
* Dr. Warren G. Bradford	1952-1953
* Dr. Charles H. Brimfield	1953-1954
* Dr. Walter R. Garard	1954-1955
* Dr. Karl P.B. Madsen	1955-1956
* Dr. John M. Wright	1956-1957
* Dr. Donald Siehl	1957-1958
* Dr. Arthur E. Miller	1958-1959
* Dr. Robert O. Fagen	1959-1960
* Dr. Arnold Gerber	1960-1961
* Dr. Hooker N. Tospon	1961-1962
* Dr. Richard N. Borman	1962-1963
Dr. Jack D. Hutchison	1963-1964
* Dr. Frank B. Wolfe	1964-1965
* Dr. Thomas T. McGrath	1965-1966
* Dr. Charles M. Hawes	1966-1967
* Dr. Constantine H. Heleotis	1967-1968
* Dr. James C. Bolin	1968-1969
* Dr. Dominic J. Salerno	1969-1970
* Dr. Frederick J. Auwers	1970-1971
* Dr. Charles H. Rasmus	1971-1972
* Dr. William Monaghan	1972-1973
Dr. Philip H. Lewis	1973-1974
Dr. Richard M. Couch	1974-1975
* Dr. Wesley R. Slater	1975-1976
Dr. William L. Smith	1976-1977
Dr. Edward A. Loniewski	1977-1978
* Dr. William E. Button	1978-1979
* Dr. Seymour G. Kaufman	1979-1980
Dr. Raymond Schlueter	1980-1981
Dr. David W. Smith	1981-1982
* Dr. Dean Olson	1982-1983
Dr. Bernard I. Zeliger	1983-1984

Dr. Harold Battenfield	1984-1985
* Dr. Morton J. Morris	1985-1986
Dr. John H. Drabing	1986-1987
Dr. Edward McDermott	1987-1988
Dr. Carl Mogil	1988-1989
Dr. Daniel Morrison	1989-1990
Dr. Boyd W. Bowden II	1990-1991
Dr. M. Larry Copeland	1991-1992
Dr. Robert M. Mandell	1992-1993
Dr. Glenn L. Smith	1993-1994
Dr. Terry J. Weis	1994-1995
Dr. I. David Weisband	1995-1996
Dr. Jerry F. Gurkoff	1996-1997
Dr. Lawrence N. Varner	1997-1998
Dr. John J. McPhilemy	1998-1999
Dr. Charles D. Kerr	1999-2000
Dr. Mark Stover	2000-2001
Dr. Wayne M. Gunckle	2001-2002
Dr. Richard A. Scott	2002-2003
Dr. John S. Urse	2003-2004
Dr. Joel L. Rush	2004-2005
Dr. Robert P. Falconiero	2005-2006
Dr. Debra K. Spatz	2006-2007
Dr. Mark E. Gittins	2007-2008
Dr. Dean A. Nachtigall	2008-2009

\* Deceased

**AOAO Members Who Served as AOA Presidents**

Following are the AOA members who have served as president of the American Osteopathic Association:

- C. Robert Starks, Sr., D.O. (1944-1946) – The only D.O. to have served two times consecutively as AOA president.
- John P. Wood, D.O. (1946)
- Donald Siehl, D.O. (1978)
- Edward A. Loniewski, D.O. (1992)
- Peter B. Ajluni, D.O. (2007)

**AOAO Executive Directors**

- J. Paul Leonard, D.O. (1941-1975)
- William J. Monaghan, D.O. (1975-1981)
- Donald Siehl, D.O. (1981-1991)
- Morton J. Morris, D.O., J.D. (1991-2008)
- Lee Vander Lugt, D.O. (2008-present)

**AOAO Members Who Served as President of the American College of Osteopathic Surgeons**

Following are the AOA members who have served as president of the American College of Osteopathic Surgeons:

- James M. Eaton, D.O. – 1954
- Charles H. Brimfield, D.O. – 1969
- Donald Siehl, D.O. – 1976
- Arnold Gerber, D.O. – 1985
- Edward A. Loniewski, D.O. – 1988
- Bernard I. Zeliger, D.O. – 1994
- David W. Smith, D.O. – 1996

