A Look Back

On this occasion of our 125th Anniversary, we honor our rich and distinctive heritage by looking back at the memorable events and individuals who have made outstanding contributions to the AOA -- and, in close parallel, to the development of orthopaedics as a discipline. AOA’s orthopaedic leaders have, individually and collectively, made the AOA what it is today: the oldest active orthopaedic association in the World. It is our history - steeped in determination, innovation, and thoughtful leadership.

Thirty-six individuals began The AOA with the goal of developing orthopaedics as independent from the general surgeon, securing better recognition in Europe for American orthopaedic surgery, and working toward the prevention, mechanical, and operative treatment of chronic and progressive deformities.
Within 10 years of the AOA’s founding, orthopaedic surgeons were no longer considered “men of mere straps and buckles,” although it had far from secure footing in the medical community.

The AOA promoted orthopaedic surgery in as many ways as possible, which included the publication of *Transactions of the American Orthopaedic Association* and then, the *American Journal of Orthopaedic Surgery*, now known as the *Journal of Bone & Joint Surgery*.

AOA member, Thornton Brown, served as editor of *JBJS* for 20 years in the 1960’s and ’70s and established *JBJS* as an internationally recognized journal for orthopaedic surgery.

From the beginning, some of the AOA’s focus had been on orthopaedic education – with AOA members playing a vital part in early orthopaedic education and work to increase training facilities.

AOA still focuses on orthopaedic education through the AOA’s Council of Orthopaedic Residency Directors program, which got its start in 2009.

Almost from its beginning, the AOA had an international presence. Through the AOA’s efforts and medical advances, orthopaedic surgeons were uniquely qualified to care for the fractures and extremity wounds of soldiers on the Western Front during WWI. In 1917, the First American Orthopaedic Unit went to England and France for duty, with most of this unit being made up of AOA members. The AOA played a pivotal role in mobilizing American orthopaedic
surgeons during WWI and their success in treating patients brought interest to the profession, resulting in an increase in orthopaedic surgeons after 1918.

During our 125 year history, AOA members have been responsible for founding other orthopaedic societies and institutions, including the Western Orthopaedics Association in 1930, the AAOS in 1933, and the ABOS.

During this same time period, the AOA made membership and bylaw decisions that confirmed its desire to remain a small, elite society of orthopaedic leaders.

WWII brought continued changes in medical education and treatments and the AOA continued its leadership role during WWII. Prior to the attack on Pearl Harbor, AOA committee members volunteered in the American Hospital in England and after the US entered WWII, many AOA members entered military service. Per the Army’s request, the Military Committee of the AOA modified the US Army Splint Manual it created in WWI and worked to establish teaching units in large cities across the US to conduct a standardized course on the treatment of war wounds.

In 1948, the AOA continued its international involvement through AOA members who became involved with the Nuffield Travelling Fellowship. AOA members were so taken with this concept that they created the American-British-Canadian Fellowship in 1949. A committee was formed, funds were raised from personal gifts, and grants were made. Between 1948 and 1976 some modifications were made to the Traveling Fellowship, and the fellowship became increasingly international. Over time, the ABC Fellowship became the
Due to the success of the ABC Traveling Fellowship, the AOA founded the North American Traveling Fellowship in 1970, and the Austrian-Swiss-German Traveling Fellowship in 1978. 14 years later in 1992, the Japanese Orthopaedic Association Traveling Fellowship and Association of Southeast Asian Nation Traveling Fellowship got their start. These fellowships help the AOA continue its presence on the international orthopaedic stage.

WWII had strengthened the relationship between the AOA and British Orthopaedic Association. Although the first Combined Meeting took place in 1929, the next Combined Meeting was not held until 1948, this time including members of the newly-formed Canadian Orthopaedic Association.

In June 1952, the Third Combined Meeting occurred in London, this time with attendees from Australia and New Zealand. During this meeting, the Queen Mother presented the Carousel Presidents’ with a table piece representing Andry’s tree. Members can view the sculpture in the AOA offices.
Britain’s Queen Elizabeth also presented each association’s president with a Jewel of Office specifically designed for each different Association as a gift from the BOA.

In 1953 at the AOA Annual Meeting, President, James A. Dickson, stated that it was the express wish of the BOA that the Jewel of Office be worn at official gatherings as a reminder of the comradeship and mutual aims and ambitions of the Orthopaedic Associations of the English-Speaking World. And today, the AOA continues to follow this tradition.

AOA members were also involved in the founding of additional orthopaedic institutions, including:
OREF in 1953,
the Eastern Orthopaedic Association in 1970;
and in 1982, the Mid-America Orthopaedic Association.

The format of the AOA Annual Meetings remained essentially unchanged for nearly a century, with members submitting, reading, and discussing papers. 1978 AOA President, Sherman Coleman, arranged a symposium on “Fellowships and Special Qualifications in Orthopaedic Surgery,” which was so well-received that it became a regular feature, except in Combined Meeting years.

Round table discussions and scientific poster exhibits were later introduced. And in 2012, due to member request, round table discussions are back.

Throughout our 125 years, AOA members have been among the orthopaedic community’s most honored and distinguished practitioners – not only here in the United States, but in the international community, as well.

In 1968, two of our members were recognized for their international work:
Dr. David M. Bosworth, 1957 AOA President, was awarded membership of the Japanese Orthopaedic Association, and, as voted by the Japanese cabinet,
became the only foreign recipient of the Second Order of the Sacred Treasure for his advancement of orthopaedic surgery in Japan since the end of WWII.

Also in 1968, Dr. Harold A. Sofield, was given an award from the Latin America Orthopaedic Association for his promotion of international relations south of the US border.

In 1979, 12 AOA members and their wives took a trip to mainland China at the invitation of the Chinese Minister of Health.

Orthopaedic Leadership has been a critical part of the AOA since its founding. 17 years ago, in 1995, during Stuart Weinstein’s AOA presidency, the membership decided to move away from purely clinical issues and to make orthopaedic leadership its mission.

In 2000, as a result of work done by the Critical Issues Committee, the AOA decided to formalize this direction with a new mission statement that guides us today.

Those who founded our association may have never imagined the discoveries in basic science, the advances in treatment and technology, and the orthopaedic leadership that made our association what it is today. We wonder what the orthopaedic greats of the past would think of present day orthopaedics and we think many would be very pleased to realize that some of their ideas, the seeds of programs and development they sowed in those early years, have blossomed and are still flourishing.
Orthopaedics today is not the same small, ambitious specialty it was 125 years ago. It has grown large in numbers to meet the demands of the patients we serve.

The continued growth of our profession must be guided by a vision of improving practices, training, and confronting the critical issues within our discipline. The AOA, as a leadership organization with members in leadership positions at institutions all over North America, is in a position to continue doing just that. Individual members have come and gone over the decades, but AOA’s leadership role is as central today as it was in 1887.

As we celebrate our 125th anniversary, the AOA continues to demonstrate leadership in orthopaedics,

Choose your ending:

(1) setting the stage for the next 125 years.
(2) today, and into the future.

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