



ASES PRESIDENTIAL ADDRESS

ASES 2019 presidential address

Good Morning. It has been a profound honor to serve you this year as the 35th President of the American Shoulder and Elbow Surgeons (ASES). This privilege has been the greatest achievement of my professional career. The incredibly talented leaders of our society and the outstanding ASES Staff have facilitated my responsibility of serving as your President, I have many people to thank and I will have more to say about that later on.

The American Shoulder and Elbow Surgeons has been in existence for 37 years and we are celebrating this fact here at our 38th Annual Meeting. While the ASES is a North American subspecialty society, it is important to recognize that our society had an international focus from the very beginning. During the Inaugural Meeting in November 1982, the first Corresponding Member was admitted. His name was Hiroaki Fukuda, which is of course relevant since the 2019 Guest Nation is represented here by our Corresponding Members from the Japan Shoulder Society. Today, of the 1,000 members of the American Shoulder and Elbow Surgeons, the entire international Corresponding Membership represents nearly 20% of our society.

The ASES has always encompassed the entire spectrum of shoulder and elbow pathology including sports medicine and sports injuries, tendon pathophysiology and repair, trauma and fracture care, the management of arthritis and arthroplasty. Simply noting the first through third Presidents exemplifies this fact: Charles Neer, Carter Rowe, and Frank Jobe. Dr Neer published landmark manuscripts in each of these areas. He has been identified as the number 1 first author in the top 100 most cited articles in orthopedic surgery, with lead authorship in 5 of these manuscripts. Carter Rowe published among other works, the landmark manuscript *The Bankart Procedure: A Long-term End Result Study*, original work on the “Dead Arm Syndrome,” anterior subluxation, and voluntary dislocation. During Rowe’s term in 1983, one of the first courses designed for Little League coaches was developed. Frank

Jobe was, of course, one of the early pioneers and an international thought leader investigating the science of throwing mechanics, shoulder and elbow injuries in the overhead athlete and the development of successful surgical treatments that allow elite and professional athletes to return to sport at their previous level of performance. The subsequent history and trajectory of our society has continued this extraordinary tradition.

As we know, the ASES has experienced rapid growth in the last 4 years. This year the society reached the benchmark of 1,000 members. There are now over 350 Candidate and Fellow Members who represent 35% of the entire ASES membership. Given this growing number of young members in our society, I believe it is appropriate to review the trajectory that brought us here. Historically, subspecialty societies have struggled to manage membership. There are advantages as well as some potential disadvantages to the growth of a subspecialty society. The advantages include the admission of young surgeons who will have the opportunity to contribute to the society at an earlier stage in their careers, gaining leverage within the context of a larger society such as the American Academy of Orthopaedic Surgeons, and maintaining relevance within the profession of medicine and the society at large. The disadvantages often cited include the loss of the culture of a small society, the loss of so-called elite status, and the dilution of the brand. Our society has similarly had a long history of debating membership growth. During Dr Rockwood’s term as President at the ASES 6th Annual Closed Meeting in 1987, the active membership determined that our society should remain small and admit no more than 5 new Associate Members per year. That policy remained intact for many years. I was humbled to be admitted to ASES as one of 9 new members in 1996, including an impressive group of 4 Associate, 1 Affiliate, and 3 Corresponding Members. Robert Hollinshead went on to serve as the President of the Canadian Orthopaedic Association, George McCluskey (my co-fellow) served 3 years as Secretary-Treasurer of ASES, Tony Miniaci is the Chairman of the ASES Foundation as of this meeting, and of course, Gerry Williams served as President of the ASES

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and the AAOS. Marilyn Pink contributed significantly to rehabilitation at Kerlan Jobe. Daniel Mole, Angus Wallace, and the late Ian Kelly all achieved the highest levels of leadership within their respective international societies as well. At that time, there were a total of 110 members of ASES. Nevertheless, we all recognize that there were many other potential members at that time who instead went on to contribute as members and serve as leaders of other subspecialty societies. This represented a missed opportunity for ASES.