**AOAO Members Who Received the ACOS Distinguished Osteopathic Surgeon Award**

Following are the orthopods who have won the Distinguished Osteopathic Surgeon Award from the American College of Osteopathic Surgeons:

- Donald Siehl, D.O. – 1983
- Arnold Gerber, D.O. – 1987
- Peter E. Johnston, D.O. – 1993
- David W. Smith, D.O. – 2004

**The Orel F. Martin Medal**

The Orel F. Martin Medal was created by the American College of Osteopathic Surgeons Board of Governors in 1954. The first medal was presented to the late Orel F. Martin, D.O., in November 1954 as an award for his distinguished service to the American College of Osteopathic Surgeons and to its objectives. The medal is awarded from time to time to

fellow members as a symbol of the recipient’s distinguished service to the college and to the osteopathic profession.

Following are the AOA members who have received the Orel F. Martin Medal for distinguished service to the American College of Osteopathic Surgeons:

- James M. Eaton, D.O. – 1961
- C. Robert Starks, Sr., D.O. – 1973
- J. Paul Leonard, D.O. – 1976
- John P. Wood, D.O. – 1984
- Donald Siehl, D.O. – 1986
- Edward A. Loniewski, D.O. – 1992
- Morton J. Morris, D.O, J.D. – 2004

**Donald Siehl Appreciative Award Recipients**

In 1991, a Donald Siehl Appreciative Award was established, with Dr. Siehl being the first recipient. This award is presented to a member who, in the opinion of the board of directors, has made a major contribution and commitment to the American Osteopathic Academy of Orthopedics during his/her professional career. The Donald Siehl Appreciative Award is the highest award granted by the academy and is given only upon meeting the above criteria.

- \* Dr. Donald Siehl.....1991
- Dr. Boyd W. Bowden II.....1999
- \* Dr. Morton J. Morris.....2001
- Mrs. Marie Morris.....2001
- Dr. Carl Mogil.....2005
- \* Deceased

**Appreciative Award Recipients**

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

- \* Dr. Orel F. Martin 1955
- \* Dr. Edward T. Abbott 1956
- \* Dr. J. Donald Sheets 1957
- \* Dr. James O. Watson 1958
- \* Dr. Walter R. Garard 1959
- \* Dr. J. Paul Leonard 1960
- \* Dr. James M. Eaton 1961
- \* Dr. Thomas T. McGrath 1962
- \* Dr. Arnold Gerber 1963
- \* Dr. Donald Siehl 1964
- \* Dr. Hooker N. Tospon 1965
- \* Dr. Charles M. Hawes 1966
- \* Dr. Otterbein Dressler 1967
- \* Dr. John P. Wood 1968
- \* Dr. J. Paul Leonard 1969
- \* Dr. Herman E. Poppe 1970
- \* Dr. Donald Siehl 1971
- \* Dr. J. Paul Leonard 1972
- \* Dr. C. Robert Starks, Sr. 1973
- \* Dr. Arnold Gerber 1974
- Dr. Phillip H. Lewis 1975
- \* Dr. William J. Monaghan 1976
- \* Dr. Donald Siehl 1977
- \* Dr. J. Paul Leonard 1978
- Dr. William E. Luebbert 1979
- \* Dr. Arnold Gerber 1980
- Dr. David W. Smith 1981
- Dr. Peter Johnston 1982
- \* Dr. Donald Siehl 1983
- Dr. Robert Kaneda 1984
- \* Dr. Edward Felmlee 1985
- \* Dr. Donald Siehl 1986
- Dr. Boyd W. Bowden II 1987
- Dr. William Smith 1988
- \* Dr. Donald Siehl 1989
- Ms. Vicki Kedler 1990
- Ms. Vicki Kedler 1991
- Dr. Roger Grimes 1992
- Dr. Edward A. Loniewski 1993
- \* Dr. E.A. Felmlee and Dr. H.L. Battenfield 1994
- Dr. Thomas T. McCarthy 1995

