



TABLE OF CONTENTS

Introduction

Foreword

Chapter 1

The Founding

Chapter 2

Leadership

Chapter 3

Mission

Chapter 4

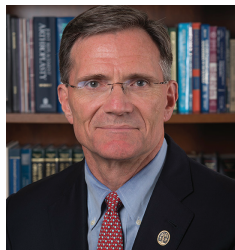
Relevance

Chapter 5

Gallery

This 50th Anniversary Book is dedicated to all members of The Hip Society - past, present, and future - to the legacy they safeguard and draw inspiration from, and to their relentless pursuit of excellence.

Special thanks to the 50th Anniversary Task Force for their time and effort dedicated to the creation of this book:



Vincent D. Pellegrini, Jr., MD
Chair



Daniel J. Berry, MD



A. Seth Greenwald,
DPhil (Oxon)



William A. Macaulay, MD



Bert J. Thomas, MD

FOREWORD BY VINCENT D. PELLEGRINI, JR., MD



Dear Colleagues:

It is with great excitement and a real sense of pride that I welcome you to share in the accomplishments of our professional association as we pause to acknowledge the 50th Anniversary of the founding The Hip Society.

Volunteer organizations are only as effective as the individuals they count as members, and ours is certainly no exception. The people whom we call colleagues and friends are bound by a

shared professional interest in surgery of the hip and a common drive to achieve and excel. We have all, in turn, benefitted from those friendships and experiences in ways that have shaped both our own careers as well as our personal lives. Indeed, we respect and are inspired by the people engaged in the passionate discussions and debates that occur at our meetings as much as we benefit from the rigor and candor of the discourse itself. We live and instinctively serve the missions of our organization in our daily work and revel in the camaraderie of the group when we convene for the occasion of our annual meetings. It is the convergence of these professional and personal bonds that make The Hip Society such an important and distinctive part of the lives of its members.

The 50th Anniversary Task Force has tried to capture the legacy of this special dimension of our association in the pages that follow. The work of the Task Force was made lighter by the engagement of the individuals who served, and their passion for our organization. The members of our small work group include Dan Berry, Seth Greenwald, Bill Macaulay, and Bert Thomas; to each of them we owe a debt of gratitude for their efforts in assembling these pages for our benefit. And, as always, we are deeply appreciative to Olga Foley for her energy, insights, and persistence that provided the glue to keep the effort on task.

We hope that you enjoy and value this book as much as we have enjoyed creating the content and assembling the memorabilia to produce it. Read it with pride and renewed commitment to our mission because it is this intangible dimension of our organization that will serve to continue the excellence of The Hip Society for many generations into the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Vincent D. Pellegrini, Jr." with a stylized flourish at the end.

Vincent D. Pellegrini, Jr, MD
Chair, 50th Anniversary Committee
Past President, The Hip Society

HISTORICAL TIMELINE



The founding of The Hip Society and its first meeting (Boston, MA)

1968

THE US

Richard Nixon, a republican from California, enters the New Hampshire primary and declares his presidential candidacy. North Vietnam launched the Tet Offensive against the US and South Vietnam. Martin Luther King Jr. was assassinated in Memphis, TN. Robert F. Kennedy was assassinated in Los Angeles, CA. The first Boeing 747 “Jumbo Jet” was introduced. During the 1968 Summer Olympics in Mexico City, two black athletes staged a silent demonstration against racial discrimination in the United States. “Star Trek” aired American television’s first interracial kiss. Apollo 8 is the first manned spacecraft to orbit the moon.

THE WORLD

North Korea captured the USS Pueblo. In Czechoslovakia Antonin Novotny resigns the Czech Presidency setting off alarm bells in Moscow. The next day leaders of five Warsaw Pact countries meet in Dresden, East Germany, to discuss the crisis. In France, “Bloody Monday” marks one of the most violent days of the Parisian student revolt. As the “Prague Spring” continues in Czechoslovakia, Ludvik Vaculik releases his manifesto “Two Thousand Words”. The Soviet Union invades Czechoslovakia with over 200,000 Warsaw Pact troops, putting an end to the “Prague Spring,” and beginning a period of enforced and oppressive “normalization.” Police and military troops in Mexico City react violently to a student-led protest in Tlatelolco Square. Hundreds of the demonstrators are killed or injured.

First FDA approved cemented total hip arthroplasty performed in the USA.

Cementless porous coated total hip arthroplasty introduced.

Periacetabular osteotomy popularized for hip dysplasia.



1968 US SNAPSHOT

President:	Lyndon B. Johnson
Vice President:	Hubert H. Humphrey
Population:	200,706,052
Life expectancy:	70.2 years
Median household income:	\$7,850
Median home sale price:	\$23,400
Average cost of new car:	\$2,822
Cost of a first-class stamp:	\$0.06
Cost of a gallon of regular gas:	\$0.34
Cost of a dozen eggs:	\$0.53
Cost of a gallon of milk:	\$1.07
#1 Billboard single:	“Hey Jude” (The Beatles)

History cannot give us a program for the future, but it can give us a fuller understanding of ourselves, and of our common humanity, so we can better face the future.

Robert Penn Warren (American poet, novelist, and literary critic)

The Hip Society celebrates its 50th Summer Meeting and Anniversary



2017

Osteolysis due to polyethylene wear recognized in cementless total hip arthroplasty.

Highly crosslinked polyethylene introduced.

Hip arthroscopy gains popularity.

Highly porous metals introduced for revision total hip arthroplasty.

THE US

Donald J. Trump, Jr. is inaugurated as the 45th President of the United States. Scientists at Harvard University report the first creation of metallic hydrogen in a laboratory. Worldwide controversy results after United States president Donald Trump signs an executive order restricting travel and immigration from Iraq, Iran, Libya, Somalia, Sudan, Syria and Yemen. SpaceX conducts the world's first reflight of an orbital class rocket. Donald Trump announces that the United States is to withdraw from the Paris Agreement.

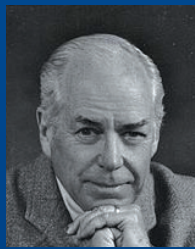
THE WORLD

Millions of people worldwide join the Women's March in response to the inauguration of Donald Trump. 420 marches were reported in the US and 168 in other countries, becoming the largest single-day protest in American history and the largest worldwide protest in recent history. North Korea prompts international condemnation by test firing a ballistic missile across the Sea of Japan. The UK activates Article 50 to initiate its exit process from the European Union. In response to a suspected chemical weapons attack on a rebel-held town, the U.S. military launches 59 Tomahawk cruise missiles at an air base in Syria. Russia describes the strikes as an "aggression", adding they significantly damage US-Russia ties. Computers around the world are hit by a large-scale ransomware cyberattack, which goes on to affect at least 150 countries. Montenegro becomes the 29th member of the NATO.

2017 US SNAPSHOT

President:	Donald J. Trump, Jr.
Vice President:	Mike Pence
Population:	326,474,013
Life expectancy:	79.1 years
Median household Income:	\$55,775
Median home sale price:	\$317,400
Average cost of new car:	\$33,560
Cost of a first-class stamp:	\$0.46
Cost of a gallon of regular gas:	\$2.32
Cost of a dozen eggs:	\$2.60
Cost of a gallon of milk:	\$3.29
#1 Billboard single:	"Despacito" (Luis Fonsi & Daddy Yankee, feat. Justin Bieber)





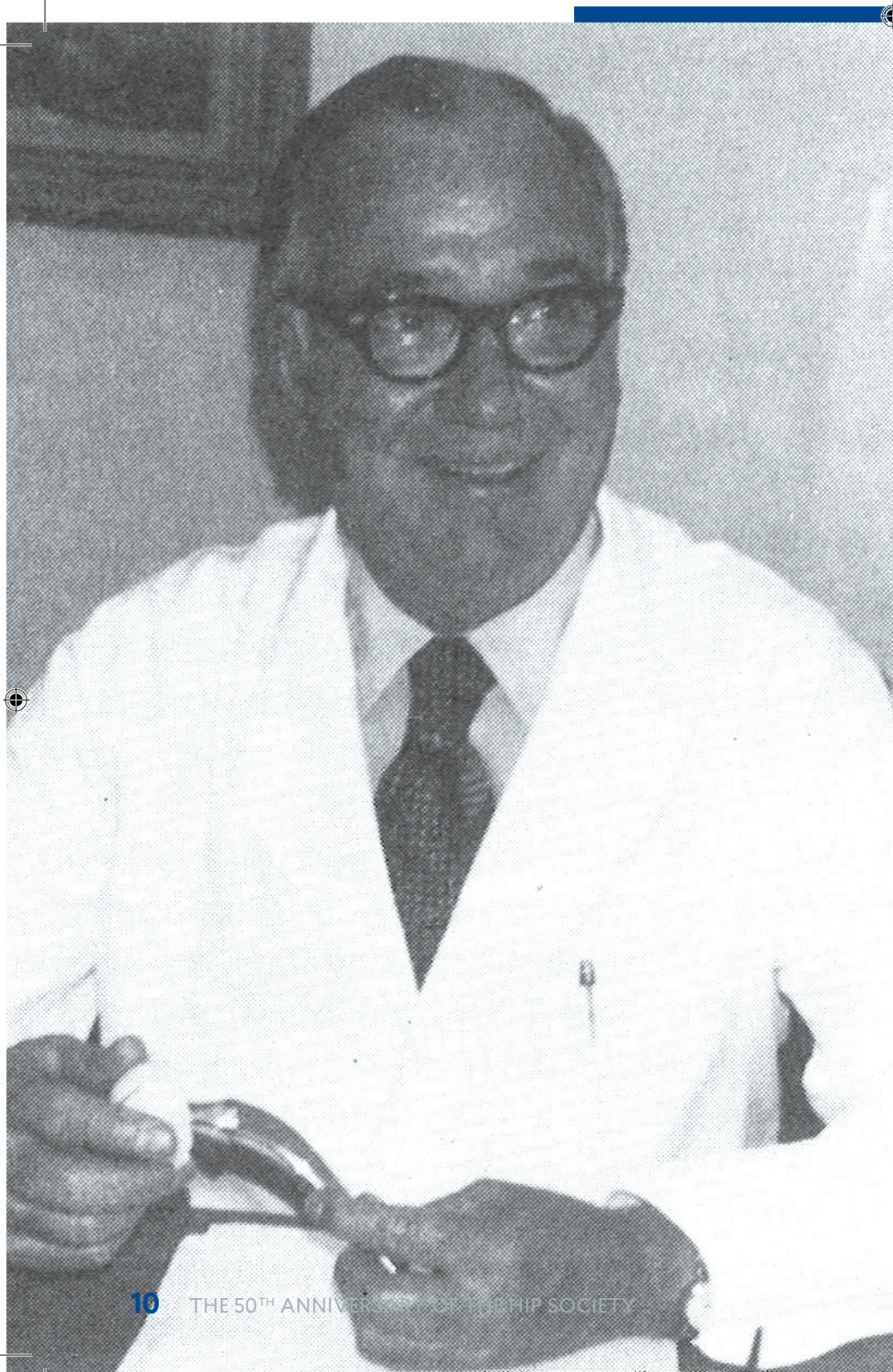
Bert Thomas, MD with excerpts from Dr. William Harris' "History of The Hip Society"

CHAPTER 1 THE FOUNDING



THE MISSION

The mission of The Hip Society is to advance knowledge of hip disorders, promote evidence-based treatment, and refine surgery of the hip in order to improve the lives of patients.



FRANK E. STINCHFIELD, MD

Frank E. Stinchfield, MD was a leader, visionary, and innovator in Orthopaedic Surgery. The founding of The Hip Society in 1968 was but one of the many accomplishments during his professional career. While his residents worshipped his teaching abilities and his staff always admired his surgical skills, members of The Hip Society will be most grateful for his vision to establish this Society.

FRANK E. STINCHFIELD, MD AND HIS VISION

Frank E. Stinchfield, MD was President of the American Academy of Orthopedic Surgeons (AAOS), and Professor and Chairman of Orthopedic Surgery at Columbia School of Physicians and Surgeons. He had visited Sir John Charnley in the UK, and saw the potential for total hip replacement surgery in the management of arthritis of the hip. He recognized the need for a focused intellectual exchange of concepts in total hip arthroplasty. Dr. Stinchfield made a phone call to Philip Wilson, Jr. during which he outlined his thoughts on organizing a small group of surgeons interested in creating a society for total hip arthroplasty. Towards late 1960s, total hip arthroplasty was growing as a successful treatment for hip arthritis. The development of total hip arthroplasty included diverse opinions on implant design and surgical technique. As the excellent results of the Charnley hip prosthesis became available, there was a clear need for a forum to exchange ideas among surgeons. The initial response from Dr. Wilson, and other prospective members was mixed. While some were enthusiastic about creating a new society, others were not so easily convinced.

Despite the uncertainty among his colleagues, Dr. Stinchfield was able to organize the initial meeting of **The Hip Society** in Boston in the fall of 1968. The consensus of the meeting was the creation of a society for education and research in the area of total hip arthroplasty.

Clement Sledge, MD, The Hip Society's President (1982-1983), recalls

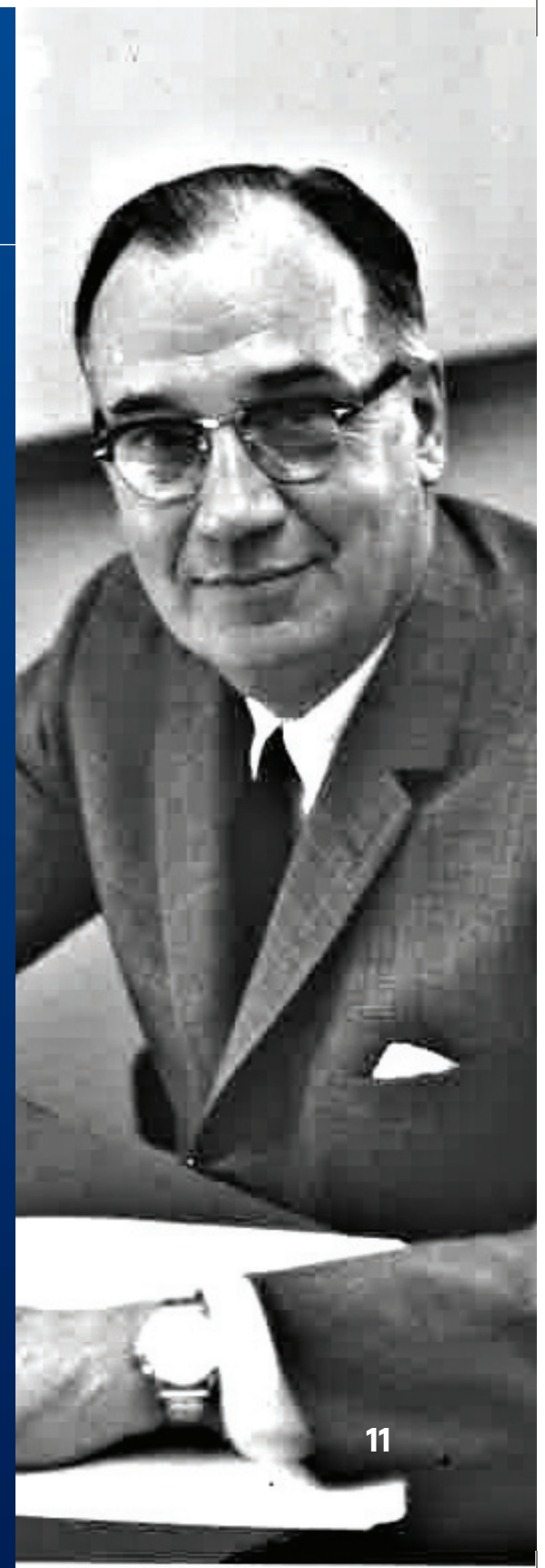
“ We perceived a need for a forum for surgeons who were beginning to perform hip replacements. The procedure was new and little had been written about it, as yet. (Sir) John Charnley kept training those spending time with him in England. We wished to create an educational organization to educate ourselves and, later, others about a new procedure that was to revolutionize the management of hip arthritis. ”

The Hip Society fostered a leadership experience in the area of total hip arthroplasty education. The Founding Members represented a cross-section of leaders in both the clinical aspects of hip surgery and the research aspects of diseases of the hip.

The Founding Members of The Hip Society were

Frank E. Stinchfield
Otto E. Aufranc
William H. Bickle,
Walter T. Blount
Mark B. Coventry
Albert B. Ferguson, Jr.,
William H. Harris
William W. Howe, Jr.
Floyd H. Jergeson,
Richard C. Johnston
Joe W. King

Carol B. Larson
Mark G. Lazansky
Irwin S. Leinbach
J. Vernon Luck
Emmett M. Lunceford
Augusto Sarmiento
Harold B. Shorbe
Frederick R. Thompson
Marshall R. Urist
Phillip D. Wilson, Jr.



FRANK E. STINCHFIELD, MD AND HIS VISION

Frank Stinchfield created the concept, invited others as Founding Members, and had the political savvy to harness strongly held diverse attitudes among the members and to create a synergistic discourse that further fueled the thirst for more knowledge. He established an invitation-only society that emphasized the distinction between those surgeons who did a large number of cases versus those surgeons who devoted their time to research studies aimed at understanding both disease processes and patient care through medical and surgical management.

The group formulated these initial purposes of The Hip Society:

1. Advance knowledge of hip disorders
2. Promote evidence-based treatment
3. Refine surgery of the hip in order to improve the lives of patients

Upon creation of The Hip Society, **William H. Harris, MD** was selected to serve as its first President. According to Dr. Harris, Frank Stinchfield

“...warned against the tendency to make the organization ‘a total hip replacement’ society, and urged major emphasis on important research aspects, both into the nature of the disease processes and their solutions. He also placed strong emphasis on the incorporation of men and ideas dealing with childhood hip disease to augment the emphasis on the surgical features of adult

Throughout the rest of his life, Dr. Stinchfield was a guiding spirit for the organization, providing sagacious advice on the multitude of unexplored concepts that lay before it.

Thus, The Hip Society, as an organization, assumed more characteristics that reflected both Dr. Stinchfield’s initial vision and his skilled ability to obtain consensus around these broadly articulated concepts. The Society has grown from the initial twenty-one founding members to a defined maximum of 100 active members and nearly 100 adjunct and senior members. A major expansion occurred with the decision to invite Adjunct Members: scientists and engineers who had made major contributions to the study of hip disease or the surgical management of hip arthritis.

What followed was an impressive powerful growth of a small academic society. The Hip Society became a member of the AAOS Council of Musculoskeletal Specialty Societies (COMSS), now known as Board of Specialty Societies (BOS). Through the association with COMSS/BOS, members of The Hip Society have been actively involved and have held numerous leadership positions within AAOS. Hip Society members contribute to the Academy’s educational programs as authors and presenters, chair Councils and Committees, and serve on the AAOS Board of Directors.

Early on the decision was made to hold two meetings. One would be a “closed” (Summer) meeting, for members only. The second would be an “open” (Winter) meeting aimed at presenting outstanding papers dealing with the hip in all of its aspects. The first Winter Meeting was held at the AAOS Annual Meeting in Las Vegas in 1973. Sir John Charnley was the guest speaker. The Winter Meeting became integrated into the Specialty Day program of The Hip Society and the American Association of Hip and Knee Surgeons (AAHKS). The Winter Meeting was designed predominantly as an educational venture for anyone with an interest in the hip, who was attending the AAOS Annual Meeting and Specialty Day.

Material presented at Summer Meetings was considered to be privileged. Thus, Summer Meetings allowed substantial time for discussion and encouraged open and lively debate on controversial issues. Winter Meetings were also designed to present conflicting theories or conflicting

FRANK E. STINCHFIELD, MD AND HIS VISION

data, but always within the framework of a full public presentation. Over time, The Hip Society began granting three awards at the Winter Meeting. They are the **Frank Stinchfield Award**, the **John Charnley Award**, and the **Otto Aufranc Award**, chosen to provide special recognition to these three outstanding contributors to the field.



The Hip Society members also became interested in sharing their ideas and research with the orthopedic community outside the organization. A vehicle for publication of papers from the Winter and Summer Meetings was needed to continue the educational mission of the Society. In the early years of the

Society, from 1973 to 1986, the proceeding of the Winter Meetings of the Society were published in hardbound books. The publication that grew out of each Winter Meeting was entitled “The Hip”, and was published by C.V. Mosby, Inc., of St. Louis, MO. Subsequently, a relationship was developed with the prestigious journal, *Clinical Orthopedics and Related Research (CORR)*, so that much of the material from the Winter Meetings, and even more recently from the Summer Meetings, is submitted for peer review to CORR, with the papers selected for publication appearing annually.

True to the early concepts advocated by Frank Stinchfield, The Hip Society has not only been a major contributor to advances in the surgery of osteoarthritis in the adult, it also has fostered and stimulated important insights into issues such as the prevention of complications (venous thromboembolic disease, the management of infection, and prevention and treatment of the dislocation of a total hip).

The success of total hip arthroplasty has been assessed by various outcome measures, the most popular and widespread in use to this day is the Harris Hip Score, first described by **William H. Harris** in 1969. This rating system has been widely utilized and is the foundation for clinical reporting of hip arthroplasty results. The patient population undergoing total hip arthroplasty is evolving, with a wider range of different lifestyles, activities, and levels of expectations.

In addition, The Hip Society has fostered new areas such as arthroscopy of the hip, understanding the etiology of osteoarthritis, and early intervention using less invasive surgical and even arthroscopic approaches to diseases of the hip, with the aim of delaying the progression of hip disease, or preventing it completely.

Whether in the intimate Summer Meetings, or through the highly acclaimed Winter Meetings attended by large and varied audiences, or through the investigations and publications by its members, The Hip Society has played a valuable role in fostering the understanding and improvement of managing hip diseases.

The success of total hip arthroplasty has been assessed by various outcome measures, the most popular and widespread in use to this day is the Harris Hip Score, first described by **William H. Harris** in 1969. This rating system has been widely utilized and is the foundation for clinical reporting of hip arthroplasty results. The patient population undergoing total hip arthroplasty is evolving, with a wider range of different lifestyles, activities, and levels of expectations.

The future of The Hip Society is secure with the annual addition of new members who challenge their older peers with provocative new ideas and exciting basic research. The Society can be rightfully proud of its past accomplishments, but its contributions to the field are continuing, and who can say what new developments will mean for the future of hip surgery? Each and every member should look forward to the excitement of participating in this incredible endeavor!