During the terms of Past Presidents Bernie Morrey in 2000 and subsequently Gerry Williams in 2010, the ASES leadership attempted to expand membership within our society. The Active Membership, however, rejected their efforts. In 2005, while I served as Membership Chair, our committee established the first objective criteria for scoring membership applications. Then President David Dines and the ASES Board instructed our committee to expand the membership class within the parameters of those criteria. We admitted the largest class to date at that time, 32 in total, including 1 Active, 23 Associate, and 8 Corresponding Members. This resulted in a total of 256 members of ASES at the time.

It was not until 2015 under Bill Mallon's term as President that we were able to achieve the establishment of a new Candidate Member Category, which approved the admission of recently trained shoulder and elbow surgeons at the start of their careers. This year, we have admitted the first class of Fellow Members. These include PGY4 and PGY5 residents as well as Fellows that have been accepted or are already enrolled in ASES-approved fellowships. Seventy-one Fellow Members were admitted this year and 44 are attending this Annual Meeting. All together, 155 new members were admitted in 2019. These individuals represent the future of our society. The expansion and growth of ASES provides all of us the opportunity to enhance the mission and vision of our society, which is to serve our patients by advancing shoulder and elbow care. This 2019 Annual Meeting is a perfect example of the opportunities that the growth of our society has provided. The Program Co-Chairs, Bob Arciero and Xavier Duralde, along with our Guest Nation Liaison Jon Ticker, have with the Program Committee and Abstract Review Panel collectively developed a meeting packed with outstanding educational content. Our Innovation and Strategic Partners have supported this meeting, which among other features includes the production of live surgeries and educational luncheons. All of these factors together have resulted in the highest attendance and the greatest financial support at an Annual Meeting in the history of ASES. I expect this trend to continue in future years.

I believe that we should open the ASES Annual Meeting to all orthopedic surgeons with an interest in shoulder and elbow care. Early in my term in December 2018, this question was put to a vote and a majority of the Active Membership declined to support this concept. I expect that

future leaders of ASES will revisit this question. Providing the exceptional educational content demonstrated at this meeting, to everyone who cares for patients requiring shoulder and elbow care, rather than solely to the members of our selective society, is in accordance with the ASES principle to provide global education and thought leadership.

Of course, there are challenges inherent in the rapid growth of our society. These challenges include the engagement of our young members within this growing society, the retention of these new Fellow and Candidate members as the advancement criteria to Associate Member status remain robust, and the commitment of midcareer members in a manner that fosters the mission and vision of global leadership.

Retention of young members is a priority for ASES. The Membership Committee Co-Chairs, Joe Abboud and Ron Navarro and Technology Committee Chair Joaquin Sanchez-Sotelo along with the Early Career Engagement Group, have established initiatives to ensure that we do not see significant attrition of Fellow and Candidate Members. These initiatives include the incorporation of young members within the committee structure, the provision of a role in the ASES Meeting abstract review process, the required participation within the JSES manuscript review process, the development of Podcasts, a mentor-mentee program, the establishment of a Fellow and Candidate Member Symposium at the Annual Meeting, and the recognition of Advocacy efforts toward membership advancement.

Engagement of midcareer ASES members is an integral component of global education and leadership in our society. ASES has many gifted midcareer thought leaders who are well recognized internationally as experts in shoulder and elbow care. Our patients and our society will benefit from harnessing the collective intellectual firepower of this group. As Aristotle said, "The whole is greater than the sum of its parts." The challenge inherent in the goal of developing a cohesive group of midcareer thought leaders is in selecting the model. This was a concept that began in 2016 and was formulated in discussion with over 100 ASES members across categories. There were several approaches to consider. We could have developed a separate organization with an independent presidential line and board, such as Herodicus and AOSSM (American Orthopaedic Society for Sports Medicine). Alternatively, we could have established a separate membership category requiring a nomination, application, and vote. In the end, we chose to develop a service recognition group in which any active member of ASES is eligible upon serving. The ASES Neer Circle was established to recognize our active members who have provided significant service and leadership on behalf of our society. This group of midcareer leaders will develop consensus statements, serve the ASES Presidential Line and Board with respect to relationships with peer subspecialty societies, and provide counsel regarding strategic direction for the society.