B. J. Weisband, M.D., and Mrs. Marion Weisband	1996
* Dr. Morton J. Morris	1997
* Dr. Morton J. Morris	1998
Mrs. Marie Morris	1999
Dr. Boyd W. Bowden II	2000
Dr. Terry Weis	2001
Dr. Steven J. Heithoff	2002
Mrs. Marie Morris	2003
Dr. Boyd W. Bowden II	2004
Dr. Lee Vander Lugt	2005
Mrs. Diane Versaggi	2006
Dr. Carl Mogil	2007
Dr. Lee Vander Lugt	2008

\* Deceased

**Knotty Cane Award Recipients**

Since 1955, a Knotty Cane Award has been presented annually to the individual who the AOA president felt helped him/her most through his/her administration.

* Dr. C. Robert Starks, Sr.	1955
* Dr. James M. Eaton	1956
* Dr. Walter R. Garard	1957
* Dr. Warren G. Bradford	1958
* Dr. Harold E. Clybourne	1959
* Dr. Hooker N. Tospon	1960
* Dr. Leonard C. Habel	1961
* Dr. John P. Wood	1962
* Dr. J. Paul Leonard	1963
* Dr. Charles Brimfield	1964
* Dr. Donald Siehl	1965
* Dr. James Bolin	1966
* Dr. Constantine Heleotis	1967
* Dr. Charles M. Hawes	1968
* Dr. Thomas T. McGrath	1969
* Dr. Arnold Gerber	1970
* Dr. John Wright	1971
* Dr. Dominic J. Salerno	1972
Dr. William Luebbert	1973
* Dr. Arnold Gerber	1974
* Dr. William J. Monaghan	1975
* Dr. Edward A. Felmlee	1976
* Dr. John P. Wood	1977
* Dr. Lloyd L. Mrstik	1978
Dr. Edward A. Loniewski	1979
* Dr. William J. Monaghan	1980

* Dr. Frederick Auwers	1981
Dr. Raymond Schlueter	1982
* Dr. Frederick Auwers	1983
* Dr. Charles Brimfield	1984
* Dr. William Monaghan	1985
Dr. Bernard Zeliger	1986
* Dr. Richard Baisel	1987
* Dr. Joseph Synkonis	1988
* Dr. Morton J. Morris	1989
Dr. Terry Weingarden	1990
Dr. John H. Drabing	1991
Dr. David W. Smith	1992
Dr. John J. Swienckowski	1993
Dr. Boyd W. Bowden II	1994
Dr. Robert R. Kaneda	1995
Dr. Carl Mogil	1996
Dr. Robert Kramer	1997
Dr. John H. Drabing	1998
Dr. I. David Weisband	1999
*Dr. Morton J. Morris	2000
Mrs. Marie Morris	2000
Dr. Thomas E. Baker	2001
Dr. Peter B. Ajluni	2002
Dr. A. Ronald Rook	2003
* Dr. Morton J. Morris	2004
Mrs. Marie Morris	2004
* Dr. Morton J. Morris	2005
Dr. Frederick C. Balduini	2006
*Dr. Morton Morris	2007
Mrs. Marie Morris	2007
Dr. H. Brent Bamberger	2008

\* Deceased

Bob Green Memorial Award Recipients

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

Dr. Arash Araghi	2001
Dr. Gregory M. Bailey	2002
Dr. Victor R. Palomino	2003
Dr. Michael Didinsky	2004
Dr. Demian M. Yakel	2005
Dr. Robert Follweiler	2006
Dr. Steven M. DeLuca	2007

Years States Passed Unlimited Practice Laws (chronologic)

- 1901 – California (disbanded in 1962; reinstated in 1974)
- 1903 – Michigan
- 1907 – \*Connecticut, Texas
- 1909 – Massachusetts
- 1913 – Colorado, Virginia
- 1914 – New Hampshire
- 1917 – Oregon
- 1918 – Wyoming
- 1919 – Washington
- 1921 – Utah
- 1922 – Oklahoma, West Virginia
- 1925 – Nevada
- 1927 – Florida
- 1929 – District of Columbia, Maine
- 1930 – Arizona