1. Harris, W.H.: Traumatic Arthritis of the Hip after Dislocation and Acetabular Fractures: Treatment by Mold Arthroplasty Vol 51-A, No.4, pp.737-755, June 1969.
2. Harris, W.H.: The History of the Hip Society
3. Sarmiento, A.: Hip Surgery: An Odyssey . JP Medical, Ltd, New Delhi, Panama City, London, Oct 1, 2011

THE FOUNDING MEMBERS: WHO THEY WERE



OTTO AUFRANC, MD

Otto Aufranc, MD was a pioneer in hip replacement surgery. He was instrumental in developing one of the first replacement hips in the United States, and designed surgical implants for primary hip patients, as well as designing special revision instruments. A native of Missouri, Dr. Aufranc graduated from Harvard Medical School in 1934. He was trained in orthopaedics at Children's

Hospital and Massachusetts General Hospital. He was chairman of the orthopaedic department at New England Baptist Hospital for 14 years, beginning in 1969. In addition to his surgical practice, he trained hundreds of surgeons. He was married to the former Randolph Arnold. He had a son, Dr. St. George Tucker Aufranc of Dedham, MA, and three grandchildren. He died at Glover Memorial Hospital in Needham, MA after a long illness. He was 80 years old and lived in Wellesley Hills, MA.



WILLIAM H. BICKEL, MD

William H. Bickel, MD was a member of the section of orthopaedic surgery at the Mayo Clinic during the chairmanship of Mark Coventry, MD. Dr. Bickel served as President of the Academy of Orthopedic Surgeons in 1964. In 1948, the American Orthopaedic Association selected William Bickel, MD to be in the first group of American, British, and Canadian Traveling

Fellows. This group also included John Fahey, Verne Inman, Donald Blanche, Lee Ramsay Straub, John Hamilton Allan, Hugh Smith, Benjamin Fowler, Benjamin Obletz and Carroll Larson. In addition to his interest in hip reconstructive surgery, he reportedly published papers on Lumbar Intraspinous Extradural Ganglion Cysts, and 'T' Condylar Fractures of the Distal Humerus. Dr. Bickel, while on the orthopaedic faculty at the Mayo Clinic, also coauthored a paper with Richard Patterson and David Dahlin of the Mayo Clinic pathology department, published in 1964 in JBJS (vol 46A: p267-400) entitled "Idiopathic Avascular Necrosis of the Head of the Femur: A study of 52 cases".

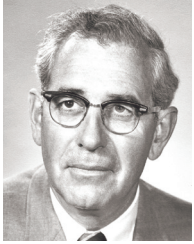


ALBERT B. FERGUSON, JR., MD

When then-University of Pittsburgh Chancellor Edward H. Litchfield, with Richard Mellon's financial support, invited **Albert B. Ferguson Jr.** to found a Pitt Department of Orthopaedic Surgery in 1954, the New York City native and Harvard Medical School faculty member wasn't so sure about Pittsburgh. But from Harvard to Pittsburgh he would go, and as can happen

when opportunity knocks and skilled people open doors, Dr. Ferguson would create an orthopaedic surgery program of international acclaim. Dr. Ferguson would remain chairman of orthopaedic surgery at Pitt until he retired in 1986, with career highlights that included a new method to repair hip dislocations in infants and the invention of the I-beam nail to repair hip fractures, which still is in use and even serves as the Pitt department logo. His residency and training programs proved so successful that as many as 50 medical residents eventually would hold department chairmanships or leadership positions throughout the field of orthopaedic surgery. Once in Pittsburgh, Dr. Ferguson turned the orthopaedic division into a full department, with residency and research programs. With his interest in sports and friendship with then-Pirates General Manager Joe L. Brown, Dr. Ferguson served for decades as team physician, and he would become a pioneer in sports medicine. The sports medicine textbook he wrote in the 1970s helped establish that field and inspire Dr. Fu, whose noted career in sports medicine includes serving as the physician for University of Pittsburgh sports and Pittsburgh Ballet Theatre. Dr. Ferguson served as president of various orthopaedic organizations, and received honorable recognition from the British and Japanese orthopaedic associations.

DECEASED FOUNDERS



WILLIAM W. HOWE, JR., MD

William W. Howe, Jr., MD devoted his life to the handicapped. Dr. Howe worked to increase recreational opportunities for the handicapped, bringing the handicapped “out of the closet” and into the audiences of cultural and recreational events that others enjoyed. In the 1950s, he and Louis Ugino, then a city school teacher, created the Handicapped Adult Recreation Club, which still arranges for handicapped youngsters and young adults to attend hockey games, music recitals, plays and other events. The two men were brought together in the 1950s because of their connections to School No. 5, where handicapped children from throughout the city attended elementary school. Ugino taught music there, and Dr. Howe had operated on many of the students, and visited them there. Dr. Howe died of heart failure at his home, the Tarashee Farm in Pittsford, NY, at the age of 68.



JOE W. KING, MD

Joe W. King, MD, lived in Houston, TX, and built his practice there leaving the Joe W. King Orthopedic Institute as his legacy. Dr. King was a pioneer in orthopaedics and sports medicine and was firmly committed to conducting research and providing education of the highest quality. Dr. King was a past president of the Texas Orthopaedic Association (1969-70).



CARROLL B. LARSON, MD

Carroll B. Larson, MD was born in 1909 in Iowa. His father and mother owned a hardware store. He received his BS and MD degrees from the University of Iowa. His orthopaedic residency was at Harvard at both the Boston Children’s Hospital and Massachusetts General Hospital. Dr. Larson assisted Marius Smith-Petersen, along with Otto Aufranc, in designing the instruments

and techniques for Smith-Petersen’s new vitallium cup arthroplasty. Dr. Larson worked with Dr. Smith-Petersen from 1939 to 1950. Dr. Larson succeeded Dr. Arthur Steindler as the second chairman of the Department of Orthopaedics at the University of Iowa. He helped train six future chairmen of medical college orthopaedic departments (Drs. Kettelkamp, Laros, Jacobs, McBeath and Murray), and added distinguished faculty (Drs., Cooper, Ponseti, and Flatt).



IRWIN S. LEINBACH, MD

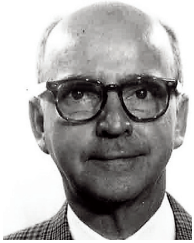
Irwin S. Leinbach, MD attended University of Pennsylvania Medical School. He served as chief resident at the American Hospital in Oxford, England from February through August 1942. During that time he became close friends with James Bateman of Toronto, Canada. After returning from England, he served as a Gibney Fellow at the Hospital for Special Surgery in New York. He was an assistant clinical professor of orthopaedic surgery at all three of Florida’s medical schools. He worked regularly at the Bay Pines VA. He performed more than 3000 primary and revision total hip arthroplasties. Dr. Leinbach published his single surgeon series of 700 Total Hip Replacements (experience with 6 types) in *Clinical Orthopedics and Related Research* in 1973. He and his coauthor, Barlow, reviewed 427 Muller, 120 McKee Farrar, 67 St. George, 40 Ring, 30 Charnley, and 10 Weber-Huggler hip replacements. The cases were performed from May 1968 through November 1972.



HOWARD B. SHORBE, MD

Howard B. Shorbe, MD and his wife, Ruth lived in Oklahoma City, OK. In addition to being one of the founding members of The Hip Society of the Hip Society and an early expert in hip reconstructive surgery, Dr. Shorbe accepted the honor of being named president of the Association of Bone and Joint Surgeons at the society’s 1965 meeting in New Orleans, Louisiana, and presided over the 1966. ABJS Meeting at the American Hotel in San Juan, Puerto Rico.

DECEASED FOUNDERS



FREDERICK R. THOMPSON, MD

Frederick R. Thompson, MD of New York developed a replacement for the head of the femur in 1939. This hemiarthroplasty was used to treat hip fractures and also arthritis of the hip. The acetabulum was not replaced. His prosthesis consisted of a metal stem that was placed into the marrow cavity

of the femur, connected to a metal ball. Thompson developed a cemented vitallium version of his prosthesis in 1950. Thompson's hemiarthroplasty was popular in the treatment of hip fractures, competing with the contemporary Austen-Moore prosthesis. The Thompson prostheses are still used for femoral neck fractures in some countries today.



Thompson arthroplasty

His interest in hip was stimulated by a visit to Professor John Charnley in 1966. He introduced total hip replacement to HSS in 1967 and remained steadfastly committed to making the procedure better, safer, and more accessible his entire career. Among his many achievements, Dr. Wilson Jr., was a founding member of The Hip Society (1968), President of the American Academy of Orthopaedic Surgeons (1972), and Surgeon in Chief at HSS from 1972-89.

The accomplishments and impact of Dr. Wilson Jr. continue to remain the life blood of the HSS community and orthopaedics around the globe. As a visionary, he recognized the need to translate basic orthopaedic research into meaningful clinical care for the betterment of patients. As a leader, he enabled the growth of HSS from a small upper east side specialty hospital into one of the largest orthopaedic centers in the world. A role model to scores of residents, fellows as well as colleagues, when faced with a difficult situation, they all would ask ourselves: "What would Dr. Wilson Do?". And the answer is always the same: "Do the right thing!"



PHILIP D. WILSON, JR., MD

Philip D. Wilson, Jr., MD was born on February 14, 1920 in Boston, MA, the middle child of three. His father, Dr. Philip D. Wilson, Sr., was a prominent surgeon at the Massachusetts General Hospital, when in 1934 he was recruited to become Surgeon-in-Chief at HSS. Dr. Wilson Jr. observed the passion and commitment of his father to patient care and a career in medicine was inevitable.

Following graduation from Harvard College, Dr. Wilson entered the Columbia College of Physicians & Surgeons. After an 18 month general surgery internship and first year residency at the MGH, Dr. Wilson Jr. spent two years on active duty at Brooke Army Medical Center working predominantly in the orthopaedic service. He returned to HSS in 1948 for his orthopaedic residency followed by a fellowship at UC-San Francisco for training in both trauma and biomechanics. He was appointed to the HSS staff in 1951.





Daniel J. Berry, MD

CHAPTER 2 LEADERSHIP



LEADERSHIP

This chapter provides biographical information about Past Presidents of The Hip Society. For living members the information was self-supplied and came from a standard set of questions sent to each Past President. Not every Past President responded—even to multiple requests (imagine that!)—so there are a few deficiencies. For deceased Past Presidents, I gathered the material from obituaries, personal knowledge, and with the help of other Hip Society members. When obituaries were used, I have provided the source. This method of data collection and the necessary abbreviations and simplifications provides a much too cursory description of each remarkable President's life.

OBSERVATIONS ABOUT PAST PRESIDENTS

Spending considerable time reviewing the lives, accomplishments, and interests of the Past Presidents provides interesting perspectives. Not surprisingly, one is amazed by the capability and talents of these individuals. They had the opportunity to be involved in a remarkable period of medical advances and surgical innovation, and were the “best and brightest” of their generations. The deep commitment and dedication to their chosen profession and to hip surgery is clear in almost every biography—thinking about the hip and working on the hip probably consumed more hours of the lives of these individuals than almost any other single activity. Despite that, the human elements of these exceptional individuals also stands out. Almost all had strong interests outside of medicine, and often found strength and great enjoyment in family pursuits. Many were leaders in orthopedics and several made major contributions to other aspects of surgical practice than surgery of the hip. In some cases available information was incomplete. It also is apparent the humbleness of some very accomplished individuals underplays their important contributions and roles.

OBSERVATIONS ON TOPICS OCCUPYING THE HIP SOCIETY DURING THE PAST PRESIDENTS' TENURES

Over the 50 years since The Hip Society's establishment, topics discussed at our meetings have advanced from anecdotal discussions in a “club” type atmosphere to a more rigorous scientific meeting model. Reading the past programs of the Summer and Winter Meetings of The Hip Society provides a series of snapshots of topics that interested each President, Program Chair, and The Hip Society membership, and also the topics that were the most important or interesting of the day. A few trends are notable as hip surgery and medicine evolved. The first 50 years of The Hip Society have been remarkable for the introduction, popularization, understanding of complications and limitations, iterative improvement, and finally maturation of total hip replacement. Some themes related to the development and maturation of THA echo through The Hip Society programs: implant fixation, bearing surfaces, materials limitations and improvement, operative approaches, and management of complications. Much progress has been made in certain areas, especially implant fixation in primary and revision THA and bearing surfaces, while other areas—including infection, hip instability and periprosthetic fractures—remain important problems. Topics outside of hip joint replacement such as early hip arthritis in young patients, hip dysplasia, Perthe's disease, and osteonecrosis of the femoral head have remained of interest to the membership for the past 50 years.

For living Past Presidents, the information about topics of interest during their Hip Society Presidency was self-reported. For deceased Past Presidents, the same information comes from review of the Summer and/or Winter Program agendas if available. The lifeblood of the Hip Society is its engaged and dedicated membership and the perpetual need by patients for improved solutions to hip problems. The Past Presidents have helped organize and foster these important missions of The Hip Society.



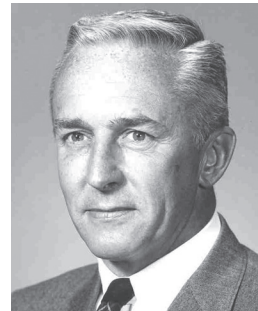
1968-1969
William H. Harris, MD., D Sc.
 Associate Clinical Professor
 of Orthopaedic Surgery
 Harvard Medical School
 Boston, MA



1969-1970
Frank E. Stinchfield, MD
 Chairman and Director
 New York Orthopaedic Hospital
 New York, NY
 Deceased



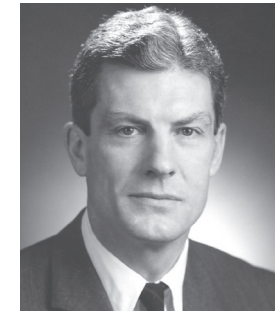
1970-1971
Walter P. Blount, MD
 Clinical Professor of
 Orthopaedic Surgery
 Medical College of Wisconsin
 Milwaukee, WI
 Deceased



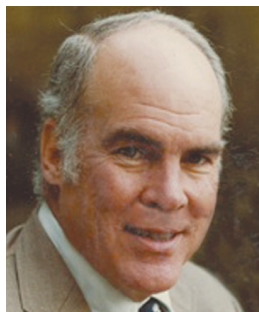
1971-1972
Albert B. Ferguson, Jr., MD
 Chair, Department of
 Orthopaedic Surgery
 University of Pittsburgh
 Pittsburgh, PA



1972-1973
J. Vernon Luck, Sr., MD
 CEO
 Orthopaedic Hospital in
 Los Angeles
 Los Angeles, CA
 Deceased



1973-1974
Mark B. Coventry, MD
 Department Chairman
 Professor of Orthopedic Surgery
 Mayo Clinic
 Rochester, MN
 Deceased



1982-1983
Clement B. Sledge, MD
 Professor of
 Orthopedic Surgery
 Harvard Medical School
 Orthopedist-in-Chief
 Brigham and Women's Hospital
 Boston, MA



1983-1984
Floyd H. Jergesen, MD
 Clinical Professor of
 Orthopaedic Surgery
 University of California,
 San Francisco
 San Francisco, CA
 Deceased



1984-1985
C. McCollister Evarts, MD
 Chairman, Department of
 Orthopaedic Surgery
 University of Rochester
 Medical Center
 Rochester, NY



1985-1986
Jorge O. Galante, MD, DMSc.
 Professor of
 Orthopedic Surgery
 Rush University Medical Center
 Chicago, IL



1986-1987
Lee H. Riley, Jr., MD
 Professor and Chairman
 of the Department of
 Orthopaedic Surgery
 Johns Hopkins
 Outpatient Center
 Baltimore, MD
 Deceased



1987-1988
William R. Murray, MD
 Professor and Chairman
 Emeritus of the Department
 of Orthopedic Surgery
 UCSF
 San Francisco, CA
 Deceased



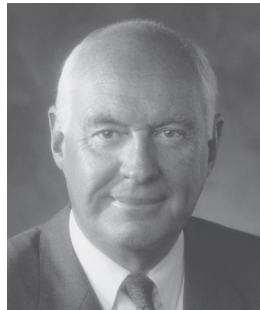
1974-1975
Emmett M. Lunceford, Jr., MD
 Consultant Orthopaedic Surgeon
 The Moore Clinic
 Professor of Orthopaedic Surgery
 University of South Carolina
 Columbia, SC
 Deceased



1976-1978
Augusto Sarmiento, MD
 Professor, Division
 of Orthopaedics
 University of Miami School
 of Medicine
 Miami, FL



1978-1979
Marshall R. Urist, MD
 Professor of Surgery,
 Orthopaedics
 UCLA Bone Research Lab
 Los Angeles, CA
 Deceased



1979-1980
Harlan C. Amstutz, MD
 Professor and Chief,
 Division of
Orthopaedic Surgery
 UCLA
 Los Angeles, CA



1980-1981
Philip D. Wilson, Jr., MD
 Surgeon in Chief
 Hospital for Special Surgery
 New York, NY



1981-1982
Richard C. Johnston, MD, MS
 Professor, Orthopaedics
 and Rehabilitation
 University of Iowa
 Iowa City, IA



1988-1989
Joseph E. Miller, MD
 Orthopedic Surgeon-in-Chief
 Montreal, Quebec, Canada
 Department of Orthopaedics
 Montreal General Hospital
 Deceased



1989-1990
Donald E. McCollum, MD
 Professor of
 Orthopaedic Surgery
 Duke University Medical Center
 Durham, NC
 Deceased



1990-1991
J. Phillip Nelson, MD
 Interim Chariman, Department
 of Orthopedic Surgery
 Maricopa Medical Center
 Phoenix, AZ



1991-1992
Nas S. Eftekhari, MD
 Professor of Clinical
 Orthopaedic Surgery
 College of Physicians
 and Surgeons
 New York, NY



1992-1993
William N. Capello, MD
 Professor
 Indiana University
 School of Medicine
 Department of
 Orthopaedic Surgery
 Indianapolis, IN



1993-1994
Robert H. Fitzgerald, Jr., MD
 Chairman, Department
 of Orthopedics
 Wayne State University
 Detroit, MI
 Deceased

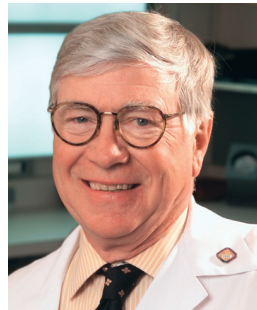
PAST PRESIDENTS OF THE HIP SOCIETY



1994-1995
Mark G. Lazansky, MD
 Attending Orthopaedic Surgeon
 Hospital for Joint Diseases
 Associate Professor of Clinical
 Orthopaedic Surgery
 Mt. Sinai School of Medicine
 New York, NY



1995-1996
Richard B. Welch, MD
 Chief of Orthopaedic Surgery
 St. Mary's Hospital and
 Medical Center
 Senior Consultant
 San Francisco Resident
 Training Program
 San Francisco, CA



1996-1997
Dennis K. Collis, MD
 Orthopedic Surgeon,
 Sacred Heart Hospital
 Slocum Orthopedics
 (formerly Orthopedic
 Healthcare Northwest)
 Eugene, OR



1997-1998
Eduardo A. Salvati, MD
 Director Hip and Knee Service
 Hospital for Special Surgery
 Professor of Orthopedic Surgery
 Cornell University
 Medical College
 New York, NY



1998-1999
Robert B. Bourne, MD, FRCSC
 Professor, Orthopaedic Surgery
 University of Western Ontario
 London, Ontario, Canada



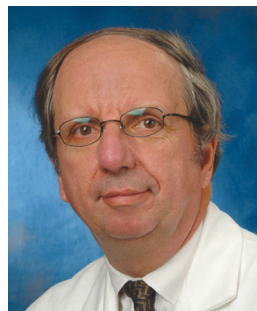
1999-2000
Richard D. Coutts, MD
 Professor of
 Orthopaedic Surgery
 University of California,
 San Diego
 Orthopaedic Medical Director
 Sharp Healthcare
 San Diego, CA



2006-2007
John J. Callaghan, MD
 Professor of
 Orthopaedic Surgery
 University of Iowa
 Iowa City, IA



2007-2008
Lawrence D. Dorr, MD
 Director
 Dorr Arthritis Institute
 Los Angeles, CA



2008-2009
Wayne G. Paprosky, MD
 Professor
 Department of Orthopaedics
 Rush University Medical Center
 Chicago, IL



2009-2010
William J. Maloney, III, MD
 Elsbach-Richards
 Professor of Surgery
 Chairman, Department of
 Orthopaedic Surgery
 Stanford University
 School of Medicine
 Redwood City, CA



2010-2011
Chitranjan S. Ranawat, MD
 Attending Orthopaedic Surgeon
 Hospital for Special Surgery
 New York, NY



2011-2012
Adolph V. Lombardi, Jr., MD, FACS
 President
 Joint Implant Surgeons, Inc.
 New Albany, OH
 Clinical Assistant Professor
 Department of Orthopaedic
 Department of Biomedical Engineering
 The Ohio State University
 Columbus, OH

PAST PRESIDENTS OF THE HIP SOCIETY



2000-2001
Leo A. Whiteside, MD
 President and Director
 Missouri Bone and Joint Center
 Saint Louis, MO



2001-2002
Benjamin E. Bierbaum, MD
 Chairman, Department
 of Orthopedics
 New England Baptist Hospital
 Chairman of Orthopedics
 Beth Israel Deaconess
 Medical Center
 Boston, MA



2002-2003
Miguel E. Cabanela, MD
 Professor of Orthopedic Surgery
 College of Medicine
 Mayo Clinic
 Rochester, MN



2003-2004
Charles A. Engh, Sr., MD
 Medical Director
 Anderson Orthopaedic
 Research Institute
 Alexandria, VA



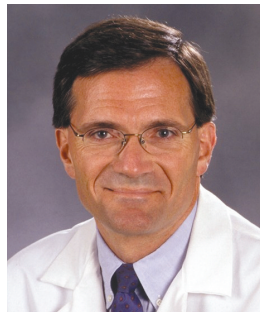
2004-2005
Richard E. White, MD
 Medical Director
 New Mexico Center for
 Joint Replacement Surgery
 New Mexico Orthopaedics
 Albuquerque, NM



2005-2006
James A. D'Antonio, MD
 Orthopaedic Surgeon
 Sewickley Valley Hospital
 Sewickley, PA



2012-2013
David G. Lewallen, MD
 Department of
 Orthopedic Surgery
 Mayo Clinic
 Rochester, MN



2013-2014
Vincent D. Pellegrini, Jr., MD
 Chair, Department of
 Orthopaedic Surgery
 Medical University of
 South Carolina
 Charleston, SC



2014-2015
Paul F. Lachiewicz, MD
 Consulting Professor
 Department of Orthopaedics
 Duke University
 Durham, NC
 Chapel Hill Orthopaedics
 Surgery & Sports Medicine
 Chapel Hill, NC



2015-2016
Daniel J. Berry, MD
 Consulting Professor
 Department of
 Orthopedic Surgery
 Mayo Clinic
 Rochester, MN



2016-2017
Harry E. Rubash, MD
 Department of
 Orthopaedic Surgery,
 Massachusetts General Hospital
 Boston, MA.