The Neer Circle Committee members and Co-Chairs Jed Kuhn and JT Tokish developed service recognition criteria, which were codified by the ASES Board. If an ASES Active Member has served in one of the service capacities, they automatically become a member of the Neer Circle. There is no nomination, application, or vote required for admission. The Neer Circle currently includes 112 members of our society. The Committee defined the Neer Circle mission statement, which is as follows: "The Mission of the ASES Neer Circle is to recognize service and leadership, strategically support our society, and advance the practice of shoulder and elbow surgery through consensus." Just prior to this address, we received the results of the First ASES Neer Circle Consensus Statement on the Management of the First Time Shoulder Dislocation that was developed with a Delphi process and concluded at the Inaugural Neer Circle Meeting earlier this week. Randomized controlled studies, while considered the gold standard in research, are challenging to implement and execute because they are time-consuming, expensive, and difficult to complete due to issues with patient enrollment and follow-up. So-called "Big Data" obtained through national databases and some registries can provide answers to certain questions; however, there are concerns regarding recording bias, transfer bias, reporting bias, clerical error, regional bias, and generalizability. When the literature is incomplete or inadequate, we all recognize that to answer compelling clinical questions, expert opinion in the form of consensus statements is often the best approach.

The Neer Circle Annual Meeting provides a forum for our thought leaders to develop consensus statements on a given difficult or controversial clinical and/or academic topic.

As I participated in the Neer Circle Committee conference calls during the past 18 months, it reminded me that the concept of consensus has generated some interesting quotes historically. For one, Martin Luther King Jr. stated, "A genuine leader is not a searcher for consensus but a molder of consensus." Albert Einstein noted, "Genius abhors consensus because when consensus is reached, thinking stops. Stop nodding your head." The Israeli diplomat Abba Eban stated, "A consensus means that everyone agrees to say collectively what no one believes individually." Finally, the organizational strategy consultant Jon Katzenbach observed, "Teams do not seek consensus, they seek the best answer."

Nonetheless, it is quite clear to me that our patients benefit most when the members of this society determine the most efficacious approaches in the management of their patients' shoulder and elbow care. I am certain that the ASES Neer Circle, along with our membership at large, will continue to refine this consensus process. The results will provide more direction for our members and shoulder and elbow surgeons around the world than previous attempts by other organizations.

We are living in extraordinary times as it relates to the impending changes in the delivery of health care in this

country. Political Advocacy Committee members and Chair Ted Schlegel have continued to support the society's initiatives in this area. This important committee work will serve as another opportunity to advance our advocacy mission on behalf of our patients, members, and society. Each and every one of us must commit to this important work.

Surgeons, basic scientists, engineers, and companies have historically collaborated to the benefit of our patients. More specifically, our patients have achieved significantly improved outcomes, lower second surgery rates, and greater return to sport rates, all thanks to these symbiotic relationships. Innovation and Strategic Partnership Committee Co-Chairs Jeff Abrams and Brad Parsons will continue to welcome and encourage these collaborative relationships.

The ASES website was enhanced and upgraded this past year. Chair Joaquin Sanchez-Sotelo and members of the Technology Committee directed this immense effort, along with ASES Staff member Steve Mlodoich.