- 1931 – New Mexico
- 1939 – Delaware, New Jersey, Tennessee
- 1940 – Rhode Island
- 1943 – Ohio, South Dakota
- 1945 – Indiana
- 1946 – New York
- 1947 – Vermont
- 1949 – Wisconsin
- 1952 – Kentucky
- 1955 – Illinois
- 1957 – Kansas, Pennsylvania
- 1959 – Alabama, \*\*Hawaii, Missouri
- 1966 – Alaska
- 1967 – Maryland
- 1968 – Georgia
- 1969 – Idaho, North Carolina, North Dakota, South Carolina
- 1971 – Arkansas, Louisiana, Montana
- 1973 – Mississippi
- 1989 – Nebraska

\*Disbanded in 1962; reinstated in 1974.

\*\*Hawaii first passed favorable legislation for osteopathic physicians in 1921 when it was still a U.S. territory. When Hawaii became a state in 1959, the legislation automatically became state law along with other territorial statutes.

**Years States Passed Unlimited Practice Laws (alphabetical)**

Alabama	1959
Alaska	1966
Arizona	1930
Arkansas	1971
*California	1901
Colorado	1913
Connecticut	1907
Delaware	1939
District of Columbia	1929
Florida	1927
Georgia	1968
**Hawaii	1959
Idaho	1969
Illinois	1955
Indiana	1945
Iowa	1963
Kansas	1957
Kentucky	1952
Louisiana	1971
Maine	1929
Maryland	1967
Massachusetts	1909
Michigan	1903
Minnesota	1963
Mississippi	1973
Missouri	1959
Montana	1971
Nebraska	1989
Nevada	1925
New Hampshire	1914

New Jersey	1939
New Mexico	1931
New York	1946
North Carolina	1969
North Dakota	1969
Ohio	1943
Oklahoma	1922
Oregon	1917
Pennsylvania	1957
Rhode Island	1940
South Carolina	1969
South Dakota	1943
Tennessee	1939
Texas	1907
Utah	1921
Vermont	1947
Virginia	1913
Washington	1919
West Virginia	1922
Wisconsin	1949
Wyoming	1918

\*Disbanded in 1962; reinstated in 1974.

\*\*Hawaii first passed favorable legislation for osteopathic physicians in 1921 when it was still a U.S. territory. When Hawaii became a state in 1959, the legislation automatically became state law along with other territorial statutes.

## About the Authors

### John H. Drabing, D.O., FAOA, FACOS



Dr. Drabing graduated from the University of Colorado-Boulder in 1957 and earned his D.O. degree from Kirksville College of Osteopathic Medicine (KCOM) in 1961. While in Kirksville, he was a student assistant in biochemistry for three years and was a member of the Atlas Club, Sigma Sigma Phi, and Psi Sigma Alpha. He was awarded a Stewart Scholarship and also served as vice president of the junior class and president of the senior class.

Following graduation, he served a one-year rotating internship at Oklahoma Osteopathic Hospital in Tulsa, Oklahoma. He then moved to Fort Collins, Colorado, where he was in family practice for two years. With the opening of Eisenhower Osteopathic Hospital in Colorado Springs, Colorado, he moved there in 1964 to obtain hospital privileges. In 1966, after two additional years in family practice, he entered into an orthopedic residency at Doctors Hospital in Columbus, Ohio.

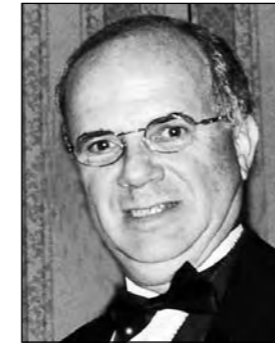
Following completion of the residency in 1969, he returned to Colorado Springs, establishing a department of orthopedic surgery at Eisenhower Osteopathic Hospital. Dr. Drabing served two terms as chief of staff and helped oversee the hospital as it tripled in size during the 1970s. He also served on the Colorado Society of Osteopathic Medicine Board of Directors, becoming its president in 1976-77, and represented his state at the AOA House of Delegates from 1975 to 1987.