2017-2018
Kevin L. Garvin, MD
 Chair, Department of
 Orthopaedic Surgery
 University of Nebraska
 Omaha, NE

59.52/Bowl
- 1.00 shipping
\$305.50 Bowl

THE PAUL REVERE BOWL

Sterling and Pewter
by
KIRK STIEFF

THE HIP SOCIETY
FOUNDED IN 1918

Founder: Dr. Paul E. Stuchlik
February 20, 1990

Staff Company
600 Wynn Park Drive
Baltimore, MD 21211-0021
Attn: Rene - Factory Store

Dear Rene:

Thank you for your help over the telephone. This letter will confirm my order for 5 Paul Revere Bowls 7" diameter size. You quoted me a price of \$300.50 for the bowls and the shipping. A check for that amount is enclosed. Please mail the order to:

Richard B. Welch, M. D.,
Secretary/Treasurer, The Hip Society
4141 Geary Blvd, #222
San Francisco, CA 94118

Once again thank you for your assistance. If you have any questions, please call me at (415)221-0665.

Sincerely,
Karen V. Andersen
Karen V. Andersen
Secretary to Richard B. Welch, M. D.

THE HIP SOCIETY
C/O RICHARD B. WELCH
1100 CALIFORNIA ST
SAN FRANCISCO, CA 94109
Tel: 415 221-0665

Feb 20 1990 147

Pay to the order of Staff Company, Inc. \$305.50
Three Hundred Three and 50/100 only

Bank of America
2100 Market Street
San Francisco, CA 94109
K12400035800147-02808-044614

MARSHALL R. URIST, M. D.
1033 BAYVIEW AVENUE
WOODHOLM WILSON
LOS ANGELES, CALIFORNIA 90024
TELEPHONE: 478-7741
ORTHOPEDIC SURGERY AND FRACTURES

18 February 1980

J. Drennan Lowell, M. D.
721 Huntington Avenue
Boston, Massachusetts 02115

Dear Drennan:

Thanks for your letter of February 12, 1980 and your request for the Perpetual Bowl of the Presidents of the HIP SOCIETY. I will pass on the bowl and a copy of your letter to Harlan Amstutz from whom you will receive the bowl.

Thank you for your very good work and most enjoyable meeting in Atlanta.

Sincerely yours,
Marshall R. Urist, M. D.

MRLU/at

Date Johnson: -
Silver Bowl - Drennan - 6" -
- 8" -
=

President - gets it engraved -
Put Harlan's name - on it -
around it in Atlanta

Pewter -
Bowl for Marshall -
" " Harlan -
Have for Atlanta meeting -

Replica is impossible - smaller -
- larger -
\$40.50 Cost -
Run out space -
all Presidents - Drennan on it -

M E M O

On 10/22/79, we talked to Marshall Urist about Paul Revere bowls. There are two; one of pewter on which the names of the presidents are successively engraved. He has that bowl and will have Dr. Amstutz's name inscribed upon it in advance of the meeting in Atlanta.

The second type of bowl is one given to each of the presidents, although it seems to be the practice that there is a lag of about a year between an individual's completion of his term of office and the time he receives the bowl that is his to keep. These in the past have been pewter.

I have raised the question that with the increasing responsibility of the Society and its president that this might well be sterling silver even though the cost is greater. We looked into the cost of these bowls - a 6" diameter bowl is \$160; an 8" one is \$240. The present Hip Society bowl is 7".

On the individual bowl is inscribed the words, The Hip Society; beneath this; President, with the term of office 1979-1980; and beneath that the individual's name.

I can purchase these bowls for the above price currently at a silver discount center in Wellesley and I would consider getting 3 of them now, one for Dr. Urist, one for Dr. Amstutz and another for Dr. Wilson



PAST PRESIDENTS OF THE HIP SOCIETY: DECEASED



FLOYD H. JERGESEN, MD

Years of HS Presidency:
1983-1984

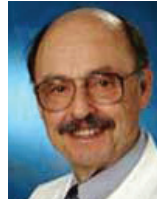
Location of Summer Meeting:
San Francisco, CA

Key Issues at time of HS Presidency: Development of uncemented implant fixation technologies.

Background: Dr. Jergesen grew up in Oklahoma and attended University of Oklahoma as an undergraduate, and Northwestern University for medical school. After a brief period in private practice in Idaho, he performed his orthopaedic surgery residency in New York, at Presbyterian Hospital and Hospital for Special Surgery, and in Boston at Massachusetts General Hospital and Children's Hospital. He served in the US Army during World War II and was one of the first surgeons to use penicillin to treat for gangrene. Dr. Jergesen served as Chief of Orthopaedic Surgery at the Veterans Administration Medical Center, and on the faculty at UCSF. He was known for his contributions to the management of bone and joint infections and work on internal fixation and joint replacement devices. He served as President of SICOT, as Vice President of the American Academy of Orthopaedic Surgeons, and on the Board of Governors of the American College of Surgeons. He was a Founding Member of the International Hip Society.

Special Interests: Dr. Jergesen especially enjoyed time spent with his family, traveling, and training orthopaedic surgeons.

Source: *Daily Independent Journal*, San Rafael, CA.



JORGE O. GALANTE, MD

Years of HS Presidency:
1985-1986

Location of Summer Meeting:
Chicago, IL

Background: Dr. Galante was born in Buenos Aires, Argentina, and did his schooling there before coming to the US in 1958. He performed his residency at Michael Reese Hospital and University of Illinois Hospital and a 3-year research fellowship at University of Gothenburg, Sweden.

Special Interests: Dr. Galante was a horse breeder (especially the Peruvian Paso horses) and had a large horse farm. He enjoyed wine (and was an investor in an Argentine winery), was a reader, and enjoyed opera and his German Shepherd dogs.

Career Highlights: Dr. Galante was Chairman of the Department of Orthopaedic Surgery at Rush University from 1972-1994. He was known as a biomedical innovator and was instrumental in designing some of the first successful porous coatings for uncemented implants.

Source: *Chicago Tribune*, 2017; *Beloit Daily News*, February 17, 2017.



LEE H. RILEY, JR., MD

Years of HS Presidency:
1986-1987

Location of Summer Meeting:
Baltimore, MD

Background: Dr. Riley grew up in Oklahoma City and attended college and medical school and residency at Johns Hopkins.

Special Interests: Dr. Riley was known as an optimistic person, committed to excellence with a "balanced approach to life". He spent leisure time as a golfer and a duck hunter.

Career Highlights: Dr. Riley was Chair of Orthopaedic Surgery at Johns Hopkins from 1979-1991. He was a Founding Member of The Hip Society and The Knee Society and served as President of the Cervical Spine Research Society.

Source: *JBJS(A)*, 2001.

PAST PRESIDENTS OF THE HIP SOCIETY: DECEASED



WILLIAM R. MURRAY, MD

Years of HS Presidency:
1987-1988

Location of Summer Meeting:
San Francisco, CA

Key Issues at time of HS Presidency: Biologic THA implant fixation. Cementless THA revision.

Background: St Patrick's College (Ottawa), McGill College of Medicine, Residency at Detroit Receiving Hospital.

Special Interests: Dr. Murray was an athlete. He rejected a hockey scholarship to attend medical school and was on the 1960 Canadian Winter Olympic Team. He was a bird hunter and pursued this sport internationally. He enjoyed sailing and was a yachtsman.

Career Highlights: Dr. Murray spent his career at University of California San Francisco and was Chairman of the Orthopaedic Department from 1976-1990. He served in the Presidential Line of the American Orthopaedic Association and was a member of numerous orthopaedic societies. He was said to be the first surgeon to perform THA in the Western United States.

Source: *Marin Independent Journal*, 2008



DONALD E. MCCOLLUM, MD

Years of HS Presidency:
1989-1990

Location of Summer Meeting:
Durham, NC

Key Issues at time of HS Presidency: Optimizing uncemented femoral implant. Management of osteonecrosis of the femoral head. Limitations of conventional PE as a bearing surface in THA.

Background: Dr. McCollum grew up in Winston-Salem, NC, and went to Reynolds High School. He attended college at Wake Forest and graduated Phi Beta Kappa Summa Cum Laude, and obtained his MD in 1953 from Bowman-Gray, Alpha Omega Alpha. He performed his residency at Duke University and then completed a 2-year NIH Fellowship in rheumatology.

Special Interests: Dr. McCollum was not only a joint replacement surgeon; he also did rheumatologic surgery from C1 to the toes. He was a pioneer in bone grafting for acetabular protrusion, and won an Otto Aufranc Hip Society Award for study of fat embolus. He was on the Duke faculty for 41 years.

Career Highlights: His Hip Society Presidency was his most gratifying achievement. Unfortunately, the Summer Meeting was during one of the worst hurricanes ever on the East Coast, Hugo.

In his deep southern voice, the day before the meeting that some could not attend due to the hurricane, Dr. McCollum said to John Callaghan: "John, can you believe: the most important day in my life we have the worst hurricane in history come through Durham?" His deep southern voice and his incredible story-telling and jokes are part of The Hip Society lore.



J. PHILLIP NELSON, JR., MD

Years of HS Presidency:
1990-1991

Location of Summer Meeting:
Scottsdale, AZ

Key Issues at time of HS Presidency: Stress shielding and bone loss around implants. New imaging techniques around the hip: MRI, CT, ultrasound.

Background: Grinnell College, Northwestern Medical School, residency at the Mayo Clinic.

Special Interests: Dr. Nelson managed a quarter horse training and breeding farm, and enjoyed time on ranches. He was a golfer, a reader, and found value in "serendipity".

Career Highlights: Dr. Nelson was in private practice in Denver, CO from 1969-1989, and then worked at the Mayo Clinic in Arizona from 1989 onwards. He served as Director of the Maricopa Medical Center for the Phoenix Residency Program, a President of AAHKS, and the Denver Medical Association, and had a leadership role at the Denver Medical Library.

Source: *Fremont Tribune*, 2013.

PAST PRESIDENTS OF THE HIP SOCIETY: DECEASED



NAS S. EFTEKHAR, MD

Years of HS Presidency:
1991-1992

Location of Summer Meeting:
New York, NY

Key Issues at time of HS Presidency: Advanced generation femoral component cementing technologies. Bone loss around THA due to particulate debris.

Background: Residency at Johns Hopkins; Chief Resident, University of Illinois; 18-month fellowship with Sir John Charnley.

Special Interests: Dr. Eftekhari was a hiker and trekker and pursued this interest around the world. He was a photographer and published a book "A Visual Language of Patterns".

Career Highlights: Dr. Eftekhari was a Founding Member of the International Hip Society. He wrote a textbook "Total Hip Arthroplasty" (1993), and was a generous donor establishing the Nas S. Eftekhari Professorship and Center for Hip and Knee Replacement at Columbia University where he worked from 1969-1998.

Source: *New York Times Obituary*, April 6, 2017.



JOSEPH B. MILLER, MD

Years of HS Presidency:
1988-1989

Location of Summer Meeting:
Montreal, Quebec, Canada

Key Issues at time of HS Presidency: Custom THA implants. Optimization of uncemented THA technology. Management of osteonecrosis of the hip.



ROBERT H. FITZGERALD, JR., MD

Years of HS Presidency:
1993-1994

Location of Summer Meeting:
Detroit, MI

Key Issues at time of HS Presidency: Polyethylene wear and osteolysis around THA. Thromboembolism prevention and blood management. Infected THA management. Osteolysis due to PE wear in THA. Hard-on-hard bearing surfaces.

Background: Dr. Fitzgerald attended college at Notre Dame and medical school at University of Kansas. His residency was performed at the Mayo Clinic where he also earned a Master's Degree in Orthopedics and Microbiology.

Special Interests: Dr. Fitzgerald had a special interest in musculoskeletal infection and co-authored a number of papers that led to advances in treatment of infected joint replacements.

Career Highlights: Dr. Fitzgerald was Chairman of the Department of Orthopedic Surgery at Wayne State University from 1989-1995 and Chairman of the University of Pennsylvania Department of Orthopedic Surgery from 1995-2001.

Source: *Gross Pointe News*, 2007.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING

As part of the 50th Anniversary Project, The Hip Society produced a commemorative compilation of video and audio interviews of some of the Founding Members and more senior Past Presidents of the Society. Others provided their insights and shared their memories via a survey.



AUGUSTO SARMIENTO, MD

Founding Member and President 1976-1977 and 1977-1978

Location of the Summer Meetings:

Miami, FL

Main scientific issues in hip surgery at the time of Presidency:

- Cement properties.
- Metal-on-metal.
- Surgical approaches.
- Thromboembolic disease.
- Infections.

Presidential Guest Speaker at the Winter Meeting:

- Daniel Callahan, PhD (The Hastings Institute, Washington, DC)

What has the Society meant to you?

I was one of its Founding Members. The close contact with the leadership of hip surgery and the lessons I learned from them was an eye-opener of great importance. Having been given the opportunity to participate in the growth of the discipline, I found myself involved in education to a major degree. Serving for two consecutive years as its President was an unforgettable experience.

Memorable moments in the Society history:

My involvement in the creation of the International Hip Society was a major event. As President of The Hip Society, I was deeply involved in the discussion that led to its final structuring. The event took place in Copenhagen, Denmark, attended by a handful of members of The Hip Society and several European orthopaedists, whose contributions to hip surgery are legendary.

Your main interests/contributions in hip surgery:

Having spent several years as a resident in Columbia, SC, under Austin T. Moore, I became fascinated by his research and clinical work dealing with endo-prostheses. That interest was later transferred to fracture care and total hip replacement, resulting in the design of an I-Beam Nail, and the

development of a surgical technique for unstable intertrochanteric fractures, and the production of the first, eventually ill-fated, Titanium total hip.

Your main leadership positions/career highlights:

Professor and Chairman of Orthopaedics at the Universities of Miami and Southern California. The Presidency of The Hip Society; the Kappa Delta Award; the Nicolas Andry Award; the John Charnley Award; the Elmer Nix Ethics Award, and the Cruz de Boyaca (Colombia's Highest Civilian) Award.



RICHARD C. JOHNSTON, MD, MS

Founding Member and President 1981-1982

Location of the Summer Meeting:

Methodist Hospital, Des Moines Club & Marriott Hotel, Des Moines, IA

Main scientific issues in hip surgery at the time of Presidency:

- Infection-drapes, gowns, airflow, prophylactic antibiotics.
- Stem loosening and design.
- Socket loosening.
- Indications.
- Post-op management.

What has the Society meant to you?

The associations with other members who were struggling, like I was, with problems that we had not seen before. Both, the joy and confidence, and friends that came with that I will always treasure. It was a pleasure to see many problems solved/improved as the years went by.

Memorable moments in the Society history:

- Starting the Winter (Open) Meeting at AAOS Annual Meeting.
- Printing the proceedings.
- Starting The Hip Society Awards (with my colleagues winning some of those awards).

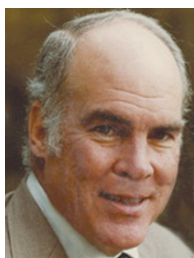
PAST PRESIDENTS OF THE HIP SOCIETY: LIVING

Your main interests/contributions in hip surgery:

Clinical outcomes for life of the patient and biomechanics of the hip during gait, and other functions. Both kinematics and kinetics. This led to prosthetic design using parametric studies and finite element analysis. This involved association with many people, both engineers and clinicians.

Your main leadership positions/career highlights:

Secretary and President, The Hip Society. Worked with Gus Sarmiento writing the first bylaws of the Society. Creation of AAHKS: Phil Nelson and I represented The Hip Society as that group was established.



CLEMENT B. SLEDGE, MD

Founding Member and President 1982-1983

We perceived a need for a forum for surgeons who were beginning to perform hip replacements. The procedure was new and little had been written about it, as yet. We wished to create an educational organization to educate ourselves and, later, others about a new procedure that was to revolutionize the management of hip arthritis.

As The Hip Society's most significant accomplishment, I see sharing of knowledge at both the closed and, more importantly, the open meetings.

My vision for The Hip Society's future is expansion of (its) educational mission.



C. MCCOLLISTER EVARTS, MD

President 1984-1985

Main scientific issues in hip surgery at the time of Presidency:

- Total hip reconstruction a) exposure debris; b) ball size; c) cup placement.
- Thromboembolic disease.
- Bone ingrowth.
- Trials and tribulations of revision arthroplasty.

What has the Society meant to you?

(The Hip Society) was, without question, the organization that dealt with the pertinent issues surrounding the hip. It also provided networking opportunities with others with similar interests. This ultimately led to informative articles, research, symposia, etc.

Memorable moments in the Society history:

When (Sir) John Charnley attended and "corrected" some of our vocal members.

Your main interests/contributions in hip surgery:

(I) visited Charnley in 1968. Returned to Cleveland Clinic and performed THR (one of the first in that region). Life-long interest, NIH funded research on thromboembolic disease; early prototypes of trilock total hip.

Your main leadership positions/career highlights:

President of The Hip Society, AOA, ABOS; AAHC, Chairman. Member Institute of Medicine (the Academy of Medicine). CEO and Dean, two separate academic health centers. Department Chair at two colleges of medicine.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING



WILLIAM N. CAPELLO, MD

President 1992-1993

Location of the Summer Meetings:

Lincoln Hotel Convention Center on IU Health Campus, Indianapolis, IN

Main scientific issues in hip surgery at the time of Presidency:

- Osteolysis.
- Cement vs. cementless fixation.
- Revision surgery.
- Non-replacement alternatives to THR in young adults.

Presidential Guest Speaker at the Winter Meeting:

Laurent Sedel (Paris, France)

What has the Society meant to you?

Most important organization I belong to. Being able to interact with the “movers and shakers” of North American hip surgery was critical to my career and continuing education.

Memorable moments in the Society history:

Sitting beside Victor Goldgerg when Don McCollum announced at a Summer Meeting that “next year’s meeting in Durham, NC would not conflict with ‘that Rosa Hosanna thing’”. I thought Victor was going to faint. Participating in a debate on the pros and cons of custom-made hip prosthesis, taking the con side and having the moderator Bill Murray from San Francisco say to the audience at the Winter Meeting that my presentation was “one of the best talks ever given at The Hip Society”.

Your main interests/contributions in hip surgery:

- Writing the first paper on pre-op planning in the literature.
- Popularizing the transfemoral approach to treating DDH with THR.
- Co-authoring papers on acetabular classification, HA stems, ceramic/ceramic bearings with Jim D’Antonio.
- Developing the protocol for a prospective study that defined the natural history of AVN in renal transplant patients.

Your main leadership positions/career highlights:

Being the first chairman of the AAOS’s Committee on the Hip and serving in that capacity for 6 years. Developing the concept of one-day hands-on workshops, putting on numerous continuing education programs around the country. Starting the lower extremity fellowship at Indiana University.

Your main leadership positions/career highlights:

Professor and Chairman of Orthopaedics at the Universities of Miami and Southern California. The Presidency of The Hip Society; the Kappa Delta Award; the Nicolas Andry Award; the John Charnley Award; the Elmer Nix Ethics Award, and the Cruz de Boyaca (Columbia’s Highest Civilian Award).



PAST PRESIDENTS OF THE HIP SOCIETY: LIVING



RICHARD B. WELCH, MD

President 1995-1996

Location of the Summer Meetings:

St. Mary's Hospital and Medical Center and the Grand Hyatt, San Francisco, CA

Main scientific issues in hip surgery at the time of Presidency:

- Prosthetic design.
- Metal on metal implants.
- Osteolysis and bearing surfaces.
- Cement vs. ingrowth designs.
- Robodoc and a new liquid artificial bone.

Presidential Guest Speaker at the Winter Meeting:

Hans Willert (Gottingen Hospital, Göttingen, Germany)

What has the Society meant to you?

Other than a Nobel Prize, I cannot think of a greater honor than being President of one's Specialty Society, especially The Hip Society.

Memorable moments in the Society history:

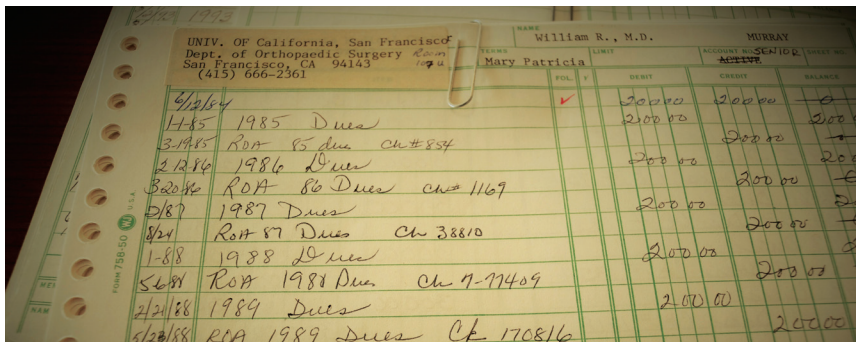
(Sir) Charnley not desiring to check into a Las Vegas casino hotel until we made it clear that all Vegas hotel had casinos. (Gus) Sarmiento's history reports at the Winter Meetings. Running The Hip Society out of my office with my secretary, Karen Anderson: books, finances, and meetings.

Your main interests/contributions in hip surgery:

Showing that Titanium was a poor bearing surface in THR. Educating 4+ decades of residents in surgery of the hip.

Your main leadership positions/career highlights:

President of the COA; WOA; AARP. Chairman of AAOS Council on Specialty Societies; AAOS Councilor and AAOS Resolution Committee; AAOS Graduate Education Committee. Board member of OREF. And making presentations of my work.



DENNIS K. COLLIS, MD

President 1996-1997

Location of the Summer Meetings:

Eugene Valley River Inn, Eugene, OR

Main scientific issues in hip surgery at the time of Presidency:

- Polyethylene wear.
- Cement vs. uncemented implants.
- Dislocations.
- Long- and mid-term follow-up.
- Infection and DVT prevention and treatment.

Presidential Guest Speaker at the Winter Meeting:

Peter Herberts (Gothenburg, Sweden)

What has the Society meant to you?

Being a member has been one of the highlights of my professional life. In the 70s, there was no one in my area to discuss hip problems with, and to personally talk and even go visit with fellow members was a great benefit. In addition, I was able to present my own material and be critiqued at the Summer Meetings. To watch our Society be professionally involved in orthopaedic care and try to improve it was impressive. The many AAOS presidents, department chairs and prolific and accomplished researchers (have been fostered within the Society, and it) has been fun to watch. The most important thing for me is the lifelong friends I have made with many of the members.

Memorable moments in the Society history:

It has not been a particularly funny group, but the jokes at the closed meeting dinners were before the wives were invited, started by Harlan and Patty in the late 70s. By the way, a good idea, I think. Some of the heated discussions when the group was much smaller were actually quite humorous.

The decision to spin off AAHKS made during Phil Nelson's Presidency was an excellent one to free the Hip Society from some of the medical politics and allowing the Society to spend most of our time on research and education. Unfortunately, government involvement cannot be avoided now. The Society was also wise in having our presidents serve as presidents of AAHKS in the early years, as did The Knee Society.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING

Your main interests/contributions in hip surgery:

My main interest in THR has been in long term follow-up. Fortunately, I was able to join an orthopedic group that allowed me collect computer data and present data from those follow-ups of my patients. Present day follow-up is quite different.