The ASES 5-year Strategic Plan was completed this year after several months of united effort from 17 members of our leadership and the ASES staff, including external stakeholders from other subspecialty societies and leaders from our Innovation and Strategic Partners. The ASES Mission and Vision were refined. The Mission is now: "Serving Patients, Members and Society by Advancing Shoulder and Elbow Care." The Vision is now: "A World Where Patients Have the Best Shoulder and Elbow Care." Four strategic goals were established, covering Advocacy, Member Experience, Education and Research, and Society Operational Effectiveness and Sustainability. These goals and strategic initiatives will serve as a guideline during the next 5 years for your Presidential Line, Executive Board, Committees and ASES Staff, to enhance the future of ASES.

Specialty Day Co-Chairs Heinz Hoenecke, Brett Owens, and the Program Committee along with 2-subspecialty society partners have created a captivating educational day. For the first time we are partnering with the Society of Military Orthopaedic Surgeons. The morning program will include the management of complex shoulder instability, acute traumatic tears of the pectoralis major, latissimus, biceps and triceps tendons, and early glenohumeral arthritis in the young athlete. There will be a midday ASES session covering arthroplasty. The afternoon session will be a shared collaboration with the Orthopaedic Trauma Association and will cover the management of complex shoulder and elbow fractures. The 2020 Specialty Day is a "not to be missed" educational event.

As you know, the International Board of Shoulder and Elbow Surgery voted to hold the 16th Triennial Meeting of the International Congress of Shoulder and Elbow Surgery in Vancouver in 2025. The last time the ICSES meeting was held in North America was the 2004 meeting in Washington, DC. This represents an interval of 21 years and would

not have been successful without the steadfast effort from George Athwal and Past President Tony Romeo as well as their vision to select Vancouver.

The American Academy of Orthopaedic Surgeons Board of Directors met earlier this month and concluded that managing other societies was not a core competency of the Academy. The AAOS Society Management Services will not renew subspecialty society contracts when their terms expire. The ASES contract with the AAOS concludes in August of 2021. Your Presidential Line and Board has been developing a transition plan during the past 2 years, long before this announcement, as it was clear that the management services contract imposed by the Academy was unsustainable. Your Presidential Line has been in discussion with several other subspecialty societies and we will be making appropriate decisions in the near future. Jack Welch has said “Change before you have to.” I am confident that the ASES leadership and our fantastic staff will make appropriate decisions to ensure the successful growth of our society and the ability to independently advance our mission and vision while retaining our culture. We will be stronger when this process is completed.

There are many factors and attributes associated with leadership and many leadership styles. These include honesty and integrity, commitment and endurance, communication skills, accountability and dependability, decision-making capabilities, the ability to delegate and empower, the ability to inspire others, creativity and innovation, and self-awareness. Many of these attributes are interconnected. Leadership qualities include perhaps a few that are innate and many more that are developed through service and experience. As Vince Lombardi famously said, “Leaders are made, they are not born. They are made by hard effort, which is the price which all of us must pay to achieve any goal that is worthwhile.” Stephen Schwarzman, chairman, CEO, and co-founder of Blackstone, emphasizes this important point as well in the first chapter of his book, *What It Takes*. Experiential learning throughout one’s career is an integral component of becoming a leader: “The best executives are made, not born. They absorb information, study their own experiences, learn from their mistakes, and evolve.” In Sam Walker’s book, *The Captain Class*, Walker noted that among the traits exhibited by elite captains in the history of sports are the following: extreme doggedness and focus, a willingness to do thankless jobs in the shadows, a low-key and practical communication style, the ability to motivate others with nonverbal displays or acts, strong convictions, and the courage to stand apart. Walker went on to conclude that these greatest captains “didn’t make speeches, didn’t seek attention or acclaim and were not comfortable wearing the cloak of power. They won status by doing everything in their power to suggest they didn’t deserve it.”