Dr. Drabing was a member of the KCOM Board of Trustees from 1982 to 1991, serving as vice president for one year and president in 1990-91. He also received the college's Alumni of the Year Award in 2001. Dr. Drabing, who earned his fellow designations from both the AOA and ACOS in 1981, served on the AOA board for nine years and was president in 1986-87. In recognition of his contributions to the organization, he received the AOA's Knotty Cane Award in both 1991 and 1998. He also served on the ACOS board for three years from 1989 to 1992.

From 1998 through 2005, he represented the Colorado Society of Osteopathic Medicine as a board member of the Colorado Physicians Health Program, which aids impaired health professionals, doctors, nurses, and medical students. He also served as local host to two national meetings of the North American Spine Society in the 1990s.

Dr. Drabing was a founding board member of the El Paso County Medical Society Physicians Foundation as well as a founding board member of the Colorado Springs Osteopathic Foundation in 1984, serving as president in 1989-1990. He remains an active member of the foundation and serves on multiple committees.

### David W. Smith, D.O., FAOA, FACOS



*David W. Smith, D.O.*

Dr. Smith received his undergraduate education at Ohio Wesleyan University in Delaware, Ohio, and is a 1962 graduate of the Kirksville College of Osteopathic Medicine in Kirksville, Missouri. He then completed a general rotating internship and residency in orthopedic surgery in 1966 at Doctors Hospital in Columbus, Ohio, where he practiced for one year after graduation.

He entered private practice in 1967 in Massillon, Ohio, where he practiced continuously until retiring in 2002. He was AOA board certified in orthopedic surgery in 1971 and recertified in 1993. In 1971, Dr. Smith founded Tri-County Orthopedic Surgeons, Inc., in Massillon, which has grown into a practice comprising four D.O. orthopedic surgeons.

During his tenure at Doctors Hospital of Stark County in Massillon, Dr. Smith served as founding chair of the Division of Orthopedic Surgery, chair of the Department of Surgery, and president of the hospital's board of trustees. He also established a residency training program in orthopedic surgery, from which 25 orthopedic surgeons successfully graduated under his watch. In 1996, he received the hospital's prestigious Browarsky Award for his contributions to the hospital. He served as clinical associate professor of orthopedic surgery at the Doctors Hospital campus of Ohio University College of Osteopathic Medicine and co-founded the Mid-American Tissue Center, where he directed orthopedic product design and development. He also developed patented instrumentation used in anterior cervical spine fusions.

A longstanding member of the American Osteopathic Academy of Orthopedics, Dr. Smith received his fellowship in the academy in 1978. He has served on numerous AOA committees and was academy president in 1981-82. He was instrumental in the development of the AOA's sports medicine and hand surgery sections and received the academy's Appreciative Award in 1981 and Knotty Cane Award in 1992.

Dr. Smith has been an active member of the ACOS since 1970, serving on the board of governors from 1986 to 1996, which includes terms as secretary-treasurer in 1991-92 and president in 1995-96. He also served on the Strategic Planning Committee from 1993 to 1996 and the Ethics Committee from 1976 to 1980, becoming committee chair from 1988 to 1992. He also was a member of the Membership Committee from 1987 to 1991 and served as committee chair from 1989 to 1991. During this time, the organization's membership medallion and Certificate of Fellowship were created. Dr. Smith was granted life membership in 1997 and named the recipient of the 2004 ACOS Distinguished Osteopathic Surgeon Award in recognition of his outstanding accomplishments in the field of orthopedic surgery.

Dr. Smith has been active in his local community as well. He has served on the advisory board of Kent State University Stark Campus in Canton, Ohio, since 1989 and as president since 1998. In 2001-02, he served as the national fundraising chair for the Kirksville College of Osteopathic Medicine Alumni Association.