Your main leadership positions/career highlights:

- President of The Hip Society.
- President of the Association of Bone and Joint Surgeons, 1994.
- OREF board ten years Chairman of the Board, 1996-1999.
- Chief of staff of my local regional hospital 1979-1981 on the hospital board, 1979-1994.



EDUARDO AUGUSTIN SALVATI, MD

President 1997-1998

Location of the Summer Meetings:

Hospital for Special Surgery and Cornell University Medical College, New York, NY

Main scientific issues in hip surgery at the time of Presidency:

- Avoidance and treatment of THR complications.
- Advances in the prophylaxis of thromboembolism after THR. The beneficial role of Aspirin.
- Cement versus cementless fixation.
- Improvement of the femoral cement mantle by centralizers.
- Advances in prosthetic components and fixation for the complex revision THR.

Presidential Guest Speaker at the Winter Meeting:

Donald Howie, MD (University of Adelaide, Adelaide, Australia)

What has the Society meant to you?

The Hip Society has provided a unique opportunity to share our experience with the most recognized American and international hip surgeons. Through our interaction and share of knowledge, ideas, techniques, advancements, etc., The Hip Society has allowed me to stay well-informed and current on all aspects of hip surgery, to which I have devoted my life. It has also fostered great, long-lasting friendships which were extended well beyond our professional activities.

Memorable moments in the Society history:

There are so many memorable moments... I will mention a few:

- First, being elected as an Active Member at the age of 37, with the support of my chief, mentor and friend Dr. Philip D. Wilson, Jr, along with Mark Coventry, Frank Stinchfield and John Charnley.
- Receiving four Hip Society Awards for our work:
 - The Stinchfield Award, 1985. "Reimplantation for salvage of the infected hip: Rationale for the use of Gentamicin impregnated cement and beads"
 - The Aufranc Award, 1991 "Intraoperative heparin thromboembolic prophylaxis in primary total hip replacement: A prospective, randomized controlled clinical study.
 - The Charnley Award, 1995 "Thrombogenesis during total hip replacement".
 - The Charnley Award, 2005 "Heritable thrombophilia and development of thromboembolic disease following total hip arthroplasty"

As Program Chair of The Hip Society, with the help of Richard Coutts, we added to the scientific program of the Winter Meeting a summary of the highlights related to hip surgery presented at the Orthopaedic Research Society.

And in 1998, with the help of David Lewallen, we established the website of The Hip Society.

Your main interests/contributions in hip surgery:

As reflected in the above-mentioned Hip Society Awards, my main contributions in hip surgery were related to the avoidance of complications, particularly prevention and management of infection and prophylaxis of thromboembolism, both following THR.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING

Your main leadership positions/career highlights:

- Director Hip and Knee Service of the Hospital for Special Surgery.
- Professor of Orthopedic Surgery, Weill Medical College of Cornell University.
- “Life Achievement Award” of The Arthritis Foundation - 2005 New York, N.Y., 2006
- The Nicolas Andry Award, 2007. “Three Decades of Clinical, Basic and Applied Research on Thromboembolic Disease after Total Hip Arthroplasty”.
- “Life Time Achievement Award” of the Hospital for Special Surgery New York, N.Y., 2007



ROBERT B. BOURNE, MD, FRCS

President 1998-1999

Location of the Summer Meetings:

University Hospital, Western University, London, Ont., Canada

Main scientific issues in hip surgery at the time of Presidency:

- Bearing couples in THA.
- Cemented vs hybrid vs cementless THAs.
- Best cementless THA designs.
- Revision THA
- One vs 2-stage revisions for infected THAs.

Presidential Guest Speaker at the Winter Meeting:

Henrik Malchau (Sahlgrenska University, Gothenburg, Sweden)

What has the Society meant to you?

Being a member of The Hip Society has had a profound effect on my academic career. I was honoured to have been elected, blessed by the friendships which resulted from interactions with other Hip Society members and fortunate to be the beneficiary of new knowledge, so freely shared by other Society members. I hope that I was able to contribute to The Hip Society in equal fashion.

One of the highlights of my academic career was to be elected President of the Hip Society in 1998-1999. It was a pleasure to host the Summer Meeting in my home institution and to work with so many talented Board members in putting on the Winter Meeting and shaping the path of The Hip Society.

Memorable moments in the Society history:

- Opportunity to mingle socially with Hip Society members at the Summer Meetings and at the annual dinners.
- Being able to share my home city and institution with Hip Society members at the Summer Meeting.
- Having the opportunity to interact with leading hip surgeons and the founding members of our Society.

Your main interests/contributions in hip surgery:

- Use of randomized clinical trials in orthopaedic surgery.
- Development of national joint replacement registries.
- Development of better methods to assess polyethylene wear in THA.
- Orthopaedic education.
- Medical missions, offering THA and TKA to patients in developing countries.

Your main leadership positions/career highlights:

- Chair/Chief of Orthopaedic Surgery at Western University, London, Ontario, Canada.
- President of both The Hip Society and The Knee Society.
- Founding President of the Canadian Joint Replacement Registry.
- Founding Co-Chair of Operation Walk Canada which has completed 20 medical missions.
- Member of the Order of Canada

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING



LEO A. WHITESIDE, MD

President 2000-2001

Location of the Summer Meetings:

Four Seasons Hotel, Boston, MA

Main scientific issues in hip surgery at the time of Presidency:

- Fixation of implants to bone.
- Wear and osteolysis.

Presidential Guest Speaker at the Winter Meeting:

Karl Zweymueller (University Orthopaedic Clinic, Vienna, Austria)

What has the Society meant to you?

The Hip Society has been the best opportunity to exchange ideas with leaders in orthopedic surgery. It is the one place where new developments in total hip surgery are presented openly and discussed candidly, and it is one of the most encouraging and friendly academic medical societies ever to exist.

Memorable moments in the Society history:

I must mention the time that Gus Sarmiento stood up and told us all that we were a bunch of self-appointed experts, and that the profession would be no worse if we had never formed a society. I guess we should all be willing to hear unwelcome opinions of ourselves, and then strive to prove that they are false.

Your main interests/contributions in hip surgery:

My passion has been to improve the concepts and techniques of osteointegration of total hip implants: and it has been a pleasure to see our profession accept these principles and quietly integrate them into mainstream orthopaedic practice.

Your main leadership positions/career highlights:

My next goal would be to see implant surgeons see and understand the importance of direct application of antibiotics to the surgical site during surgery in prevention of infection, and infusion of antibiotics into the joint after debridement and implant exchange in treatment of established infection of total joint implants.



BENJAMIN E. BIERBAUM, MD

President 2001-2002

In celebrating the 50th anniversary of The Hip Society, I celebrate 25 years following completion of the fellowship in hip surgery at Harvard and the Massachusetts general hospital. My mentor was Dr. Otto Aufranc, a Founding Member of The Hip Society. Otto represented all of the elements of what the Society means to me: listening to and showing compassion for the patient, technical excellence in the operating room as witnessed by his peers, designing and improving instruments and implants, simplifying the surgical approach and giving inspiration and an expanding awareness as a kind and generous teacher. To him and fellow Society members I owe my debt of gratitude.



MIGUEL E. CABANELA, MD

President 2002-2003

Location of the Summer Meetings:

The Mayo Clinic, Rochester, MN

Main scientific issues in hip surgery at the time of Presidency:

- Osteolysis after THA.
- Alternative bearings.
- Second generation resurfacing.

Presidential Guest Speaker at the Winter Meeting:

Prof. Laurent Sedel (Paris, France)

What has the Society meant to you?

Satisfaction of belonging.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING

Memorable moments in the Society history:

- Charlie Engh receiving Lifetime Achievement Award.
- “Differences in podium” between two “giants”:
 - Coventry and Stinchfield
 - Harris and Ling
- Harry Rubash’s handling of “oriental question”.

Your main interests/contributions in hip surgery:

Interest: all aspects of hip surgery.

Contribution: the one I am proud of is to have made a dent in teaching arthroplasty in Vietnam.

Your main leadership positions/career highlights:

- President, The Hip Society.
- President, the International Hip Society.
- Chair, International Committee, AAOs.



CHARLES A. ENGH, SR., MD

President 2003-2004

Location of the Summer Meeting:

The Ritz-Carlton Pentagon City, Arlington, VA

Main scientific issues in hip surgery at the time of Presidency:

- Performance of metal-on-metal bearing surfaces.
- Use of large diameter femoral heads to reduce dislocation.
- Use of crosslinked polyethylene to reduce wear and osteolysis.
- Relationship between polyethylene wear and osteolysis.
- Learning curve for minimally-invasive hip replacement.

What has the Society meant to you?

The Hip Society has been a very important part of my professional life. It has allowed me to cultivate and maintain personal and professional relationships with the individuals at the forefront of hip replacement surgery. I am deeply honored to have been able to serve as president. I am also grateful to know

Hip Replacement

from Page 1

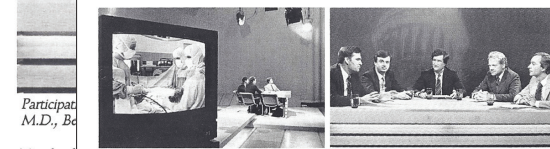
at National Hospital since 1977. Currently, as a result of the heightened awareness of the clinical results, an increasing number of orthopaedists throughout the country are successfully employing this technique.

Assisting Drs. Engh, Engh, and Albrigo during the televised procedure were: *Dr. Ramon Garcia*, Chief Anaesthetologist; *Sue Bolk, R.N.*, Anaesthetist; *Linda Cochran*, Chief Technician; *Christina Crutchley, R.N.*, Clinician; and *Lorna Brignolia, R.N.*, Staff Nurse—all of whom helped make the endeavor successful. “O.R. Head Nurse *Betty Tice, R.N.* and her entire staff did a fantastic job,” praises Administrator *Edward Jenkins*. “They made us all very proud.”

The panel presentation following the successful operation was comprised of the following notables: *Benjamin E. Bierbaum, M.D.*, Orthopaedic Surgeon-in-Chief at New England Baptist Hospital, Boston, Mass.; *Thomas H. Mallory, M.D.*, Clinical Instructor of Orthopaedic Surgery at the Ohio State University Hospitals/Riverside Methodist Hospital; *John R.*



July - August, 1984



Participating in a panel presentation following the successful operation were Drs. Engh, Engh, and Albrigo during the televised procedure.

Hip Replacement Surgery Televised

On July 10, 1984, Dr. Charles A. Engh, Sr., MD, performed a hip replacement surgery for a 65-year-old patient at National Hospital. The procedure was televised through a closed-circuit television system. The surgery was performed primarily on the right hip, and the patient was able to walk independently within 24 hours. The patient's recovery was excellent, and the surgery was a success. The procedure was a landmark event in the history of hip replacement surgery, and it demonstrated the effectiveness of the Engh technique. The surgery was a success, and the patient was able to walk independently within 24 hours. The patient's recovery was excellent, and the surgery was a success.

Participating in a panel presentation following the successful operation were Drs. Engh, Engh, and Albrigo during the televised procedure.

The panel presentation following the successful operation was comprised of the following notables: *Benjamin E. Bierbaum, M.D.*, Orthopaedic Surgeon-in-Chief at New England Baptist Hospital, Boston, Mass.; *Thomas H. Mallory, M.D.*, Clinical Instructor of Orthopaedic Surgery at the Ohio State University Hospitals/Riverside Methodist Hospital; *John R.*

that some of the fellows I have trained have become leaders within the hip replacement community and taken on leadership roles within the Society.

Your main interests/contributions in hip surgery:

I began doing hip replacements in the 1970s, when cemented fixation was considered the gold standard. I was grateful to have the opportunity to develop porous-coated cementless fixation that has now become the gold standard in many parts of the world. My early research work was devoted to characterizing biologic fixation via bone ingrowth achieved with a porous coating consisting of sintered beads, and my preferred form of femoral fixation has been the extensively porous-coated Anatomic Medullary Locking (AML) femoral stem. Having implanted over 10,000 of these stems at my institution, I have never observed late loosening leading me to conclude that a bone ingrown extensively porous-coated stem will not loosen. My other research interests have included understanding the factors contributing to polyethylene wear and osteolysis.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING

Your main leadership positions/career highlights:

In addition to serving as the president of the Hip Society in 2003-2004, I led the Anderson Orthopaedic Research Institute as Medical Director from 1995- 2011. In 1992, I received the Hip Society's John Charnley Award for "Quantitation of Implant Micromotion, Strain Shielding and Bone Resorption with Porous Coated AML Cementless Femoral Prostheses Retrieved at Autopsy" that confirmed the stability of porous coated implants. In 1996, I received the Hip Society's Otto Aufranc Award for a "Femoral Bone Remodeling after Total Hip Arthroplasty: The Skeletal Response to Well-Fixed Cemented and Cementless Components" that evaluated bone loss surrounding hip implants. In 2005 and 2011, I received the American Association of Hip and Knee Surgeons (AAHKS) Lawrence D. Dorr Award for "A Randomized, Prospective Evaluation of Outcome after Total Hip Arthroplasty using Crosslinked Marathon and Non-Crosslinked Enduron Polyethylene" at 5 and 10-year follow-up intervals. In 2008, I received The Hip Society's John Charnley Award for "Metal Ion Levels After Metal-on-Metal Total Hip Arthroplasty: A Randomized Trial" comparing three different bearing surfaces. In 2013, I was deeply honored to receive The Hip Society's Lifetime Achievement Award.



RICHARD E. WHITE, JR., MD

President 2004-2005

Location of the Summer Meetings:

La Posada Resort and Spa, Santa Fe, New Mexico

Main scientific issues in hip surgery at the time of Presidency:

- Minimally invasive surgery: technique, development, and early results.
- Databases: increasing interests in personal and national documentation of data.
- Bearing surface debates; debris and its damage.
- Computer-assisted Surgery: early indications and concerns.
- Importance of hospital and patient care efficiencies

Presidential Guest Speaker at the Winter Meeting:

Henrik Malchau, MD (MGH, Boston, MA)

What has the Society meant to you?

Recognition by leaders of dedication to all aspects of hip surgery. Constant access to current and future clinical and basic research and concepts. Open and uninhibited debate. Unmatched fellowship with other members.

Memorable moments in the Society history:

Interaction of Bill Harris and John Charnley over their years of influence.

Your main interests/contributions in hip surgery:

- Comparison of cement and cementless fixation.
- Development of minimally invasive surgery: learning curve, complications, value, indication.
- Hip fellowship match program.
- Finance of Total Joint Replacement.
- Bundle payment mechanism of reimbursement.

Your main leadership positions/career highlights:

- Long participation on the Board of Directors of The Hip Society.
- Presidency of The Hip Society.
- Chairman: development of first computer match program for Adult Reconstructive Surgery.
- Administrator of first bundled payment demonstration project for CMS.



JAMES A. D'ANTONIO, MD

President 2005-2006

Location of the Summer Meetings:

Omni William Penn Hotel, Pittsburgh, PA

Main scientific issues in hip surgery at the time of Presidency:

- Bearing surface and head size.
- Minimally invasive surgery.
- Second generation highly cross-linked polyethylene.
- Ceramic/ceramic and metal/metal bearings.
- DVT prophylaxis.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING

Presidential Guest Speaker at the Winter Meeting:

John Fisher (Leeds, UK)

What has the Society meant to you?

Membership created the environment for me to be a contributor to the evolution of management of diseases of the hip. Clinical research in our areas of interest, while always a challenge, became a pleasure and sense of pride as progressive studies developed a greater understanding for biomechanics, biology, success and failure. The Summer Meetings over the years were educationally stimulating and a must to attend.

Memorable moments in the Society history:

A personal memorable moment occurred when Dr. Albert Ferguson, my chief and mentor, attended my Summer Meeting in 2005. Dr. Ferguson was one of the founding fathers of The Hip Society.

Your main interests/contributions in hip surgery:

Interests: 1. Cementless fixation and the boney response. 2. The evolution of ceramic/ceramic and highly cross-linked polyethylene bearings. 3. Identifying and finding a solution to bone defects present at the time of revision surgery.

Contributions: 1. Prospective clinical trials of cementless fixation and the accompanying long-term bone response to biologic fixation. 2. Reporting on prospective multicenter studies of low wear bearing surfaces (ceramic and highly crosslinked polyethylene). 3. The publication of a classification of acetabular and femoral defects for the AAOS. 4. An active participant in AAOS and Hip Society instructional venues.

Your main leadership positions/career highlights:

Most important was the six years term on the AAOS categorical committee on the hip from 1984-1990. That term stimulated my interest in clinical research, provided me with a direct link to AAOS educational courses on the hip (both as a chairman and instructor), and was a stepping-stone to membership in The Hip Society. Being elected President of The Hip Society was clearly a highlight that cannot be overlooked. My participation in, and reporting on, numerous multicenter clinical studies of hip implant performance.



JOHN J. CALLAGHAN, MD

President 2006-2007

Location of the Summer Meetings:

University of Iowa, Iowa City, IA

Main scientific issues in hip surgery at the time of Presidency:

- Joint preservation.
- Bearing surfaces.
- ALTR.
- Intermediate results of contemporary primary cementless THA.
- Revision hip surgery, long-term results of first generation cementless surgery.

Presidential Guest Speaker at the Winter Meeting:

Jean-Noël Argenson (Hospital Sainte-Marguerite, Marseilles, France)

What has the Society meant to you?

- Have been fortunate to be member for close to 30 years.
- Have enjoyed contributing and learning from other members that whole time.
- Being elected to membership was my most cherished honor.

Memorable moments in the Society history:

Camaraderie with all the characters of The Hip Society: Mike Freeman, Joe Miller, Charles Engh, Tom Mallory, Bill Harris, Larry Dorr.

Your main interests/contributions in hip surgery:

- Long term follow-ups.
- Bearing surface wear.
- Pioneer in cementless revision.

Your main leadership positions/career highlights:

- President of The Hip Society.
- President of the International Hip Society.
- President of the American Association of Hip and Knee Surgeons.
- President of the American Academy of Orthopaedic Surgeons.
- President Orthopaedic Research and Education Foundation.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING



LAWRENCE D. DORR, MD

President 2007-2008

Location of the Summer Meetings:

Old Huntington Hotel, Pasadena, CA

Main scientific issues in hip surgery at the time of Presidency:

- Surface replacement.
- Small incisions.
- Dept. of Justice investigation and its ramifications.
- Pain management.
- Recovery time.

Presidential Guest Speaker at the Winter Meeting:

Derek McMinn (Birmingham, UK)

What has the Society meant to you?

The Hip Society membership is a source of pride for me. It provides validation of my efforts to better hip surgery, and even my status as a hip surgeon. Because The Hip Society was the first specialty society, it has an aura about it that creates a higher level of respect for its membership. And of great importance, it provides me with access to all other notable hip surgeons that I want to contact.



Memorable moments in the Society history:

My favorite moment has been, at the conclusion of each Hip Society dinner, when Bill Harris rises up to mimic Frank Stinchfield, and with that distinctive stutter pronounces the meeting as “the be.. bes...best ev...ever...ever.”

Your main interests/contributions in hip surgery:

- Hip replacement in patients younger than 45 years of age.
- Bone ingrowth designs: first to design screw hole pattern used by all; first HA hip implantation;
- ABC bone type;
- Posterior small incisions;
- Same day discharge/no morphine pain management;
- Spine-pelvic-hip relationship for THR.

Your main leadership positions/career highlights:

- First to be president of all 3 joint Societies: Hip, Knee (founder), AAHKS (founder).
- Founder of *Techniques of Orthopedics* journal and *Journal of Arthroplasty*.
- Founder of Operation Walk; Humanitarian Award from AAOS for Operation Walk.



WAYNE G. PAPROSKY, MD

President 2008-2009

Location of the Summer Meetings:

The Four Seasons, Chicago, IL

Main scientific issues in hip surgery at the time of Presidency:

- Failure of metal-on-metal arthroplasty.
- First cases of taper corrosion.
- Early success of highly cross-linked poly.
- New advancements in dealing with severe acetabular bone loss.
- Use of large femoral heads to improve stability.

Presidential Guest Speaker at the Winter Meeting:

Ian Learmonth (University of Bristol, Bristol, UK)

What has the Society meant to you?

It's been the ultimate approval that the work I had been doing with respect to hip replacement surgery was recognized by one of the most elite societies in orthopaedic surgery. It has also been the catapult for advancement to the next professional level.

Developing long lasting acquaintances and fellowships with many of the members of the Society. Being on the cutting edge of research developments as they occur.

Memorable moments in the Society history:

- Being informed that I was going to be President.
- Giving my presidential speech at the closed meeting dinner in Chicago.
- The bombastic karaoke sessions at the 2011 Summer Meeting, at Dr. Lombardi's country club.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING

Your main interests/contributions in hip surgery:

- Acetabular and femoral classification of bone loss.
- Extended trochanteric osteotomy.
- New treatments for pelvic discontinuity.
- Treatment of acetabular defects with trabecular metal.

Your main leadership positions/career highlights:

- Being president of The Hip Society.
- Being admitted to the International Hip Society.
- Being on the same podium with past and present leaders in hip surgery.
- Being able to educate surgeons all over the world.



WILLIAM J. MALONEY, III, MD

President 2009-2010

Location of the Summer Meeting:

Stanford University, Stanford, CA

Main scientific issues in hip surgery at the time of Presidency:

- Evaluation of new bearing surfaces.
- Utilization of registries.
- Operative management of osteolysis.
- Socket positioning and hip instability.
- Femoral revision surgery.

Presidential Guest Speaker at the Winter Meeting:

Peter Devane (Wellington, New Zealand)

What has the Society meant to you?

The Hip Society was the one organization I really wanted to be part of from the time I was a fellow at MGH with Bill Harris in 1988-89. From Bill's perspective, this was the most important society he belonged to and looked forward each year to both the open and closed meetings. From the beginning, the senior members of the Society (in addition to Bill) – Jorge Galante, Mike Cabanela, Eduardo Salvati, Victor Goldberg, Bill Capello, Dennis Collis and others – were extremely supportive of me and my career, and I remain grateful to them all. My peers were, and are, an outstanding group of individuals who have become close friends over the years. We have always looked forward to our Summer Meetings to not only hear the latest in hip-related research, but to get together as a group.



Memorable moments in the Society history:

- Aaron Rosenberg's debut as a stand-up comedian at Dr. Salvati's meeting in New York City. This was my first meeting - the New York Yacht Club will never be the same. Aaron left them speechless.
- Many a bottle of great red wine with Callaghan, Berry, Schmalzried, MacDonald and others.
- Late night cigars with Lombardi.
- Golf at some great venues.

Your main interests/contributions in hip surgery:

- Fixation and bone remodeling after THR.
- Biologic response to particulate wear debris.
- Surgical management of osteolysis.