I believe that while all of these attributes are important in a great leader, service and experiential learning is an

essential ingredient to achieve the highest levels of successful leadership. This is true in the military, business, law, and medicine. In the profession of medicine and surgery, leadership begins with the core values of responsibility and a commitment to serve. Service is an inherent component of leadership in our society. It is difficult to achieve a leadership position in a subspecialty society like ASES unless you have volunteered and served the society at multiple levels. This is another example of the need to recognize and foster volunteerism, experience, service, and leadership. My advice to the Fellow, Candidate and Associate Members of ASES is to volunteer and serve our society. Do not miss this extraordinary opportunity. You will develop life-long enriching relationships and friendships with an outstanding group of individuals.

As I mentioned earlier in this address, the ASES encompasses a complete and comprehensive spectrum of shoulder and elbow care for our patients. We are all aware that high-volume surgeons performing in high-volume facilities and organizations achieve the best outcomes. Becoming a master surgeon and a thought leader in a given field is predicated upon caring for a large number of patients with the given pathology. The writer and scholar William Durant summarized Aristotle’s thoughts on human activity and the pursuit of excellence: “We are what we repeatedly do. Excellence, then, is not an act, but a habit. Excellence is an art won by training and habituation.”

Given the tremendous growth in the fund of knowledge of this expansive shoulder and elbow spectrum of care, it will be difficult for young members of ASES embarking upon their career to make a mark in each of the facets of shoulder and elbow surgery in the same manner as the Founding Members. While career trajectories are often determined by the practice milieu, demographics, and requirements of the health care system in which one is employed, it is important to identify the aspects of shoulder and elbow care that generate the greatest practice satisfaction. Subspecialization within the subspecialty of shoulder and elbow surgery is therefore an important concept today. My advice to young members who are embarking upon your careers is to determine which pathologic areas resonate the most with you and which patient cohorts you enjoy caring for the most. You will benefit considerably by developing strategies to achieve those goals regarding your shoulder and elbow practice, career trajectory, and legacy in the future.

As it relates to my career trajectory, I have many people to thank.

My plan as I completed medical school studies was to match in a general surgery residency and move on to a career in cardiothoracic surgery. I attended college at the University of Arizona in Tucson and had intended to return to the southwest. A Norman Shumway-trained cardiac

transplant surgeon, Jack Copeland had established a growing cardiothoracic surgery program in Tucson and it seemed like a great fit for me. The first rotation in my general surgery internship was in orthopedic surgery with Robert Volz and Leonard Peltier. Dr Peltier had trained with Owen Wangenstein at the University of Minnesota and went on to become the Chairman of Orthopaedics at the University of Kansas before arriving at Arizona as the first Chairman of Orthopaedic Surgery at the new medical school. Dr Peltier was a renaissance man and had been the Classics Editor for *Clinical Orthopaedics and Related Research* for 20 years. He had an amazing fund of knowledge regarding the history of orthopedic and trauma surgery and had published a number of manuscripts on eponymic fractures including Bartons, Colles, Potts, Monteggia, and Galeazzi, among many others. Dr Volz was the Chairman of Orthopaedic Surgery when I arrived at the University of Arizona. He was an arthroplasty surgeon and had designed the first wrist replacement as well as total elbow and knee implants. He had also developed a friendship with Dr Neer. Thanks to these two men, my first real experience with orthopedic surgery was a game changer. Thankfully, I made the decision to transfer to an orthopedic residency and was exceedingly lucky to obtain a spot at Columbia University's New York Orthopaedic Hospital.

I would divide my 35 years of training and career in Orthopaedic Surgery into two parts. My formative years were spent at Columbia, first in training and then on the faculty, while the subsequent 20 years have been at the Hospital for Special Surgery, where I have matured professionally and established my current practice. I have many people to thank at both institutions.

At Columbia, I was influenced by all of the members of the Shoulder Service including Doctors Neer, Bigliani, McIlveen, McCann, and Flatow. I was mentored as a resident and fellow by each and every one of them. I had the good fortune to spend a year as Dr Neer's fellow before his retirement in 1990, along with co-fellow George McCluskey. George and I were Dr Neer's last fellows and it was an outstanding fellowship year. I credit Dr Bigliani for providing me with training and sage guidance throughout the course of my residency, fellowship, and career and for having had a tremendous impact on my career trajectory. Those years at Columbia were an amazing experience; there were many visits by a number of the Founding Members of ASES (Doctors Jobe, Rockwood, Cofield, Post, Matsen, Hawkins, and Neviaser). I learned a great deal from all of them.

