

## Arthroscopy Courses Before AANA

Although arthroscopy piqued the interest of many people in the late 60's and early 70's, there were very few knowledgeable surgeons to teach the technique and little in the way of equipment. Consequently, the wide acceptance of arthroscopy was slow to be realized. Teaching before AANA was done in the following ways:

- \* Private courses – often in association with universities.
- Seminars organized through the American Academy of Orthopaedic Surgeons and the International Arthroscopy Association.
- Similar seminars put on by European associations.
- One-on-one teaching, with individuals visiting various doctors who had achieved a level of expertise.

### Private Courses

The first “course” in the United States (as compared to a “meeting” such as the organizational meetings in Philadelphia) was organized by Dr. Art Ellison in 1974 and was held in Williamston, VT. Included in its faculty were James R. Andrews, MD, Robert W. Jackson, MD, Robert Freiburger, an arthrographer from New York, Ward Casscells, MD and Ejnar K. G. Eriksson from Sweden. This course was very rudimentary and was primarily designed to contrast arthroscopy with arthrography as a diagnostic tool. Actual surgical procedures were not being done arthroscopically at that time.



Lanny L. Johnson, MD held his first course in 1976 in Lansing, Michigan, with a “red, white and blue” theme for the Bicentennial Year. Participants were J. Whit Ewing, MD, Michael D. Austin, DO, Dave Schneider and Alan Gross on hip arthroscopy. The emphasis was on diagnostic arthroscopy with the “needlescope.” In 1977, Johnson held a second meeting to introduce the “shaver” – the first motorized instrument for arthroscopy. He also held numerous one-on-one sessions over the next few years.



Robert Metcalf, MD in Salt Lake City was known as an excellent teacher and held annual courses from 1980 to 1991. His courses were well run and included all the latest things that were being developed in arthroscopy. He was very generous to his faculty and usually held the courses in late winter, when skiing was at its best in the mountains, close to Salt Lake City. Metcalf was the first to attempt live television, beamed from the operating room in his nearby surgical center, to the course. This required setting up a relay station on the top of the nearest mountain, to take the images over the top of the city buildings and back into the hotel where the courses were held. Bob Metcalf died in 1991 and a memorial course was held in 1993. Notably, his spirit of education was maintained by grateful colleagues and friends - and in his honor, these courses are still held annually to this date.

Lawrence Crane, MD who later became a President of AANA, held several meetings in New Hampshire, complete with the first motor skills labs. His first meeting was in 1979, in Sebasco, Maine and a subsequent meeting was in Dixville Notch in 1982.



Richard O'Connor, MD, after his first small course in Los Angeles, convinced UCLA to become a sponsoring institution for an arthroscopy course to be held annually in Hawaii. This was the first time that UCLA had ever sponsored any course outside of the continental United States. The first course was held in 1979, after O'Connor's death in 1980, Norman F. Sprague, III, MD carried on the tradition until 1989. His faculty usually consisted of several Europeans, such as David Dandy, MD, Jan Gillquist, MD and Nils Oretorp, MD as well as North American surgeons such as Lanny L. Johnson, MD, John B. McGinty, MD, Kenneth E. DeHaven, MD, J. Whit Ewing, MD and Robert W. Jackson, MD.

Douglas W. Jackson, MD in Long Beach, California, organized one of the more dramatic seminars in 1981. He arranged for ten of the pioneer surgeons around the world to do their favorite surgical procedure on his private patients. Lanny L. Johnson, MD performed an abrasion arthroplasty with a prototype drill and burr. John B. McGinty, MD demonstrated basic diagnostic arthroscopy and the pitfalls. James F. Guhl, MD showed his technique for the treatment of osteochondritis dissecans. Jan I. Gillquist, MD demonstrated his central approach and did a total meniscectomy. Robert W. Jackson, MD demonstrated his technique for a partial meniscectomy and so on. These were all televised live to the audience and now provide a good background of the state of the art in 1981, when this was carried out.



Another annual course that has had significant stature was organized by M. Mike Malek, MD in Washington, D.C. This is known as the Cherry Blossom Course because it has been held every year at the time of the blooming of the Cherry Blossoms in Washington. This is now going into its 25th year. It usually attracts a fairly large crowd of eager students and mostly consists of lectures.

Another well established course, which has continued to grow every year, is that organized by James C. Esch, MD in California. This course primarily teaches shoulder arthroscopy. As the diagnostic and therapeutic implications of shoulder surgery grew larger and larger, so did his faculty and the number of people attending the courses. It is now also in its 25th year.



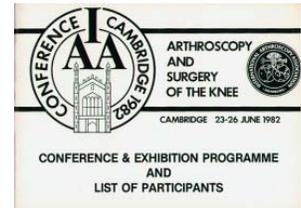
There were other private courses such as those held by Ronald S. Grober, MD in Fort Pierce, Florida, who in 1983 invited Jan Gillquist, MD of Sweden and other academics from the United States to be on his faculty. Grober was a great organizer and the several courses he held were well done and very well attended.