Your main leadership positions/career highlights:

- President of The Hip Society.
- Co-founder and Chair, Board of Directors, American Joint Replacement Registry (AJRR).
- Knight Distinguished Professor of Orthopaedic Surgery, Washington University in St. Louis.
- Chief, Orthopaedic Surgery, Barnes-Jewish Hospital in St. Louis.
- Chair Department of Orthopaedic Surgery, Stanford University and Elsbach-Richards Professor of Surgery, Stanford School of Medicine.
- President of the American Academy of Orthopaedic Surgeons.
- Winner of two Hip Society research awards.
- ABC Fellow - American Orthopaedic Association.
- North American Traveling Fellow - American Orthopaedic Association.
- Board of directors – The Knee Society, AAHKS, and Western Orthopaedic Association.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING



ADOLPH V. LOMBARDI, JR., MD

President 2011-2012

Location of the Summer Meetings:

Joint Implant Surgeons, New Albany, OH

Main scientific issues in hip surgery at the time of Presidency:

- Adverse reaction to metal debris: pseudotumor.
- Dislocation prevention: large heads.
- Component positioning: techniques to get it right.
- Trunnion corrosion: modular junctions represent a significant problem.
- Periprosthetic infection: techniques for diagnosis and treatment.

Presidential Guest Speaker at the Winter Meeting:

Stephen Graves (University of Newcastle, Adelaide, Australia)

What has the Society meant to you?

I have dedicated my entire professional career in orthopaedic surgery of the Adult Reconstruction of the hip and knee. I proceed each and every day with a tremendous passion such that I have always said "I love what I do so much that I never feel I've worked a single day in my life." The Hip Society represents the best of the best in the field of adult reconstruction of the hip. It was indeed an honor to be accepted into this prestigious society. Certainly the greatest compliment one can receive is acknowledgement by one's peers.



Memorable moments in the Society history:

The most memorable moment in The Hip Society history for me was my nomination and election to be President of the Society. I never dreamt that I would have been chosen to be President. The second most memorable moment was the completion of the fundraising to establish The Hip Society Rothman-Ranawat Traveling Fellowship supported by the Fellowship & Research Fund.

Your main interests/contributions in hip surgery:

- Assisting in the development and design of several cementless acetabular and femoral components for total hip arthroplasty.
- Development of an algorithmic approach to failed metal on metal total hip arthroplasty and taper corrosion.
- Rapid recovery.
- Efficient total hip arthroplasty.
- Outpatient total hip arthroplasty.

Your main leadership positions/career highlights:

- President of The Hip Society.
- President of The Knee Society.
- Cofounder and President of Operation Walk USA.
- President of Joint Implant Surgeons, Inc.
- Cofounder of Mount Carmel New Albany Surgical Hospital.
- Cofounder of White Fence Surgical Suites.



VINCENT D. PELLEGRINI, JR., MD

President 2013-2014

Location of the Summer Meeting:

MUSC campus - BioEngineering Research Building, Charleston, SC

Main scientific issues in hip surgery at the time of Presidency:

- Metal on Metal - ALTR consequences and position statement.
- Reduction in readmission events - LOS optimization.
- Anterior approach seduction / alleged advantages.
- VTED and lack of "best practices".
- Risks and benefits of hip joint arthroscopy.

Presidential Guest Speaker at the Winter Meeting:

Prof. Paul J. Gregg (NHS - Past Pres BOA - Vice Chair NJR; Middlesbrough, UK)

What has the Society meant to you?

A professional society marked by camaraderie and candid discussion. Close friendships and lasting professional and personal outings with colleagues are most memorable.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING

Memorable moments in the Society history:

Always memorable are the dinners and (past) after dinner socialization. At the meetings, candid discussion always marked the discourse. One memorable occurrence was derived from discussion of the “squeaking” hip with ceramic on ceramic. No one knew the why and how when the discussion started, but a half-dozen papers into it... there were discussions, propositions, accusations, and then conclusions that the squeaking only seemed to occur with the TMZ Stryker stem, and soon the light went on and across the room it became apparent that it was the stem rather than the bearing that provided the unique environment that enabled the squeaking. Just one example of the collective inquisitiveness of the group, the tenacity of the questioning, and the rigor of the conclusions. A great group, indeed!!

Your main interests/contributions in hip surgery:

Largely around complications of hip replacement and their avoidance... specifically medical complications, most notably VTED.

Your main leadership positions/career highlights:

- President, The Hip Society.
- President, AOA.
- President, Medical Staff U of Maryland Medical Center.
- President, Maryland Orthopaedic Association.
- Chair, Department of Orthopaedics and Rehabilitation- Penn State Hershey Medical Center.
- Chair, Department of Orthopaedics - U of Maryland.



PAUL F. LACHIEWICZ, MD

President 2014-2015

Location of the Summer Meeting:

Washington-Duke Inn, Durham, NC

Main scientific issues in hip surgery at the time of Presidency:

- Longer-term results of highly-crosslinked polyethylene.
 - Direct anterior approach “frenzy”.
 - Use of long-acting bupivacaine in total hip surgery.
 - Beginning discussion of outpatient surgery.

Presidential Guest Speaker at the Winter Meeting:

Fares Haddad (University Hospital, London, UK)

What has the Society meant to you?

My interest in orthopaedic surgery in medical school actually began with a first-year med student one day a week rotation in the Children’s Hip Clinic at the Hospital for Special Surgery. I first met Dr. Eduardo Salvati in this clinic, and his enthusiasm and welcoming demeanor was the start of a lifelong friendship and mentorship. We wrote our first paper on “Total Hip VTE Prophylaxis” in 1976, and he encouraged me to continue research and writing in the field of hip surgery. He also encouraged me to join The Hip Society. The Hip Society has been my favorite academic orthopaedic meeting yearly, and I have not missed a summer meeting since being elected. My membership and eventual Presidency is the highlight of my career.

Memorable moments in the Society history:

My first Summer Meeting in Detroit, MI, and interacting with the hip surgeons in an informal atmosphere. We had a great tour of the Henry Ford Museum. Having my mentors, Dr. Eduardo Salvati and Dr. Chit Ranawat, both attend my Summer Meeting in Durham, and sitting with us at the Presidents’ dinner atop the University Club in Durham.

Your main interests/contributions in hip surgery:

- VTE prophylaxis and guidelines.
- Mechanical and aspirin VTE prophylaxis.
- Revision total hip surgery, especially acetabular side.
- Dislocation.

Your main leadership positions/career highlights:

- President of the Southern Orthopaedic Association.
- Vice-president of NC Orthopaedic Association.

PAST PRESIDENTS OF THE HIP SOCIETY: LIVING



DANIEL J. BERRY, MD

President 2015-2016

Location of the Summer Meeting:

Fairmont Sonoma Mission Inn, Sonoma, CA

Main scientific issues in hip surgery at the time of Presidency:

- Taper corrosion of hip implants
- Relative merits of direct anterior approach for THA.
- Unsolved problem of infection in THA.

Presidential Guest Speaker at the Winter Meeting:

Michael Morlock (Technische Universität, Hamburg, Germany)

What has the Society meant to you?

Membership in The Hip Society has been one of the most gratifying parts of my professional career. The enjoyment has been based on three main characteristics: (1) The opportunity to interact regularly intellectually (with goal of improving hip surgery) with the other remarkably talented members of The Hip Society, (2) The members of The Hip Society who, as a group of individuals, who have become some of my closest friends, (3) Opportunity to be a member and leader of a society that has made major contributions to the development of hip surgery and education of surgeons worldwide about hip surgery.

Memorable moments in the Society history:

Introduction of each class of new members--the lifeblood of the society and our profession. Evenings spent at The Hip Society dinners, winding down after the AAOS Annual Meeting.

Your main interests/contributions in hip surgery:

- Revision THA.
- Management of complications of THA: Especially periprosthetic fracture, dislocation.
- Synthesis of evolving information to provide most successful THA.
- National and international post-graduate education in The Hip Society.

Your main leadership positions/career highlights:

President of The Hip Society; President of the American Academy of Orthopaedic Surgery; Chair, Department of Orthopedic Surgery, Mayo Clinic; President of AAHKS; Chair, Board of Directors, American Joint Replacement Registry; Secretary/Treasurer, International Hip Society; Board of Trustees, Journal of Bone and Joint Surgery.



HARRY E. RUBASH, MD

President 2016-2017

Location of the Summer Meeting:

The Liberty Hotel, Boston, MA

Main scientific issues in hip surgery at the time of Presidency:

- Infection.
- Dislocations.
- Metallosis.

Presidential Guest Speaker at the Winter Meeting:

Cecilia Rogemark (Lund, Sweden)

What has the Society meant to you?

- Education.
- Collegiality.
- Innovation.

Memorable moments in the Society history:

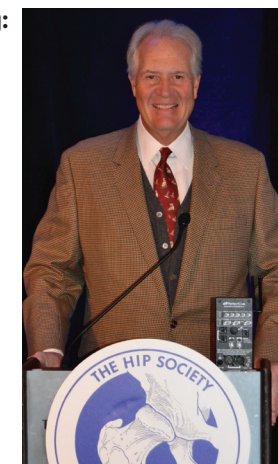
Summer Meeting dinners are great.

Your main interests/contributions in hip surgery:

Implant loosening and new materials.

Your main leadership positions/career highlights:

Department Chair at MGH.







A. Seth Greenwald, D Oxon

CHAPTER 3 MISSION



2013 STRATEGIC POSITION

11/16/2012

MISSION

The **Mission** of The Hip Society is to advance knowledge of hip disorders, promote evidence-based treatment, and refine surgery of the hip in order to improve the lives of patients.

VISION

The **Vision** of The Hip Society is to be the premier independent professional association dedicated to the pursuit of new knowledge, and dissemination of advancements in clinical practice related to disorders of the hip.

MISSION

1962 President Frank E. Stinchfield, MD
 Presidential Emblem is presented to the Academy by Mr. Philip Wiles, a representative of the president and past presidents of the British Orthopaedic Association
 Academy produces "What Everyone Should Know About Orthopaedic Surgery" booklet

1968 President Charles H. Herndon, MD
 Academy moves to 430 North Michigan Avenue, Chicago, IL
 Charles V. Heck, MD is hired as Academy's first Executive Director
 Continuing education is identified as an active line in the committee structure when a sub-committee is added to the Committee on Education
 The Hip Society is founded

1972 President Philip D. Wilson Jr., MD
 Board of Councilors is established within AAOS with the aim to provide a platform for grassroots input

1991 President Augusto Sarmiento, MD
 AAOS conducts an HIV Serosurvey at the Annual Meeting in Anaheim, CA, including voluntary testing of 3,420 surgeons; the study is reported in CDC's Mortality and Morbidity Weekly Report



“ If I have seen further, it is by standing on the shoulders of giants. ”

This statement by Sir Isaac Newton, a 17th century Renaissance man, is descriptive of his own sense of accomplishment. The teachings of others influenced his thinking, ultimately leading to the written laws of mechanics, which remain a cornerstone of engineering principle.

By extension, a simile is drawn to the formation of societies of men and women whose interests intersect. The Hip Society, at 50, reflects the above, as well as the aspirations of **Frank H. Stinchfield, MD** and 20 other orthopaedic surgeons, who in 1968 gave rise to its founding. Its mission then and now is “...to advance knowledge of hip disorders, promote evidence-based treatment, and refine surgery of the hip in order to improve the lives of patients.”

In 1968, the world of orthopaedic surgery was changing rapidly. The efforts of Sir John Charnley crossed the Atlantic and led to the introduction of the low friction arthroplasty secured to bone through the use of a methylmethacrylate grouting material. Easily said and on balance, universally successful, it pointed clearly to the importance of proper patient selection, ideal materials and manufacturing choices, and surgical proficiency. And like all great advances in medicine, the procedure, in its increasing use, realized short- and long-term complications, which formed the basis for ongoing investigation and optimization.

In 2015, it is estimated that almost 500,000 primary total hip arthroplasty (THA) procedures were performed in the United States, returning patients to pain-free and functional lives. This, notwithstanding the complications which might arise, inclusive of dislocation, component wear, fracture, and infection requiring revision, demand continued investigation. Additionally, efforts to

understand the pathogenesis of the arthritic process, which can result in a biological solution, have led to advances in joint preservation.

The composite make-up of The Hip Society membership is unique and inclusive of orthopaedic surgeons, life scientists and engineers who are regarded as leaders through their dedicated clinical practice and innovative research to advance our knowledge of the hip in the treatment of disease.

How does the membership of The Hip Society accomplish this? It is by the continuing medical education (CME) of a wider orthopaedic community through Winter (Open) Meetings that began in 1973 with the purpose of addressing contemporary hip reconstruction problems and their solutions. An annual Summer (Closed) Meeting of the membership also provides a forum for the frank exchange of ideas and clinical experiences that may or may not work.

To recognize unique contributions that advance the discipline, three scientific awards honoring the lives of Sir John Charnley, Otto Aufranc, and Frank Stinchfield enable both residents and fellows in training, as well as established orthopaedic surgeons and scientists, to submit innovative clinical and research studies which advance understanding of hip problems. The selected papers are presented at the open annual meeting with monetary prize and subsequent publication in a dedicated issue of *Clinical Orthopaedic and Related Research (CORR)*. Lifetime Achievement Awards are also presented to individuals who, over their careers, have established a legacy through teaching, clinical or surgical advancement and research. They truly represent agents of change and are so recognized by The Hip Society.

MISSION

Complementing the above, members of The Hip Society are continually sought as speakers for orthopaedic meetings around the world, fulfilling the Society's values of knowledge and collaboration. Beyond the pedagogy of the classroom, the membership are frequent contributors to globally recognized peer-reviewed journals, both in print and electronic formats. An orthopaedic residency requires progressive exposure and involvement in the operating theater and clinical examination of patients, each year gaining a further level of knowledge and hands-on experience. Such training, however, is focal and, as one reaches the end of residency, there is recognition that orthopaedic practices differ particular to the dichotomy of treatment options and surgical techniques. In these regards, The Hip Society sponsors the Rothman-Ranawat and the American-British Hip Society Traveling Fellowships in North America and the United Kingdom, respectively, for young, emerging orthopaedic surgeons to visit reconstructive centers of excellence. In addition to the above, these intense travel experiences help to establish professional networks among expected leaders of the discipline.

To facilitate the conduct of multicenter studies that impact contemporary issues related to arthroplasty, surgical practice, health care policy, patient evaluation and outcomes, The Hip Society periodically awards research grants to its membership.

At the end of the day, The Hip Society, at 50, remains the premier, independent professional association, just as it was envisioned by its Founders in 1968. It continues to provide leadership to the orthopaedic community, both nationally and globally, particular to the dissemination of knowledge that advances appreciation of hip disorders. It will be the responsibility of those who come after to ensure that this mission is maintained over the next 50 years. And beyond.



SUMMER MEETINGS OF THE HIP SOCIETY

YEAR	CITY	PRESIDENT
2016	Boston, MA	Harry E. Rubash, MD
2015	Sonoma, CA	Daniel J. Berry, MD
2014	Durham, NC	Paul F. Lachiewicz, MD
2013	Charleston, SC	Vincent D. Pellegrini, Jr. MD
2012	Rochester, MN	David G. Lewallen, MD
2011	New Albany, OH	Adolph V. Lombardi, Jr., MD
2010	New York, NY	Chitranjan S. Ranawat, MD
2009	Palo Alto, CA	William J. Maloney, III, MD
2008	Chicago, IL	Wayne Paprosky, MD
2007	Pasadena, CA	Lawrence D. Dorr, MD
2006	Iowa City, IA	John J. Callaghan, MD
2005	Pittsburgh, PA	James D'Antonio, MD
2004	Santa Fe, NM	Richard E. White, Jr., MD
2003	Arlington, VA	Charles A. Engh, MD
2002	Rochester, MN	Miguel Cabanela, MD
2001	Boston, MA	Benjamin Bierbaum
2000	Boston, MA	Leo Whiteside, MD
1999	San Diego, CA	Richard Coutts, MD
1998	London, ON	Robert B. Bourne, MD
1997	New York, NY	Eduardo Salvati, MD
1996	Eugene, OR	Dennis Collis, MD
1995	San Francisco, CA	Richard Welch, MD
1994	New York, NY	Mark Lazansky, MD
1993	Detroit, MI	Robert Fitzgerald, Jr., MD
1992	Indianapolis, IN	William Capello, MD
1991	New York, NY	Nas Eftekhari, MD
1990	Scottsdale, AZ	J. Phillip Nelson, MD
1989	Durham, NC	Donald McCollum, MD
1988	Montreal, QC	Jo Miller, MD
1987	San Francisco, CA	William Murray, MD
1986	Baltimore, MD	Lee Riley, Jr., MD
1985	Chicago, IL	Jorge Galante, MD
1984	Rochester, NY	C. McCollister Evarts, MD
1983	San Francisco, CA	Floyd Jergesen, MD
1982	Boston, MA	Clement Sledge, MD
1981	Des Moines, IA	Richard Johnston, MD
1980	New York, NY	Philip Wilson, MD
1979	Los Angeles, CA	Harlan Amstutz, MD
1978	Los Angeles, CA	Marshall Urist, MD
1977	Miami, FL	Augusto Sarmiento, MD
1976	Miami, FL	Augusto Sarmiento, MD
1975	Meeting not held	
1974	Columbia, SC	Emmett Lunceford, MD
1973	Rochester, MN	Mark Coventry, MD
1972	Los Angeles, CA	J. Vernon Luck, MD
1971	Pittsburgh, PA	Albert Ferguson, MD
1970	New York, NY	Walter Blount, MD
1969	Boston, MA	Frank Stinchfield, MD
1968	Boston, MA	William H. Harris, MD



THE HIP SOCIETY'S SCIENTIFIC AWARDS

The Hip Society's Scientific Awards are named after individuals who have made outstanding contributions to reconstructive surgery of the hip and will be based on the criteria that follow:



The **Otto Aufranc** and **Sir John Charnley Awards**:

Papers submitted in these categories are to be based on innovative research, either clinical or basic, encompassing important advances in the management of hip disorders.

The **Frank Stinchfield Award**:

This prize is given to a resident or fellow in training who submits an outstanding contribution concerning hip problems.

2017

Otto Aufranc

C. Anderson Engh, Jr., MD
A Prospective, Randomized Study of Crosslinked and Non-crosslinked Polyethylene for Total Hip Arthroplasty at 15-Year Follow-up

Matthew P. Abdel, MD
Dual-Mobility Constructs in Revision THA Reduced Dislocation, Re-Revision & Reoperation Compared to Large Femoral Heads

John Charnley

Michael J. Taunton, MD
A Randomized Clinical Trial of Direct Anterior Approach and Mini-Posterior Approach Total Hip Arthroplasty

Frank Stinchfield

Andrew P. Kurmis, FRACS, MBBS, PhD
Identification of the 'At-Risk' Genotype for Development of Pseudotumours around Metal-on-Metal Total Hip Arthroplasties

2016

Otto Aufranc

Nitin Goyal, MD
A Multi-Center, Prospective, Randomized Study of Outpatient versus Inpatient Total Hip Arthroplasty

John Charnley

Rafael J. Sierra, MD
The Missing Link: Re-Defining the Natural Progression of Osteoarthritis in Patients with Hip Dysplasia and Impingement

Frank Stinchfield

Alexander S. McLawnhorn, MD, MBA
Total Hip Arthroplasty for Femoral Neck Fracture is Not a Typical DRG 470: A Propensity-Matched Cohort Study

2015

Otto Aufranc

Timothy M. Wright, MD
Large Heads Do Not Increase Damage at the Head-Neck Taper of Metal-on-Polyethylene Total Hip Arthroplasties

John Charnley

Kevin J. Bozic, MD, MBA
The Use of Patient Reported Outcome Measures to Predict Clinically Meaningful Improvement after THA

Frank Stinchfield

Lucas A. Anderson, MD
Prevalence of Radiographic Abnormalities in Senior Athletes

THE HIP SOCIETY'S SCIENTIFIC AWARDS

2014

Otto Aufranc

Richard Iorio, MD
Modifiable vs. Non-Modifiable Risk Factors for Infection after Hip Arthroplasty

John Charnley

Geraint E. R. Thomas, MA, MBBS, MRCS
Long Term Wear of Highly Cross-Linked Polyethylene in Total Hip Arthroplasty

Frank Stinchfield

Jacob M. Elkins, MD, PhD
Redefining the "Safe Zone" for Optimal Wear and Stability in Total Hips. It's Smaller Than We Thought: A Computational Analysis

2013

Otto Aufranc

Paul E. Beaulé, MD, FRCS
On the Etiology of the Cam Deformity: A Cross-Sectional Paediatric MRI Study

John Charnley

Donald S. Garbuz MD, MHSc
Diagnostic Accuracy of MRI versus Ultrasound for Detecting Pseudotumors in Asymptomatic Metal-on-Metal THA

Frank Stinchfield

Paul H. Yi, BA
Diagnosis of Infection in the Early Postoperative Period after Total Hip Arthroplasty

2012

Otto Aufranc

Catherine Van Der Straeten, MD
The Interpretation of Metal Ion Levels in Unilateral and Bilateral Hip Resurfacing. Practical Guidelines for Hip Resurfacing Follow-Up

John Charnley

Charles R. Bragdon, PhD
Clinical Multi-centric Studies of the Wear Performance of Highly Cross-linked Re-melted Polyethylene in THR

Frank Stinchfield

Andrew K. Battenberg, BS
Decreasing Patient Activity with Aging: Implications for Cross-Linked Polyethylene Wear

2011

Otto Aufranc

Letitia Lim, MD
Demineralized Bone Matrix around Porous Implants Promotes Rapid Gap Healing and Bone Ingrowth

John Charnley

Fabrizio Billi, PhD
An Accurate and Extremely Sensitive Method to Separate, Display and Characterize Wear Debris: Polyethylene, Metal and Ceramic Particles

Frank Stinchfield

Donald S. Garbuz, MD, MHSc
Dislocation in revision THA: Randomized clinical trial of 36/40mm vs 32mm head

2010

Otto Aufranc

Yong Sik Kim, MD
Enhanced Biocompatibility of Stainless Steel Implant by Titanium Coating and Micro-arc Oxidation

John Charnley

Henrik Malchau, MD, PhD
Cup Positioning at a Tertiary Hospital: Risk Factors for Malpositioning

Frank Stinchfield

Robert L. Barrack, MD
The Impact of Socioeconomic Factors on Outcome After THA: A Prospective, Randomized Study



THE HIP SOCIETY'S SCIENTIFIC AWARDS

2009

Otto Aufranc

Javad Parvizi, MD, FRCS
Developmental Dysplasia of the Hip: Discovery of the Gene(s)

John Charnley

Donald S. Garbuz, MD, MHSc
Metal on Metal Hip Resurfacing vs Large Diameter Hip Arthroplasty: A Randomized Clinical Trial

John Charnley

Martin Lavigne, MD, MSc
The Functional Outcome after Hip Resurfacing and Large Head Total Hip Arthroplasty is the Same: A Randomized, Double-Blinded Study