I have experienced two wonderful decades at the Hospital for Special Surgery. Three Past Presidents of ASES have supported me during these years, including Drs Warren, Dines, and Craig. Like Past Presidents Carter Rowe, Frank Jobe, Jim Tibone, and others, Russ Warren demonstrates once again that shoulder and elbow sports

medicine and arthroscopy has been and continues to be an integral component of the American Shoulder and Elbow Surgeons. Dr Warren developed an absorbable tack at a time when metallic staples and trans-glenoid suture repairs were the major options available for the arthroscopic management of shoulder instability. I am forever grateful to Dr Warren for giving me the opportunity to join the HSS Sports Medicine and Shoulder Service, as it was known at the time.

In addition to these Past Presidents of ASES, I have been supported by all of the members of the Sports Medicine Institute who are also members of ASES. I have enjoyed working with this outstanding group of surgeons.

I would like to thank Past Presidents Norris, Dines, Cuomo, and Williams. Each of them appointed or sponsored me for a committee position, as a Chairman of a Committee, or as a member of the Board of ASES. I first served on the Board from 2012-2014 with Past Presidents Warner, Abrams, Bell, and Mallon. Each one of them has been incredibly supportive throughout these years and I have learned so much regarding leadership from all of them.

I have been exceedingly fortunate during the past 3 years to work with the Presidential Line and Board Members Savoie, Romeo, Levine, Frankle, Satterlee, Nicholson, Galatz, Abboud, Sanchez-Sotelo, and Parsons. They have been an immensely capable and outstanding Presidential Line and Board, I am very appreciative for all that they have done to help this year be a successful one. I am very proud of all of the ASES Chairs of Committees who served this year. In particular, I would like to acknowledge Bob Arciero, Xavier Duralde, and Jon Ticker for organizing this Annual Meeting as well as Jed Kuhn and JT Tokish who along with the Neer Circle Committee have done such a wonderful job launching this initiative.

From this review, it is quite clear that we should never underestimate the impact that we have upon our students, residents, fellows, and colleagues. These substantial influences are part of our individual as well as our collective legacies to our patients, profession, and society.

This Annual Meeting and all of the operational and strategic initiatives related to membership, education, research, and advocacy would not have been possible without the outstanding and indefatigable staff of ASES, including Anna Quintanilla, Stella Gauthier, Christa Hagelberger, and Steve Mlodoch.

I must also acknowledge and thank my office staff for "holding down the fort" during my many absences while serving this society. My office manager Donna Danise, my indispensable physician's assistant Lori Asaro and my surgical coordinator Angelica Mercado have been with me for 2 decades or more. Carla Belfiore, Louella Marshall-Bodon, Jared Anderson and Michael Heller, have also been an integral part of this team.

Last but most importantly on this large list is my family. I am an only child and my loving parents were exceptionally passionate about education. My father served in the U.S. Navy on a destroyer in the Atlantic during World War II. While my mother and father were tremendously supportive of higher education, neither graduated from high school due to the vagaries of the war and poverty. Thanks to their support, I was able to achieve what is the ideal American Dream for so many in this wonderful country.

The love of my life, Monique has been extraordinarily supportive from the beginning. Without her strength and that of our children Mikaela and Luke, I would not have been able to serve our society in this capacity, nor would I have achieved the accomplishments that I have realized in my professional career. I thank them for their love and steadfast encouragement and sustenance.

Serving as your President this year has been the greatest honor and accomplishment in my career as an

orthopedic surgeon. Thank you for this once in a lifetime opportunity.

Disclaimer

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