Robert W. Jackson, MD routinely held small monthly courses in his Bioskills Lab in Toronto, also called the Arthroscopy Learning Center. These would involve from five to twenty individuals, who would come and learn on models and later on cadaver parts. One guest lecturer would be invited to each course. The success of these courses was one of the factors that influenced the development of the Orthopaedic Learning Center in Rosemont. However, as Rosemont began to take over the major load of teaching in North America, these private courses were eventually eliminated.

## Courses Run by Organizations

The International Arthroscopy Association was founded in 1974 and true to its mandate, held courses in various parts of the world. Courses were held in Hong Kong, Bermuda, Australia, Toronto, India, South America and England. The IAA also co-sponsored and endorsed courses in Rio de Janeiro, Mexico, Australia and other countries around the world.



The American Academy of Orthopaedic Surgeons quickly recognized the interest amongst surgeons in this new technique. The President of the AAOS asked John B. McGinty, MD to organize instructional courses that would be under the aegis of AAOS, but primarily staffed by members of the Arthroscopy Association. The first such course was in 1975 in Boston. At first, these courses tended to combine arthroscopy and arthrography. Then as the diagnostic superiority of arthroscopy began to emerge and as more and more operative procedures could be done under arthroscopic control, the arthrography component disappeared. All of these courses were held prior to the advent of MRI, with which everyone is now so familiar. (Before the MRI, arthrography had been the best diagnostic imaging system.) AAOS carried on for some time with intermittent courses around the United States. Their mandate did not allow them to leave continental America and so the courses tended to be in major cities.

When AANA became an independent organization in 1982, it started its own courses, which are described, in another segment of this history.

## Foreign Courses



While all the activity in the United States was going on, there was also interest and activity in other countries of the world. Sweden was one of the early areas of teaching of this technique and Ejnar K. G. Eriksson, MD, who later became the first Professor of Sports Medicine at the Karolinska Institute in Stockholm, was a prime mover in this area. Eriksson organized courses throughout Europe and would invite faculty from around the world to present at the courses. His first course was at Skövde, Sweden in 1978. The courses were commonly given in English, but people from France, Germany, Holland, America and other countries took part.



Theo van Rens, MD was the Professor of Orthopaedics at University of Nijmegen on the eastern edge of Holland. From 1975 to 1987 he held annual courses and trained a large number of the European arthroscopists. One of his colleagues was Dr. Harold Eikelaar, who was the first person to get an advanced degree (PhD) from his university (University of Groningen) on the subject of arthroscopy. Dr. Eikelaar later became President of the International Arthroscopy Association. Dr. van Rens was noted for his courses, which were among the first to emphasize the complications and difficulties of the technique and he also introduced science into the courses, with studies on strength of tissues, the results of animal experimentations and so on. He also instituted live surgical procedures from the operating room to the conference room, with two-way audio communications between the audience and the surgeon. This was a major step forward in the method of teaching this technical subject. Theo van Rens, MD died prematurely and his courses were discontinued.

GOTS," a German speaking orthopaedic association, included members from Austria and Switzerland as well as Germany. Their courses emphasized arthroscopy, but also had elements of orthopaedic applications based on arthroscopic findings. The French, Spanish and Italian orthopaedic associations also held several courses in arthroscopy.



Mr. David Dandy organized several courses, initially in Cambridge, England, but later in Oswestry and other centers in the United Kingdom. Dandy was a prolific writer and produced numerous textbooks on arthroscopy and eventually was recognized by his colleagues, by becoming the President of the British Orthopaedic Association.

In Mexico, Gonzalo Vazquez-Vela, MD working in association with SICOT, held several courses in the tourist areas of Mexico and also in Mexico City. These were well attended by Spanish speaking surgeons, most of whom who could understand English.



Finally, in Japan, the Japanese Arthroscopy Association, under the leadership of Masaki Watanabe, MD and Hiroshi Ikeuchi, MD was very involved in the teaching of arthroscopy.



Prior to AANA becoming the major player in the world, these courses plus one-on-one teaching, introduced arthroscopy to an estimated 20,000 orthopaedic surgeons around the world. While this is only an estimate, it is probably fairly reasonable and it demonstrates the spirit of teaching and sharing of knowledge espoused by Dr. Watanabe that enabled arthroscopy to thrive. Teaching around the world and the success of arthroscopy in terms of accurate diagnosis, early treatment and minimally invasive surgery has undoubtedly led to the current concept of minimally invasive surgery in virtually every surgical specialty. Arthroscopy does not get the credit that it should get for leading this major change, which has truly been a surgical revolution.