Frank Stinchfield

Robert T. Trousdale, MD
"Hip Squeaking" Biomechanics Study of Ceramic on Ceramic Bearing Surface

2008

Otto Aufranc

Paul E. Beaulé, MD
Cement Penetration in Hip Resurfacing: Femoral Component Design and Cementation Technique

John Charnley

C. Anderson Engh, Jr., MD
A Comparison of Three Total Hip Arthroplasty Bearing Surfaces: A Randomized Trial

Frank Stinchfield

Sebastien Parratte, MD
Variation in Postoperative Pelvic Tilt May Confound the Accuracy of Hip Navigation Systems

2007

Otto Aufranc

John Fisher, D.Eng.
Ceramic-on-Metal Hip Replacements: A Comparative In Vitro and In Vivo Study

John Charnley

Young-Hoo Kim, MD
Factors Leading to Low Prevalence of Deep Vein Thrombosis and Pulmonary Embolism after Total Hip Arthroplasty

Frank Stinchfield

Matthew J. Crawford, MD
The Biomechanical Contribution of the Labrum to the Stability of the Hip

2006

Otto Aufranc

Steven M. Kurtz, PhD
Clinical Significance of In Vivo Degradation for Polyethylene in Total Hip Arthroplasty

John Charnley

Pat Campbell, PhD
A Study of Implant Failure in Metal-on-Metal Surface Arthroplasties

Frank Stinchfield

Toru Moro, MD
Grafting of Biocompatible MPC Polymer on Cross-linked Polyethylene Liner Surface for Extending Longevity of Artificial Hip Joints

2005

Otto Aufranc

Michael Tanzer, MD
Bone Augmentation Around and Within Porous Implants by Local Bisphosphonate Elution

John Charnley

Eduardo A. Salvati, MD
Heritable Thrombophilia and Development of Thromboembolic Disease following Total Hip Arthroplasty

John Charnley

Vincent D. Pellegrini, Jr., MD
Prevention of Readmission for Venous Thromboembolic Disease after Total Hip Arthroplasty

Frank Stinchfield

Mark W. Pagnano, MD
Muscle Damage after Total Hip Arthroplasty Performed with the Two-Incision and Mini-Posterior Techniques

2004

Otto Aufranc

Georgios Digas, MD
Highly Cross-Linked Polyethylene in Total Hip Arthroplasty: Randomized Evaluation of Penetration Rate in Cemented and Uncemented Sockets Using Radiostereometric Analysis

John Charnley

Daniel Mazzucco, PhD
The Role of Joint Fluid in the Tribology of Total Joint Arthroplasty

Frank Stinchfield

Javad Parvizi, MD, FRCS
Titanium Surface with Biologic Activity Against Infection

THE HIP SOCIETY'S SCIENTIFIC AWARDS

2003

Otto Aufranc

Philip C. Noble, PhD
The Dysplastic Femur: 3D Morphology and Implications for Total Hip Replacement

John Charnley

Robert L. Barrack, MD
Induction of Bone Ingrowth from an Acetabular Defect to a Porous Surface with Osteogenic Protein-1

John Charnley

Charles R. Bragdon, BS
Efficacy of MBP-2 to Induce Bone Ingrowth in Gap and Nongap Regions of a THR Model

Frank Stinchfield

Christoph Röder, MD
Long-Term Functional Outcome of Total Hip Arthroplasty in 24,889 Hips: Demographic Factors Affecting Clinical Outcome

2002

Otto Aufranc

S.A. Hacking
The Relative Contributions of Surface Chemistry and Topography to the Osseointegration of HA Coated Implants

John Charnley

Steven J. MacDonald, MD
Metal on Metal Versus Metal on Polyethylene Liners in Total Hip Arthroplasty: Clinical and Metal Ion Results of a Prospective Randomized Clinical Trial

Frank Stinchfield

Michael R. Dayton, MD
Viscosity Effects on Cement Pressurization and Trabecular Bone Cement Intrusion

2001

Otto Aufranc

Joseph C. McCarthy, MD
The Role of Labral Lesions in the Development of Early Degenerative Hip Disease

John Charnley

Gonzalo G. Valdivia, MD, FRCS
3-D Analysis of the Cement Mantle in THA

Frank Stinchfield

Masaaki Maruyama, MD
Acetabular and Femoral Morphology: Anteversion Angle and Implant Positioning

2000

Otto Aufranc

Mark Santman, MD
Enhancement of Strut Allograft Healing to the Femur with Recombinant Human Osteogenic Protein

John Charnley

Thomas P. Schmalzried, MD
Wear is a Function of Use, Not Time!

Frank Stinchfield

Michael F. Shepard, MD
Does Cementation Technique Influence the Strength of Roughened and Polished Femoral Components?

1999

Otto Aufranc

Frank W. Chan, PhD
"Wear and Lubrication of Metal-on-Metal Hip Implants"

John Charnley

John J. Callaghan, MD
Practice Surveillance: A Practical Method to Assess Outcome and to Perform Clinical Research

Frank Stinchfield

Javad Parvizi, MD, FRCS
Sudden Death During Primary Hip Arthroplasty

1998

Otto Aufranc

Anthony M. DiGioia, MD
An Image Guided Surgical Navigation System for the Accurate Measurement and Alignment of Acetabular Implants

John Charnley

Rocco Paolo Pitto, MD
Prophylaxis of Fat and Bone Marrow Embolism in Cemented Total Hip Arthroplasty

Frank Stinchfield

David J. Schneider, MD
The Effects of Perioperative Radiation on the Inhibition of Heterotopic Ossification about the Hip: An Animal Model in the Rabbit

1997

Otto Aufranc

Gwo-Jaw Wang, MD
Lovastatin Prevents Steroid-Induced Adipogenesis and Osteonecrosis in Vitro and in Vivo

John Charnley

Arun S. Shanbhag, PhD
Potential Inhibition of Wear Debris-Mediated Osteolysis in a Canine: Total Hip Arthroplasty (THA) Model

THE HIP SOCIETY'S SCIENTIFIC AWARDS

Frank Stinchfield

Jon D. Hop, MD
An In Vivo Model of Third Body Wear Contribution of Cable Debris Generation to Accelerated Polyethylene Wear and Acetabular Component Loosening

1996

Otto Aufranc

William J. Maloney, III, MD
Femoral Bone Remodeling after Total Hip Arthroplasty: The Skeletal Response to Well-Fixed Cemented and Cementless Components

John Charnley

Vincent D. Pellegrini, Jr., MD
The Natural History of Thromboembolic Disease following Hospital Discharge after Total Hip Arthroplasty: The Case for Routine Surveillance

Frank Stinchfield

Tina Maxian, MS
Three Dimensional Sliding/Contact Computational Simulation of Acetabular Wear in THA

1995

Otto Aufranc

John P. Collier, DE
Impact of Gamma Sterilization on Clinical Performance of Polyethylene in the Hip

John Charnley

Nigel E. Sharrock, MB
Thrombogenesis during Total Hip Replacement

Frank Stinchfield

Raymund Woo, MD
Pulmonary Fat Embolism: The Effects of Three Cement Removal Techniques in a Canine Revision Total Hip Arthroplasty Model

1994

Otto Aufranc

John D. Bobyn, PhD
The Susceptibility of Smooth Implant Surfaces to Peri-Implant Fibrosis and Migration of Polyethylene Wear Debris

John Charnley

Harry A. McKellop, PhD
The Origin of Sub-Micron Polyethylene Wear Debris in Total Hip Arthroplasty

Frank Stinchfield

Peter Devane, MD
The Measurement of Polyethylene Wear in Metal-Backed Acetabular Components

1993

Otto Aufranc

Robert B. Bourne, MD
Cemented Versus Cementless Total Hip Replacement: Cost Effectiveness and its Impact on Health Related Quality of Life

John Charnley

Clinton Rubin, PhD
Promotion of Bony Ingrowth by Frequency Specific, Low Amplitude Mechanical Strain

Frank Stinchfield

James MacKenzie, MD
Areas of Contact and Extent of Gaps with Implantation of Oversized Acetabular Components in Total Hip Arthroplasty

1992

Otto Aufranc

L. J. Ruland, MD
A Comparison of Magnetic Resonance Imaging to Bone Scintigraphy in Early Traumatic Ischemia of the Femoral Head

John Charnley

Charles A. Engh, MD
Quantitation of Implant Micromotion, Strain Shielding and Bone Resorption with Porous Coated AML Cementless Femoral Prostheses Retrieved at Autopsy

Frank Stinchfield

Roger H. Emerson, Jr., MD
Cortical Strut Allografts in the Reconstruction of the Femur in Revision Total Hip Arthroplasty

1991

Otto Aufranc

Michael H. Huo, MD
Intraoperative Heparin Thromboembolic Prophylaxis in Primary Total Hip Arthroplasty. A Prospective, Randomized, Controlled, Clinical Trial

John Charnley

Thomas P. Schmalzried, MD
The Mechanism of Loosening of Cemented Acetabular Components in Total Hip Arthroplasty: Analysis of Specimens Retrieved at Autopsy

Frank Stinchfield

Patrick E. Greis, MD
A Long Term Study on Defect Filling and Bone Ingrowth using a Canine Fiber Metal Total Hip Model

THE HIP SOCIETY'S SCIENTIFIC AWARDS

1990

Otto Aufranc

John D. Bobyn, PhD
The Effect of Stem Stiffness on Femoral Bone Resorption after Canine Porous Coated Hip Replacement

John Charnley

Sam Nasser, MD, PhD
Cementless Total Joint Arthroplasty Prostheses with Titanium Alloy Articular Surfaces: A Human Retrieval Analysis

Frank Stinchfield

Stephen B. Murphy, MD
Acetabular Dysplasia in the Adolescent and Young Adult

1989

Otto Aufranc

Thomas Trancik, MD
The Effect of Indomethacin, Aspirin, and Ibuprofen on Bone Ingrowth into a Porous Coated Implant

John Charnley

Hajime Sugiyama, MD
Examination of Rotational Fixation of the Femoral Component in Total Hip Replacement: A Mechanical Study of Micromovement and Acoustic Emission

Frank Stinchfield

William J. Maloney, III, MD
Biomechanical, Histologic, and Fractographic Studies of Femurs Retrieved from Patients who had Undergone Cemented Total Hip Replacement up to 17 Years Earlier

1988

Otto Aufranc

J. D. Spencer, MB, MRCP, FRCS
Avascular Necrosis and the Blood Supply of the Femoral Head

John Charnley

Gary M. Russotti, MD
Cemented Total Hip Arthroplasty using Contemporary Techniques: A Five Year Minimum follow-up Study

Frank Stinchfield

Philip C. Noble, MS
The Anatomic Basis of Femoral Prosthesis Design

1987

Otto Aufranc

Win S. Chang, MD
Biomechanical Evaluation of Anatomic Reduction vs. Medial Displacement Osteotomy in Unstable Intertrochanteric Fractures

John Charnley

Rudolph G. T. Geesink, MD
Chemical Implant Fixation using Hydroxyl-Apatite Coatings

Frank Stinchfield

Jon J. P. Warner, MD
The Role of Core Decompression in Treatment of Non-Traumatic Osteonecrosis of the Femoral Head

1986

Otto Aufranc

Guy D. Paiement, MD
Dramatic Advances in Efficacy, Safety and Cost Containment in Prevention of Venous Thromboembolic Disease in Hip Surgery Patients

John Charnley

Gary M. Russotti, MD
The Efficacy of using Hydroxyapatite Tricalcium/Phosphate Particles to Enhance the Biologic Fixation of a Titanium Fiber Metal Canine Femoral Component with a Non-Interference Fit

Frank Stinchfield

Gwo-Jaw Wang, MD
Improvement of Femoral Head Blood Flow in Steroid-Treated Rabbits using Lipid- Clearing Agent

1985

Otto Aufranc

Dana C. Mears, MD
Fractures of the Acetabulum

John Charnley

Robert B. Bourne, MD
The Effect of Endoprosthetic Mismatch and Metal or Non-Metal Backed Acetabular Components on "In Vitro" Pelvic Stresses

Frank Stinchfield

John J. Callaghan, MD
Reimplantation for Salvage of the Infected Hip: Rationale for the use of Gentamicin Impregnated Cement and Beads

Welcome to the 2015 Specialty Day Program

Presented by:



THE LIFETIME ACHIEVEMENT AWARD

The Board of Directors of The Hip Society established the Lifetime Achievement Award in 2008 to recognize those who have achieved academic excellence and made significant contributions to study of arthritic diseases of the hip, as well as to recognize the accomplishments of the distinguished persons who have created a lasting legacy in this field.

AWARD CRITERIA

- Candidate must be living.
- Candidate may or may not be a member (any category) of The Hip Society.
- Candidate's outstanding and lasting contributions are pioneering and/or creative, with legacy value.
- Candidate must be a highly-esteemed individual with a significant national and international reputation as a thought leader, educator, and mentor in the field, and possess exceptional professional and personal qualities.

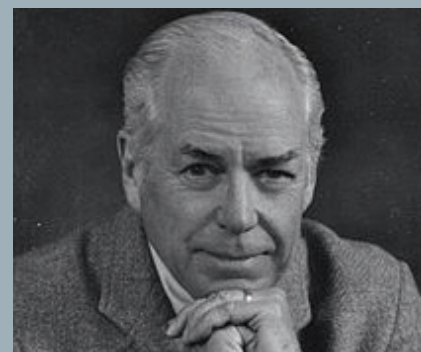
SELECTION PROCESS

The Lifetime Achievement Award recipient shall be selected by the Lifetime Achievement Award Committee. The Committee shall consist of five (5) members:

1. The President of The Hip Society
2. The 1st Vice President
3. The 2nd Vice President
4. Secretary
5. The Immediate Past President

Any member of The Hip Society in good standing may nominate a candidate for the Award. A call for nominations is issued to the entire membership on odd years, at the Business Meeting of that's year's Summer Meeting, with nominations due by December 1. One (1) primary nominator who is a member of The Hip Society, and two (2) seconders are required for each nomination.

The award, consisting of a memorable plaque, is given to the selected recipient at The Hip Society's Winter (Open) Meeting in the even year following nomination. Although submission of candidates for the award will be solicited biennially, the award may not be given out should the Committee determine that no candidate, nominated in a particular year, meets the specified criteria. The Committee must be very selective to keep the honor and the prestige of this award at the highest level.



2008 William H. Harris, MD



2010 Jorge O. Galante, MD



2012 Thomas H. Mallory, MD



2013 Charles A. Engh, Sr., MD



2014 Chitranjan S. Ranawat, MD



2016 Clive P. Duncan, MD

LIFETIME ACHIEVEMENT AWARD RECIPIENTS



William A. Macaulay, MD

TRAVELING FELLOWSHIPS



THE HIP SOCIETY ROTHMAN-RANAWAT TRAVELING FELLOWSHIP

The goal of the Fellowship is to foster emerging thought-leaders and to provide them with an inspirational tour of state-of-the-art facilities offering exemplary surgical care of the hip joint throughout North America.

The Hip Society Rothman-Ranawat Traveling Fellowship was conceptualized in late 2011-early 2012, with plans for the first tour in 2013. It was established as platform commitment on the part of **Adolph V. Lombardi, Jr., MD** during

his Presidency of The Hip Society in 2011-2012, through generous gifts from those after whom the fellowship is named, several other members of The Hip Society, and industry partners. Over each of the first 5 years of the fellowship (2013 through 2017), the program has included 4 young hip surgeons from the US and abroad who visited up to 12 prominent North American sites for hip surgery. The fellowship takes place over 4-5 weeks, traditionally following the Specialty Day at the AAOS Annual Meeting.

TRAVELING FELLOWSHIPS

2013

Gregory K. Deirmengian, MD
Rothman Institute, Philadelphia, PA

Sumon Nandi, MD
New England Baptist Hospital,
Boston, MA

Henry Wynn Jones, MD
Wrightington, Wigan and Leigh,
NHS Foundation Trust, Wigan, UK

Guoqiang Zhang, MD
Chinese PLA General Hospital,
Beijing, PR China

2014

Stanislav Y. Bondarenko, MD, PhD
Sytenko Institute of Spine & Joint
Pathology, Kharkiv, Ukraine

Ran Schwarzkopf, MD, MSc
University of California Irvine
Medical Center, Orange, California

Nikhil A. Shah, FRCS, MCh, MS, DNB
Wrightington Hospital, Wigan, UK

Eleftherios Tsiridis, MD, MSc, PhD, FRCS
Aristotle University Medical School,
Thessaloniki, Greece

2015

Brian M. Curtin, MD
OrthoCarolina Hip & Knee Center,
Charlotte, NC

Daniel A. Oakes, MD
Keck School of Medicine of USC,
Department of Orthopaedic Surgery,
Los Angeles, CA

Eoin C. Sheehan, MD
Midland Regional Hospital,
Tullamore, Ireland

Jason CJ Webb, FRCS (Orth), MD
North Bristol NHS Trust, MSK
Research Unit, University of Bristol,
Bristol, UK

2016

Derek F. Amanatullah, MD, PhD
Stanford University, Redwood City, CA

Atul F. Kamath, MD
University of Pennsylvania,
Philadelphia, PA

**Bharath Loganathan, MBBS,
D.Ortho, MS (Ortho), MRCS (Edin)**
Shalby Hospital, Ahmedabad,
Gujarat, India

**Matthew J. Wilson, MBBS (Lond),
FRCS (Eng), FRCS (Tr&Orth)**
Princess Elizabeth Orthopaedic
Centre, Exeter, Devon, UK

2017

Carlos A. Higuera-Rueda, MD
Cleveland Clinic, Cleveland, OH

**Sujith Konan, MBBS, MD(res),
MRCS (Eng), FRCS(Tr&Orth)**
University College Hospitals
London NHS Trust, London, UK

Christopher Pelt, MD
University of Utah, Salt Lake City, UT

Takahito Yuasa, MD
Juntendo University Urayasu Hospital,
Urayasu, Japan



THE ROTHMAN-RANAWAT TRAVELING FELLOWS CHEW ON THEIR LESSONS

From the July 2016 Issue of AAOS Now

“If you’re going to chew on something for a long time, make sure you take a big bite!” So advised William H. Harris, MD, director emeritus of the Harris Orthopaedics Laboratory at Massachusetts General Hospital in Boston, during a once-in-a-lifetime lunchtime meeting. This message on how to approach research and career opportunities, rather than simply our sandwiches, was a fitting take-home message for all of us... We four will remain friends forever and will develop our orthopaedic careers together, despite being separated by thousands of miles. In applying for this fellowship and taking time away from our families and colleagues, we all took a big bite, and now we all have something to chew on for a very long time.”

“... I speak for my colleagues when I say we have had a fantastic trip. It has truly been a journey on many fronts. I have learned far more than I expected and much more than orthopaedics.”
— Matthew J. Wilson, MBBS (Lond), FRCS (Eng), FRCS (Tr&Orth) (Exeter, Devon, UK),
a 2016 Rothman-Ranawat Traveling Fellow

“The Rothman-Ranawat Traveling Fellowship provided a wonderful educational experience to our group. We were able to visit centers of excellence across the country and learn from the leaders in our field. The opportunity to exchange ideas, build friendships with each other and with our site hosts, and spend time both in and out of the clinical environment while touring the various sites was invaluable to us. We are extremely grateful to The Hip Society for providing this amazing opportunity.” — Christopher E. Pelt, MD (Salt Lake City, Utah),
a 2017 Rothman-Ranawat Traveling Fellow



TRAVELING FELLOWSHIPS

The hugely successful fellowship program has rapidly become one of the most sought after traveling fellowships in all of the orthopaedic subspecialties. It is clearly the first choice for hip surgeons.

The Hip Society Rothman-Ranawat Traveling Fellowship is made possible through generous donations from the following:

DIAMOND LEVEL (\$1,000,000)

The Rothman Institute:

Richard H. Rothman, MD, PhD
William J. Hozack, MD
Peter F. Sharkey, MD
Javad Parvizi, MD
William V. Arnold, MD
James J. Purtill, MD
Matthew S. Austin, MD
Alvin C. Ong, MD
Fabio R. Orozco, MD
Gregory K. Deirmengian, MD
Jess H. Lonner, MD
Carl A. Deirmengian, MD
Eric B. Smith, MD
Zachary Post, MD
Michael Harrer, MD
Robert P. Good, MD
Eric A. Levicoff, MD
H. William Schaaf, MD
Antonia F. Chen, MD, MBA

DIAMOND LEVEL (\$1,000,000)

Chitranjan S. Ranawat, MD

SILVER LEVEL (\$250,000)

Adolph V. Lombardi, Jr., MD, FACS

DePuy Synthes Joint Reconstruction, Inc.

Biomet, Inc.

Smith & Nephew, Inc.

Stryker Orthopaedics, Inc.

Zimmer, Inc.

BRONZE LEVEL (\$100,000)

Douglas A. Dennis, MD

Lawrence D. Dorr, MD

CeramTec GmbH

Anderson Clinic Post-Graduate Medical Education Foundation:

Charles A. Engh Sr., MD
Gerard A. Engh, MD
C. Anderson Engh, Jr., MD
William G. Hamilton, MD
Kevin B. Fricka, MD
Nitin Goyal, MD

THE HIP SOCIETY – BRITISH HIP SOCIETY TRAVELING FELLOWSHIP



The Hip Society-British Hip Society Traveling Fellowship was conceptualized in the late 1990s as a collaboration between the British Hip Society and The Hip Society. It has continued till this day despite the decreased demand for the fellowship that came naturally on the heels of the creation of the Rothman-Ranawat Fellowship. During even years, 2 young hip surgeons from the US or Canada have served as ambassadors to the UK and visited up to 10 prominent UK sites for hip surgery. During odd years (i.e. 2003), 2 young UK hip surgeons have served as ambassadors to the US and visited up to 10 prominent US sites for hip surgery. The Fellowship has traditionally lasted approximately 3 to 4 weeks. Participants in the Fellowship have unanimously come away with a better appreciation for the disparate advanced techniques being employed by their colleagues across “The Pond”. When the Rothman-Ranawat Traveling Fellowship was established, The British Hip Society ceased sending their Fellows to the US so as not to duplicate the program. Instead, one spot on the annual Rothman-Ranawat program is permanently reserved for a Fellow from the UK.

“All three cases were performed through a standard posterior approach, with the exception of the middle case. During that case Mr. John Timperley scrubbed in and showed us an innovative new approach that he has been working on. Despite the fact that this was not his case, and he was not scheduled to be operating, Mr. Timperley was more than happy to demonstrate his new technique for us (as well as his colleagues). His eagerness to teach us was something we have experienced throughout this fellowship, and is truly what makes this opportunity so amazing.”

— Michael Blankstein, MSc, MD, FRCS(C) (Burlington, VT) and Joseph M. Schwab, MD (Milwaukee, WI), the 2016 HS-BHS Traveling Fellows.





Vincent D. Pellegrini, Jr., MD

CHAPTER 4 RELEVANCE

This Chapter, arguably, could be considered the most valuable segment of this book, because – just like the past, present, and future of The Hip Society – it is in essence written by you, its members. An organization, any organization, is not an abstract entity existing in a vacuum. From within, its constituents define its characteristics, its footprint, its influence, determine how it relates to the world around it, and ultimately shape its destiny. The comments you will read in this Chapter were collected between July 2015 and July 2017, from as many of you as were willing to participate, and are reproduced with minimal editing to preserve the unique personal voice and character of each respondent and the candor of their responses. Some wrote generously, while others chose to remain concise. While we could not include every single comment, we have endeavored to reflect, as fully as possible, the fascinating fabric of interwoven lives, achievements, careers, dreams, friendships, and aspirations that make our Hip Society – your Hip Society – a precious inheritance to treasure, nurture and guide through the next 50 years, and beyond.

Many thanks to all of you for adding your personal story to the history of The Hip Society!

RELEVANCE



HARLAN C. AMSTUTZ, MD
Senior Member
Los Angeles, CA

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continued close collaboration among its members. Continued promotion of advances in hip surgery with careful evidence based evaluation. Continued advocacy and liaison with national and international sister orthopaedic societies to maintain its leadership in all aspects of hip pathology.



JOHN ANTONIOU, MD, PHD, FRCSC
Active Member
Montreal, Quebec, Canada

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

Since its inception, The Hip Society has been composed of the thought leaders of hip surgery. It was always at the forefront of technology and would help guide all aspects related to the evaluation and treatment of hip pathology. The cornerstone of this society was always the betterment of the outcomes of hip surgery, especially arthroplasty. The past presidents of The Hip Society represents the world's who's who of hip surgery. Invariably these same people were also orthopaedic thought leaders. The greatest accomplishment of this society is without a doubt helping turn hip replacement surgery from a good idea that was performed in limited centres by the select few with inconsistent results into the operation of the century with very reliable outcomes performed by thousands of surgeons around the world. The quality of life improvement experience by patients undergoing this procedure is second to none.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Dr. Harris' founding member presentation at my first closed meeting in Boston.



MICHAEL J. ARCHIBECK, MD
Active Member
Albuquerque, NM

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

The Hip Society has a historical perspective in the field of hip replacement - many members have been involved in hip replacement and reconstruction since the inception of the procedure. I love the Summer meeting - the interaction of the world's experts on hip reconstruction in one, relaxed, and interactive setting has been an unprecedented learning experience in my career.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- I love the Summer meeting - the interaction of the world's experts on hip reconstruction in one, relaxed, and interactive setting has been an unprecedented learning experience in my career.
- I value the friendships - those that have been fostered by this organization and those that have begun here.
- The educational experience at both meetings is the most productive time spent in my annual meeting schedule.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was an honor I never expected to receive, and I remain humbly thankful for. It has provided me with new friendships and experiences that I will always remember. Professionally, it has meant a great deal to my continued efforts to improve as a surgeon both technically and clinically. It has resulted in an elevation in my professional standing among my peers and administrators. Even my wife was impressed - tough to do. Most importantly, I truly believe it has provided me with the most important benefit any clinical organization could provide - experiences that result in improved patient care for my patients. I am absolutely certain this has been true for my practice.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- My anxious presentation of my experiences during the British Traveling Fellowship.
- My induction dinner - my friends there, my wife, the honor.
- The support and encouragement that Rick White gave me towards this goal since I arrived in his practice in 2000.



MATTHEW S. AUSTIN, MD
Active Member
Philadelphia, PA

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

The contributions of the Members of The Hip Society have been too numerous to list, but I am sure that the other Members have recounted quite a distinguished list. I believe that one of the most important contributions of the Society in the future will be the coordination of multi centers studies to help answer questions that cannot be resolved with data from a single center. This may lead to a significant leap forward in the care of our patients.

RELEVANCE

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Passion for the field of hip surgery.
- Passion to elevate knowledge for the benefit of patients.
- Sharing of a common drive to improve patient care.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Becoming a member of The Hip Society was a tremendous and humbling honor. It serves as inspiration to always improve my contributions to the field of hip surgery and to be re-invigorated by the passion, intellect, and wisdom of the other members.



WILLIAM L. BARGAR, MD

Emeritus Member
Sacramento, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
The members are the thought leaders and innovators. I believe most, if not all, of the major developments in hip surgery were initiated by a member of The Hip Society.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Building on its leadership role and continuing to represent the advice and counsel of The Hip Society to the AAHKS and AAOS. Maintain exclusivity.



ROBERT L. BARRACK, MD

Active Member
Saint Louis, MO

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Leading manuscripts in clinical hip arthroplasty practice which have impacted the practice of orthopaedics, especially The Hip Society Award papers.
- Leading educational programs in hip arthroplasty nationally and internationally at the AAOS Specialty Day, Symposia, and Instructional Courses.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Honest exchange of information at annual Closed Meeting.
- Collaboration among leading investigators and centers in multi-center studies.
- Support for high quality research and educational programs.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Develop a sustainable program for regularly supporting clinical research and an annual course.



DONALD L. BARTEL, PHD

Emeritus Member
New York, NY



THOMAS W. BAUER, MD, PHD

Senior Adjunct Member
Cleveland, OH



PAUL W. BEAULÉ, MD, FRCSC

Active Member
Ottawa, ON, Canada



JOAN E. BECHTOLD, PHD

Adjunct Member
Minneapolis, MN



KEITH R. BEREND, MD

Active Member
New Albany, OH

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
Established the society as the thought-leader in hip disease and treatment
Constantly evolving with the clinical trends in health care of the diseased hip
Provide well regarded educational venues through specialty day, AAOS and AAHKS combined efforts, and materials such as SAE, ICL, etc.

RELEVANCE

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Limited size making membership a true honor.
- Friendships and camaraderie.
- Research and educational outlet for new ideas and results.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue with our limited membership of only the top contributors in hip surgery and pathology, recognize that younger members are the lifeblood of the organization. continue the legacy of having members present what they want to at the closed meeting, with less arbitrary grading of abstracts and submitted work, it is the closed meeting and should allow for members to present their interests without biased opinions regarding its worth or importance.



MICHAEL E. BEREND, MD

Active Member
Indianapolis, IN

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- Proceedings.
- Traveling Fellowships.
- Specialty Day

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

- Add more younger members.
- Quarterly publication awards.
- Grow visitation to members centers.



DANIEL J. BERRY, MD

Active Member
Rochester, MN

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

Bringing together thought leaders to discuss, critique, and brainstorm about promising advances, challenges and concerns of the day in hip surgery.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The opportunity to interact with the “best and the brightest” in hip surgery in North America. This has stimulated creativity and ongoing rapid advances in hip surgery.
- The collegiality, mutual respect, and friendship among members.
- The dedication of the membership to advance the care of patients with hip problems.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Every Saturday Hip Society members’ dinner after the close of the AAOS Annual Meeting and the close of The Hip Society Winter Meeting.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The philosophy underpinning The Hip Society--that regular in-person interaction, and the infrastructure to support that--will improve the care of patients with hip pathology is a strong foundation for the future. We need to consider the most effective means to disseminate learnings and expertise of the membership to the orthopaedic public.



BENJAMIN E. BIERBAUM, MD

Emeritus Member
Chestnut Hill, MA



J. DAVID BLAHA, MD

Senior Member
Ann Arbor, MI



J. DENNIS BOBYN, PHD

Emeritus Member
Sydney, NSW, Australia

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- Promotion of excellence in surgical training and patient care.
- Promotion of excellence in basic science and clinical research.
- Fostering a community of like-minded surgeons and scientists.
- Overall improvement in hip replacement implant designs through research, clinical trials, trial and error, identifying causes of failure, etc.
- Improvement in implant fixation technologies.
- Improvement in implant bearings, lower wear technologies.
- Improvement in reliability and longevity of hip replacement surgery.
- Promotion of the value of a hip registry, development of a US-based hip registry.

RELEVANCE

When you became a member of The Hip Society, what did it mean to you personally and professionally?

My mentor was Jo Miller - he always spoke so highly of The Hip Society, was so proud to have won a Hip Society Award in 1984. Working closely with Charles Engh in the early years of porous coated hip replacement and seeing him struggle to gain membership year after year (Emmett Lunceford would pat him on the shoulder and say "just a bit longer, Charlie, you're not quite ready yet"), I came to appreciate the esteem and value associated with The Hip Society membership. When my turn came, Jo Miller offered to nominate me but not until his 1988-89 term as President of The Hip Society was over - he didn't want any accusation of bias. The following year I was nominated and inducted with great pride and joy. It's always amazed me that I could rub shoulders with giants, meeting after meeting, year after year. As the only Canadian non-surgeon member I feel privileged to be part of such an important collection of highly educated and dedicated individuals.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continued emphasis on training and research - the traveling fellowship is great, as are research grants; suggest greater number of small research grants (20-30K) to enable pilot studies, etc. Continued emphasis on improving participation in the hip registry. Maintain the smaller size - very important not to think that 'bigger is better'. One of the key ingredients for the success of The Hip Society is its small size. Greater diversity speakers at the annual open meeting from outside the Society membership - perhaps more invited speakers from overseas.

WILLIAM G. BOETTCHER, MD

Emeritus Member
Bellevue, WA



MICHAEL P. BOLOGNESI, MD

Active Member
Durham, NC

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

I would guess that just about every major advancement in hip arthroplasty in the past 50 years must have come from development efforts, ideas, and research projects ignited by or led by the members of The Hip Society.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It means quite a bit. I made a very short list of career goals when I decided to enter an academic career focusing on Adult Reconstruction. One of those goals was to achieve membership in The Hip Society. I think it validates the efforts I have made to date in teaching and education within the field. I know it adds a lot to how I am perceived and received within orthopedics. I am obviously very proud to be a member.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Need to remain the "go to" entity for hip education. I think more efforts in support research efforts and perhaps even more work on the advocacy side are great opportunities.



LESTER S. BORDEN, MD

Emeritus Member
Sunset, SC

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The leading group of individuals who advanced one of the most successful areas of medicine. This society provides the forum to discuss what is working and what is not working as the field advances.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was one of the high points in my career, and one of the top 5 accolades I received professionally. Being admitted to this incredible "club" of giants was amazing.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue the commercial free discussion of the topic of treating hip disease. Discuss more than arthroplasty.



ROBERT B. BOURNE, MD, FRCS

Emeritus Member
London, ON, Canada

RELEVANCE



KEVIN J. BOZIC, MD, MBA

Active Member
Austin, TX

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- High standards of integrity/professionalism.
- Open/honest discussion of different viewpoints.
- Never satisfied with the status quo, always pushing to innovate for better care for our patients.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Being recognized by Bill Maloney at Members' Dinner at AAOS Meeting in March, 2010.
- Receiving the Charnley Award.
- Chairing the Education Committee; Members Meeting in Boston in October, 2016.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Impressive group of visionary surgeons who have the opportunity to continually influence the field of hip surgery. Would like to see the group support high quality research (in collaboration with The Knee Society and AAHKS), and begin to shift towards more of an evidence-based (vs. eminence-based) culture going forward.



CHARLES R. BRAGDON, PHD

Adjunct Member
Boston, MA

RICHARD A. BRAND, MD

Emeritus Member
Philadelphia, PA



THOMAS D. BROWN, PHD

Emeritus Member
Iowa City, IA



DENNIS W. BURKE, MD

Active Member
Milton, MA

ALBERT H. BURSTEIN, PHD

Emeritus Member
Sarasota, FL



J.W. THOMAS BYRD, MD

Active Member
Nashville, TN

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:
Principally staying on the forefront of everything related to the hip joint in the form of science and education, and most importantly everything related to improved quality of care for the patients that we are honored to serve.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Internally, being our own worst critics; making us better at what we do.
- A resource of the worlds thought-leaders in hip disorders.
- Open communication and sharing of the vast knowledgebase within the organization.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

Being approached by two Icons, Dr. Harris and Professor Ganz, about membership. Everything else pales.



MIGUEL E. CABANELA, MD

Emeritus Member
Rochester, MN

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:
I think that the main contribution has been the education of the general orthopedic Surgeon in matters pertaining to hip surgery. Certainly, it could have done a much better job.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- The address of A. Sarmiento (his last one as Historian) during the Business Meeting - can't remember the year, but he was never seen again.
- The interchange between W. Harris and Robin Ling when the latter was Guest speaker at the annual Open Meeting.

RELEVANCE

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I think education is (should be) the primary mission of The Hip society. Thus implementing better education of the general orthopedic community (particularly thinking of the coming demand for arthroplasty that continues to grow almost exponentially). Look at ways of implementing the safe execution of simple arthroplasty by less qualified individuals.



JOHN J. CALLAGHAN, MD
Active Member
Iowa City, IA



PATRICIA A. CAMPBELL, PHD
Adjunct Member
Los Angeles, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: Where to start? Since The Hip Society is comprised of the top surgeons and researchers, their contributions to all aspects of orthopaedics must be incalculable. In my own area of research (Implant retrieval) one of the first books on the topic I was given to learn from was the result of a symposium organized by The Hip society. One of the first meetings I recall attending as a young researcher was an open meeting of the Hip Society - I always had the impression that these meetings were the highlight of the AAOS. The sponsorship of The Hip Society awards is something that everyone sees as a prominent contribution to hip research.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Limited membership.
- Closed meetings.
- The lack of women make it different from every other professional organization I know of.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

As a female with a PhD, I was very proud to join the small group of women in this very male-dominated society. Professionally it was definitely recognized as a pinnacle achievement in my career.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I would hope that more women would make up the membership in the future, and that there was more interaction between the clinicians and researchers both at the meetings and in collaborative projects.



WILLIAM N. CAPELLO, MD
Emeritus Member
Indianapolis, IN



EDMUND Y.S. CHAO, PHD
Emeritus Member
Corona, CA



IAN C. CLARKE, PHD
Emeritus Member
Loma Linda, CA



JOHN C. CLOHISY, MD
Active Member
St. Louis, MO

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society has provided leadership in the realms of scientific investigation and education related to hip disease. Through this organization the widespread use of total hip arthroplasty for end-stage hip disease has been facilitated and refined. Clinical outcomes, complication prevention, implant survivorship and generalizability of the procedure have all been enhanced by the collective activities of the society and its members. Additionally, the society has created a tremendous forum for the sharing of innovative ideas, introduction of new concepts and education of hip surgeon worldwide.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Focus of mission on hip disease.
- Commitment to dialogue and discussion regarding innovations.
- Members shared interest desire for collaborative activities.

RELEVANCE

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The world-leading organization for promotion of hip disease prevention and treatments. The Hip Society legacy will be enhanced by increased focus on hip preservation treatments.



DENNIS K. COLLIS, MD

Emeritus Member
Eugene, OR



CLIFFORD W. COLWELL, JR., MD

Emeritus Member
La Jolla, CA



STEPHEN D. COOK, PHD

Adjunct Member
Metairie, LA



RICHARD D. COUTTS, MD

Emeritus Member
San Diego, CA

ROY D. CROWNINSHIELD, PHD

Emeritus Member
Asheville, NC



JOHN M. CUCKLER, MD

Emeritus Member
Naples, FL



JAMES A. D'ANTONIO, MD

Emeritus Member
Sewickley, PA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

Through the dedicated efforts of its members, the recognition and treatment of disorders of the hip has evolved and excelled perhaps faster than can be said for any other disease entity. In addition, The Hip Society members have been at the forefront of educating the orthopaedic community as well as their fellow members. A prime example is hip arthroplasty, a solution to disabling hip pathology that can be long lasting and return patients to normal work and/or recreational activities. Total hip arthroplasty, from a social economical standpoint, ranks at the top of all treatments in medicine.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Members that have a passion for and dedication to the understanding and management of pathology related to their specialty.

- A society that is proud of its history, strives to be on the cutting edge of hip issues, and plans for continuing excellence for the future.
- A membership dedicated to support research at all levels from their own institution to OREF.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Having served on the AAOS categorical committee on the hip as the only non-Hip Society member, and because of my interaction with them, I developed a great deal of admiration and respect for The Hip Society. When I became a member, I felt quite privileged. From a professional standpoint, my membership challenged me to become more focused on hip pathology, my research projects, and teaching responsibilities. While I previously had an active hip practice, and ongoing hip research projects, I still considered myself a general orthopaedists. Once a member, I began to think of myself as a hip surgeon and then focused my practice and research on the hip.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Stay the course. Continue the search for preventive care as well as non-arthroplasty and arthroplasty management of disabling hip pathology. Maintain the no holds barred highly professional discourse of the closed summer meeting.



CRAIG J. DELLA VALLE, MD

Active Member
Chicago, IL

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Improving fixation with the development of cementless hip implants.
- Improving wear related properties of bearing surfaces.
- Understanding how to evaluate and manage revisions.

RELEVANCE

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was a tremendous honor and one of the most substantial accomplishments of my career. All of the surgeons whom I admire and aspire to be like are Hip Society members and election to this group was very meaningful to me.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society needs to work together to perform multi-center clinical research studies.



DOUGLAS A. DENNIS, MD

Active Member
Denver, CO

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Members have developed surgical techniques and contributed to improved implant design that have resulted in the success of total hip arthroplasty today.
- Members have played a leading role in education to provide orthopedic surgeons with the knowledge and skill to perform THA.
- Research of the membership has resulted in marked improvement in THA from an operation that used to take 4 hours, 2-3 units of transfusion, 2 weeks in the hospital to what it is today with some THA subjects going home the day of their operation. Research has also dramatically reduced complication rates associated with THA.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Personally, it was a major career accomplishment for me. To be included in the group of hip surgeons I have learned greatly from and most admire. Professionally, it has given me the opportunity for peer review of my own research from the brightest hip experts available. I have been able to continue to learn and develop my skills to a higher level.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

- Continue to educate orthopedic surgeons at the highest level.
- Interact with other specialty societies (KS, AAHKS) and the AAOS to continue to provide leadership in the field of joint arthroplasty.
- Generate income that can be used for grants supporting cutting edge research in THA.



PAUL E. DI CESARE, MD

Active Member
Carlsbad, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The progression and evolution of hip replacement, from cement to uncemented techniques, from monoblock to modular devices and the advances of bearing surfaces all to improve implant longevity and improve patient lives.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The legacy should continue to build through collaboration, cooperation and distribution of the contributions of the membership through all types of media.



LAWRENCE D. DORR, MD

Senior Member
Los Angeles, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society has stabilized hip replacement surgery. This operation is so good, and patients do well so soon postoperatively with no more than 5% complications in 5 years, that doctors take it for granted. The Hip Society has kept surgeons grounded by emphasizing the complications and problems that occur. The focus of its education has been how to avoid, and treat, the complications. If The Hip Society had not emphasized to surgeons the necessity to be diligent in their surgery - "keep their eye on the ball" - the operation would have not been so free of complications.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Being elected president.
- Starting the Life Achievement Award.
- Bill Harris imitating Frank Stinchfield at the end of each meeting!!

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society needs to be stronger in the future educating the community surgeons on what is marketing and what had scientific evidence behind it. We go through peaks of excitement about new methods (small incisions - big head metal-on-metal - anterior incisions) that lead to complications, and maybe worse: to product recalls and lawyers all over the TV. Right now, the public trusts hip replacement less than it did ten years ago, and I am sure it is partly because of TV lawyer ads. We need to be more assertive in protecting surgeons and patients or the number of underserved patients will sadly increase.

RELEVANCE



CLIVE P. DUNCAN, MD
Senior Member
Vancouver, BC, Canada

reconstructive hip surgery. Having received congratulations at the induction dinner from not only the members that supported my application, but from many other members that congratulated me on my acceptance to this organization had a very profound impact on my professional career and satisfaction. This is the highest honor that I could have achieved professionally, in my mind. I feel compelled to do my best to represent this organization. I want to contribute to the best of my ability to the educational efforts of The Hip Society.

fixation devices, the membership was especially significant. As there is only a small percentage of non-surgeon members, I considered this an honor both personally and professionally.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

As a non-surgeon researcher, I think there should be a more formal and concerted effort to more actively engage the engineers and non-surgical members in activities and programs, including educational programs.



PAUL J. DUWELIUS, MD
Active Member
Portland, OR

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

Since I have only recently become a member of The Hip Society, all I can really comment on is how important this organization is to the practicing orthopedic surgeon who looks to the leaders of the specialty practice of hip surgery. I feel very privileged to be a part of this organization and look forward to continued educational events through The Hip Society and our AAOS.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The leadership and vision of The Hip Society's members.
- The ability to collaborate with research that is important to me, and also my residents and fellows.
- Professional satisfaction of being a member and the privileges and prestige associated with membership.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Membership to me meant the acknowledgment that your national peers recognized your accomplishments and hard work in the field of teaching, research and the practice of adult

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I think The Hip Society's reputation stands on its own merit. Continuing to get the best members, supporting traveling fellowships, supporting research and being a leader for the AAOS educational efforts would seem to be the most important efforts for our organization.



ROGER H. EMERSON, MD
Senior Member
Plano, TX

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- Optimizing cement technique.
- Ushering in bone ingrowth technology.
- Establishing the role of polyethylene wear debris as main cause of osteolysis.
- Developing cross-linked polyethylene.
- Determining role of oxidation in polyethylene failure.
- Establishing the need and benefits of dedicated revision components.
- Applying bone allograft tumor techniques to the bone loss challenges of revision hip surgery.
- Bringing the direct anterior approach back to the US market.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Members see the value of looking at their work critically and reporting results.
- Members realize that it is only when partnering with industry that are we able to advance hip replacement.
- Enduring 50 years means that we are doing something right.



EDWARD EBRAZADEH, PHD
Adjunct Member
Los Angeles, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

The most important function of The Hip Society is to promote and encourage high quality research and education in the community. The awards are among the most prestigious in the community with regard to research related to hips. The annual meetings are rich and highly informative and very efficiently conducted.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

As an engineer researcher, having spent the majority of my career on research related to the hips, hip reconstruction devices and fracture

RELEVANCE

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Receiving the Stinchfield Award.
- Knowing the best hip surgeons in the world.
- The Wall Street Journal recently called THR, one of the most successful surgeries in medicine today.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Keep doing what it is doing. Stay innovative. Need to resist any effort to make hip surgery a generic procedure. Resist efforts to limit and restrict the number of patients that can receive a THR.



C. ANDERSON ENGH, JR., MD

Active Member
Alexandria, VA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Develop Hip replacement into a reproducible technique that can be done well by most surgeons.
- Demonstrate the importance of a team approach to THA.
- Develop and define the etiology of hip OA – FAI.
- Define, report, and address the failure mechanisms of hip surgery failures.
- Educate physicians on the availability of hip sparing procedures.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Personally - It became another way for my father and me to share our professional life. Hip Society membership provided me access to the giants in the field of hip surgery.
Professionally - It inspires me to research, publish, and challenge myself.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Introducing my father as a lifetime achievement award recipient.
- Winning a Hip Society (Scientific) Award.
- Being asked to serve on the BOD.

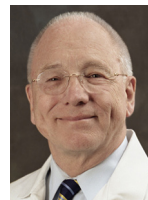
What is your vision for the future of The Hip Society? How should it continue building on its legacy?

We need to adjust to changes in medicine which requires more advocacy. The society will be less about what procedure is best and most durable and more about patient satisfaction and value. We need to guard against denial of care for the sake of value and decreased cost. We must keep the patient first.



CHARLES A. ENGH, SR., MD

Emeritus Member
Alexandria, VA



C. MCCOLLISTER EVARTS, MD

Emeritus Member
Hershey, PA



THOMAS K. FEHRING, MD

Active Member
Charlotte, NC



GERALD A.M. FINERMAN, MD

Emeritus Member
Los Angeles, CA

VICTOR H. FRANKEL, MD

Emeritus Member
New York, NY



**DON S. GARBUZ, MD,
MHSC, FRCS**

Active Member
Vancouver, BC, Canada

When you became a member of The Hip Society, what did it mean to you personally and professionally?

When I got in it was the highest honour I had received. I still value my membership and it is the most important organization I am a member of. I still remember the day I heard I got accepted. I look forward every year to the closed meeting and for me it is the best meeting scientifically I go to each year.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I think The Hip Society should continue to focus on being the leaders in hip surgery. The group has always been strong and well respected. By striving to maintain the highest quality members I think we still can be the preeminent society for hip surgery. One mistake would be to keep taking members just to fill an artificial quota.

RELEVANCE



KEVIN L. GARVIN, MD

Active Member
Omaha, NE

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: The Hip Society has created an environment that helps stimulate its membership to perform critically important and relevant research to improve the lives of people affected by hip disease. A few of the many examples are improved bearing surfaces for THA, a better understanding of hip dysplasia and improved hip preservation techniques, understanding optimal hip biomechanics and improved strategies to manage prosthetic joint infection.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The size of the society is ideal for open discussion of all members.
- The members understand the purpose of the Society is to help those suffering from arthritis and this is best accomplished if we work together.
- The membership facilitates friendships and is collegial.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was and has been a highlight of my career. It's a unique Society with great people and purpose.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society must stay focused on its mission and provide leadership through education and research to improve the care of our patients. Education and research will form the foundation and build on its legacy.



ANDREW H. GLASSMAN, MD, MS

Active Member
Columbus, OH

Describe/list some of the most significant contributions The Hip Society (and its members) has

made over the past 50 years to the practice of orthopaedics:

- The introduction of biologic fixation.
- The promotion of outcome studies.
- Establishing a very high standard for the quality research accepted for presentation and publication by the society.
- Establishing a traveling hip fellowship to engage young surgeons of various backgrounds and nationalities.
- Involvement in humanitarian and charitable endeavors.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Fulfillment of my single most important professional goal.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society should continue to maintain its high standards for membership and for quality research. We should continue in an advisory role to the AAOS. (The Hip Society) should be a leader in the maintenance of outcome studies and registries. (We) should develop a stronger voice in the determination of health care policy and advocate for recognition of the value that hip surgeons contribute to quality of life. (We) should be a role model in terms of the ethical practice of medicine and appropriate collaboration with industry.



STUART B. GOODMAN, MD, PHD

Senior Member
Redwood City, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has

made over the past 50 years to the practice of orthopaedics:

Hip replacement surgery is unarguably one of the most successful, cost-effective procedures in all of surgery. The members of The Hip Society are at the forefront of knowledge, both basic and applied, leading to the realization of this procedure. The open dialogue and discussions of its members form the basis for continued improvements in hip procedures and make long-lasting contributions that significantly affect the lives of millions worldwide.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Becoming a member was the culmination of much hard work and scientific inquiry over many years. It is one of the greatest honors that I have received. It is humbling to be around such great thinkers.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continued election of members of the highest quality, both domestic and international, for their scholarly achievements and clinical expertise will position the Hip Society as the world leader in the understanding of disorders of the hip and related diseases.



A. SETH GREENWALD, D.PHIL. (OXON)

Senior Adjunct Member
Cleveland, OH

RELEVANCE



WILLIAM L. GRIFFIN, MD

Active Member
Charlotte, NC

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
The Hip Society serves several roles.

- Development of emerging ideas for hip surgery.
- Quality research related to hip surgery.
- Dissemination of improved techniques through publication and teaching.
- Foster friendships and collaborations between like-minded hip surgeons from around the world.

The Society allows for the discussion and sharing of ideas among the most experienced and knowledgeable collection of hip surgeons in the world. Concepts are presented and vetted at the closed meetings, and through meaningful critique and discussion these concepts become the next advancements in hip surgery.

The Hip Society members help shape the emerging concepts, research the outcomes and then disseminate through publication and teaching.

Our responsibility is to be good stewards of an operation that has become wildly successful.

The Hip Society also contributes significantly to its own members. The Society provides a forum for learning from other hip surgeons across generations, sharing ideas, and fosters friendships that will last a lifetime.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Personally, membership provided the opportunity to share ideas and learn from the pioneers in my area of interest. The meetings serve as a reunion with peers who have become good friends.

Professionally, membership provides easy access to peers for discussion of ideas, collaborative research, and a forum for learning new ideas.

From a selfish standpoint, membership provides recognition and validation for years of work in research and teaching.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I think the future of The Hip Society involves a global outlook. The members will not be able to do all the quality research surrounding Hip surgery, but should be the purveyors of what should be disseminated or not. Through travelling fellowships, virtual fellowships, courses, and meetings, The Hip Society should be the educator to the world with an unquestioned brand of quality and integrity.



ALLAN E. GROSS, MD, FRCS, O.ONT.

Senior Member
Toronto, ON, Canada

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- The innovation and acceptance of total hip replacement in mainstream orthopaedics.
- The innovation and acceptance of cementless total hip replacement.
- The diagnosis and pathogenesis of particle disease with polyethylene cups.
- The introduction of hard on hard articulating materials.
- Would be the diagnosis and pathogenesis of metallosis related to metal on metal articulations and trunionosis.
- Surgical approaches for revision arthroplasty of the hip.

- The use of bone grafts and bone substitutes in revision arthroplasty of the hip.
- The use of acetabular and femoral components designed for revision arthroplasty of the hip.
- The use of hyperporous metals in revision arthroplasty of the hip and to some degree in primary hip replacement.
- The surgical approach to periprosthetic infection.
- The surgical approach for periprosthetic fractures.
- Classification systems for revision arthroplasty of the hip.
- Prevention of thrombo-embolic disease.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Personally and professionally I regarded this as an honour and the highest achievement I could reach related to my specialty in hip surgery. I realized the scrutiny that I had to be subjected to in order to be invited to join this elite society.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Society has to remain as an elite organization with rigid scrutiny of membership applications. The meetings have to be rigidly peer-reviewed for presentations and must cover all possible topics even those with negative implications, i.e., complications, problems with biomaterials etc. etc. Education not only for members of The Hip Society but also for the general orthopaedic population must remain as its highest priority.

THOMAS A. GRUEN, MS

Emeritus Member
Wesley Chapel, FL

RELEVANCE



FARES S. HADDAD, BSC(ORTH), FRCS(ED), DIP SPORTS MED, FFSEM

Honorary Member
London, UK

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

It has brought together the key thought leaders in hip surgery and made a huge contribution to the evolution of hip surgery worldwide through research, education and collaboration.



GEORGE J. HAIDUKEWYCH, MD

Active Member
Orlando, FL

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was a great honor to be inducted into a very exclusive group of individuals that have dedicated their careers to advancing the science of hip surgery.

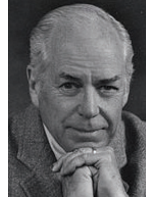
What is your vision for the future of The Hip Society? How should it continue building on its legacy?

It should continue to support research and education and remain the preeminent organization for study of the hip.



ARLEN D. HANSSSEN, MD

Active Member
Rochester, MN



WILLIAM H. HARRIS, MD, DSC

Emeritus Member
Boston, MA

WILLIAM C. HEAD, MD

Emeritus Member
Plano, TX

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

The Hip Society has been the foundation during the evolution of total hip replacement systems and reconstructive surgery of the hip through present. The Hip Society was on the front line with regard to the development of THA into a mature science. During its tenure, we have seen amazing accomplishments, some failures while guiding joint replacement into what it is today. The Hip Society has always maintained its integrity by recognizing the most accomplished surgeons for membership. Finally, as well as hip replacements, The Hip Society has been involved in bone grafting techniques for extensive bony defects and also addressing the early treatment for congenital deformities of the hip.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

My hope is that it will never compromise the integrity of its membership selection.



WILLIAM L. HEALY, MD

Active Member
Newton, MA

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

The Hip Society made major contributions to the worldwide effort to make THA the "Operation of the Century" according to *The Lancet*.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Commitment to patient care.
- Commitment to research.
- Commitment to personal and professional friendships.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society should continue to strive to make THA and revision THA a predictably successful surgical treatment for patients with painful arthritic hips.



WILLIAM J. HOZACK, MD

Active Member
Philadelphia, PA

RELEVANCE



JAMES I. HUDDLESTON, III, MD

Active Member
Redwood City, CA

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Integrity.
- Friendship.
- Mentorship.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Becoming a member of The Hip Society was a tremendous honor. I was excited for the opportunity to make new friends who shared similar interests in advancing the care of patients with disorders of the hip joint.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I anticipate that The Hip Society will continue to:

- Foster investigation into hip disorders.
- Facilitate translation of these discoveries into clinical care.
- Educate fellow hip surgeons in best practices.



DAVID S. HUNGERFORD, MD

Emeritus Member
Cockeysville, MD

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- The most consistent contribution of the Society itself is in the annual open Winter Meeting in association with the AAOS annual meeting. These meetings addressed the most current and sometimes controversial issues in Hip surgery

presented by the recognized leaders in the field both national and international, most of whom were members of the Society.

- The second most important contribution was the 'members only' summer meetings, which gave members the opportunity to get to know each other personally but also to present ideas in an environment where 'give and take' were the order of the day.
- Finally, through various traveling fellowships, sponsored by, or administered by The Hip Society, there were opportunities for young surgeons to visit centers of excellence around the world for increasing their knowledge of the current state of the art in hip surgery.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The general camaraderie of the members.
- The quality of the educational events sponsored by the society.
- The collective contributions of the members to the body of knowledge in hip surgery.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

I came in under the Associate program, early in my career, when such a program existed, and it afforded an opportunity to access the experience and skills of the foremost practitioners and researchers in hip surgery. The Society at that time was only about 50 members, and it was a tremendous honor and privilege to have been offered membership, thanks for my mentor, Dr. Lee H. Riley, Jr.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I don't think the future of The Hip Society is any different from its past. It needs to keep doing what it has done so well in the past. It will continue to build on its legacy by attracting young energetic,

innovative hip surgery specialists to its membership rolls and having them continue to do what past members have done for the past 4+ decades.



MICHAEL H. HUO, MD

Active Member
Houston, TX

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- Education programs (Specialty Day, and other programs).
- Members at leadership positions in residency/fellowship programs, working with other societies such as The Knee Society, AAHKS, International Hip Society, etc to have the highest quality of education programs.
- Advocacy working with other societies and the AAOS at large for patient safety, quality, etc.
- Diversity of inclusion of researchers, surgeons of diverse backgrounds to strengthen the quality of The Hip Society.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- High quality of scientific inquiry, teaching.
- (It) has been the leader in hip arthroplasty, and more recently in hip preservation in the US and in the world.
- Openness in communication among the members, in particular with regard to data that would affect patient outcome.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Diversity, and advocacy for the highest quality of hip surgery for the patients.

RELEVANCE



STEPHEN J. INCAVO, MD

Active Member
Houston, TX

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was a great honor to join the leaders in hip surgery in their commitment to advancing the treatment of hip disease.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Earning the Frank Stinchfield Award.
- The dinners at the summer meeting were always great.



RICHARD IORIO, MD

Active Member
New York, NY

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: *The Lancet* called total hip replacement the operation of the 20th century. I would agree.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was the most prestigious honor I had received in my orthopaedic career.



JOSHUA J. JACOBS, MD

Active Member
Chicago, IL

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: The art and science of total hip arthroplasty has evolved spectacularly over the past 50 years. Survivorship has dramatically improved by virtue of advancements in the scientific basis of hip arthroplasty. The members of The Hip Society have played a major role in this transformation.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

My admission to the Hip Society was a watershed event in my career. The opportunity to regularly interact with the giants of hip arthroplasty has made an indelible mark on my clinical and academic life.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society should continue to be a society that has the highest standards of scientific rigor in the study of hip disease. The Society should also collaborate with sister organizations (AAOS, AAHKS and The Knee Society) to ensure that orthopaedic surgeons have access to high quality educational materials and that orthopaedic patients have access to high quality care.

MURALI JASTY, MD

Emeritus Member
Boston, MA



WILLIAM A. JIRANEK, MD

Active Member
Durham, NC

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Promulgation of new information on hip surgery to members of the AAOS through Hip Specialty Day.
- Development of the Rothman/Ranawat Traveling Fellowship.
- Education of orthopaedic surgeons through OKU, and Hip Society cobranded publications.
- Rational information through the MOM task force.
- Development, testing, and introduction of a cross-linked polyethylene.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It is a society where I continue to learn from fellow members, where I look forward to attending meetings. Achieving membership in The Hip Society was rewarding both personally and professionally.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society is the incubator for new ideas in the treatment of Hip disorders. The Society should focus on developing the essential questions that we need to ask to advance our treatment of patients with hip disorders.

RELEVANCE



NORMAN A. JOHANSON, MD

Senior Member
Philadelphia, PA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society has been the preeminent body of orthopaedic surgeons which has overseen the development and refinement of total hip arthroplasty. This procedure has been shown to be one of the most cost-effective treatments in all of medicine. The Society has done so with transparency and thoroughness while minimizing conflict of interest.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Strict separation from industry during scientific meetings.
- Unrelenting search for real evidence to back up claims.
- Excellent venues for Summer Meeting.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

When I joined the Hip Society, I was awed in the presence of the “Giants” in the field of hip surgery. The inspiration to continue to develop my own surgical skills and measure all things new came from watching my mentors sorting through the issues; sometimes disagreeing with each other. I treasured the open forum for discussion.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society should assume an advocacy role on behalf of patients who may have more difficulty in the future gaining access to total hip arthroplasty. It should also rigorously test the assumptions and practices that result from cost-

cutting measures such as bundling to again see if valuable services are being excluded from being available to patients who need them. The Hip Society should vigorously support clinical research that subjects the claims of the new and interesting to scrutiny by way of high level evidence.



RICHARD C. JOHNSTON, MD, MS

Emeritus Member
Iowa City, IA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society has been a very important part of my life and career for these 50 years. The organization has had a positive impact on our society. However, I just can't answer questions like these in a meaningful way. You folks are doing a good job and I think The Hip Society will continue to be a positive force in orthopaedics and our society.



LYNNE C. JONES, PHD

Adjunct Member
Baltimore, MD

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Supported OREF grant applications. This not only supports cutting edge research but also establishes a pipeline of clinician scientists.
- Firms up relationships between orthopaedic surgeons and basic scientists engaged in research in their field.
- I thought that having Les Wexner speak to us (in New Albany) was a highlight.
- Providing education to AAOS annual meeting attendees.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

- Personally – it provided confirmation for the work that I had been engaged in.
- Professionally – this is a highly recognized honor. My department noted that I was selected to be a member.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I would like to see a debate become part of the Closed meeting as part of the program each year. I would like to see PhD researchers included on the Research Committee.



BRIAN F. KAVANAGH, MD

Active Member
Greenwich, CT

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip society has consistently been on the cutting edge of Total Hip replacement. There have been numerous instances of changes in technology and techniques that have started with the members of The Hip Society. Polyethylene wear, cemented stem loosening, osteolysis around uncemented acetabular components and the new irradiated poly that has become the bearing surface of choice are just a few of the areas that The Hip Society has held a leadership role.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Each of the meetings I have been able to attend has been memorable.
- Memories of “Fitz”, Robert F Fitzgerald, Jr MD, one of my mentors and friends.

RELEVANCE

**What is your vision for the future of The Hip Society?
How should it continue building on its legacy?**

Continued work to foster new research and new educational objectives for the orthopedic community in the area of hip surgery not just joint replacement.



SCOTT S. KELLEY, MD

Active Member
Durham, NC

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The history of The Hip Society and the history of 'total' hip arthroplasty closely overlap. The father of modern hip replacement, John Charnley attended (American) Hip Society meetings, including the meeting in New Orleans in 1982, six months before his death. Every evolutionary step in the development of modern THA was presented at the (American) Hip Society.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Both personally and professionally it was the highlight of my life and career.

**What is your vision for the future of The Hip Society?
How should it continue building on its legacy?**

I think The Hip Society does not need new vision. It is pointed in the right direction with its current plan.

JOHN E. KENZORA, MD

Emeritus Member
Baltimore, MD



YOUNG-JO KIM, MD, PHD

Active Member
Boston, MA



MATTHEW J. KRAAY, MD, MS

Active Member
Cleveland, OH



KENNETH A. KRACKOW, MD

Emeritus Member
Williamsville, NY



STEVEN M. KURTZ, PHD

Adjunct Member
Philadelphia, PA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society has provided an important forum for critically reviewing and disseminating research about advances in hip implant technology. Since the development of the Low Friction Arthroplasty in 1962 there have been many advances, but in recent memory the discovery and clinical introduction of highly cross linked polyethylene in 1998 has had and will have a seismic effect on the longevity of total hip replacements.

**What is your vision for the future of The Hip Society?
How should it continue building on its legacy?**

The HS has a long standing tradition of attracting the best surgeons and scientists in hip surgery. As a relatively new member it is a bit early for me to think about this question but I would hope it's traditions of excellence, fellowship, mutual respect and openness to new ideas will continue for the next 50 years.



RICHARD F. KYLE, MD

Senior Member
Minneapolis, MN

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society provides a forum for the foremost hip surgeons in the United States to meet, present, evaluate and discuss new developments, advancements and concerns in the treatment of hip disease and injuries. The Hip Society provides educational forums for all orthopaedic surgeons to learn current techniques and trends and clinical outcomes in the treatment of hip disease and injuries. The Hip Society supports clinical and basic research to evaluate and improve treatment of the hip.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The Hip Society's commitment and focus to improve the care of patients with hip disease and injury.
- The Hip Society's dedication to education of all physicians interested in the care of the hip.
- The Hip Society allows open and frank discussion on current, new and traditional treatment of the hip by selected and accomplished experts in the care of the hip. I value most the comradery, honesty and willingness to challenge and discuss current and new techniques for treatment of hip disorders.

RELEVANCE

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Meeting Nas Eftekhar at my first meeting. I had read many articles by him and could not believe I was actually shaking his hand and talking with him.
- When Ray Gustilo, my mentor, told me was nominating me for Hip Society membership.
- Having The Hip Society induct Joan Bechtold, PhD, our biomechanics lab director, to be the first female member of The Hip Society. Listening to Dr. Sir John Charnley debate Dr. William Harris at a symposium sponsored by The Hip Society.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue to promote and encourage young surgeons to do research and educate others in the field of hip disease and injury to improve the care of all patients.



PAUL F. LACHIEWICZ, MD

Senior Member
Chapel Hill, NC

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: The Hip Society was and continues to be the pre-eminent organization for academic leadership, scholarship, and education in the orthopaedic subspecialty of adult hip disorders and their treatment. Although the Hip Society is most known for its contributions in total hip arthroplasty and revision, it had now expanded its focus to include hip preservation surgery and fractures.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- All members are truly distinguished in academic endeavors and the leaders in the field.
- There is an extremely “high bar” of academic accomplishment to become a member.
- Closed meetings are the most important for me personally for new knowledge and ideas.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was a great honor. It was the recognition of the academic work that I had completed over my first nine years in practice. Personally, I was able to join the organization of the surgeons at Hospital for special Surgery (Drs. Ranawat and Salvati) who had trained me and were my mentors.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The educational and academic goals should be retained and strengthened. We should not lose our primary focus on the diagnosis and treatment of hip disorders, and leave the socio-economic aspects of practice to other organizations.



CHRISTOPHER M. LARSON, MD

Active Member
Edina, MN

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: I've only been a member for 2-3 years, so I have less to offer with regards to the history of this wonderful organization. However, I am so grateful to be part of such a highly regarded society and in the last couple of years the course offerings, articles published, videos, webinars, and books and chapters written are invaluable to our orthopedic community.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The level of commitment of our members.
- The talent with regards to teaching, research, and clinical skills.
- The support the members give each other is incredible.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was clearly the greatest honor of my career to be elected into The Hip Society. When I looked around at the members in the room and recognized that these are the world's thought leaders with regards to hip disorders, I could not believe that I now had the opportunity to be part of such an amazing organization. This honor is not only a reflection of what we have done as orthopedic hip surgeons prior to election, but more importantly demands that we continue to advance the field of hip disorders through education and research as an individual and society.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

To continue to teach the orthopedic community at large and advance our understanding of hip related disorders through innovative research, collaboration as an organization, and fellowship opportunities that result from this talented think tank made up of both accomplished educators and future leaders in the field.

RELEVANCE



CARLOS A. LAVERNIA, MD

Active Member
Coral Gables, FL

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
Every major advancement.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Interaction with the best hip surgeons in the world.
- Honesty.
- Variability in philosophies.



MARK G. LAZANSKY, MD

Emeritus Member
Bethlehem, PA

GWO-CHIN LEE, MD

Active Member
Philadelphia, PA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
The Hip Society has been at the forefront of the study of hip diseases for the past 5 decades. The founding members were among the developers of arguably the best surgical procedure ever developed: relieving pain and disability in those patients affected by end stage arthritis of the hip. Over the years, members of The Hip Society have

continued to improve on the outcomes of hip replacement surgery by the study of the ways to optimize results and minimize complications. As we look to the future, the Hip Society will continue to be looked upon to develop novel treatment modalities for patients with pre-arthritic hip joints and non-arthroplasty options to manage them.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Becoming a member of the Hip Society is a great honor. It represents the recognition of your peers and friends for the work done to date. However, it is also extremely humbling because you are now standing near the giants of your craft and profession. With it comes great responsibility. I feel that it will continue to drive me to try to contribute through research, clinical excellence and philanthropy to support the growth of our profession.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The future of the Hip Society is bright. It will continue to build on its legacy through meaningful contributions to the field of Adult Reconstruction through high quality research, education, and giving back. Will be exciting to be a part of the process and I look forward it.



DAVID G. LEWALLEN, MD

Active Member
Rochester, MN

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Validating the effectiveness and value of Total Hip Arthroplasty for patients with hip disease and arthritis.
- Advancing knowledge about the principles and techniques of successful THA while also defining

the complications and problems associated with the procedure, selected technologies and some implants.

- Providing an unparalleled educational forum for the exchange of ideas among members at the closed meeting, and for education of the entire orthopedic community at the open meeting.
- Setting the standard for excellence among orthopedic specialty societies.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Total commitment to excellence in academic work, and the critical review and exchange of ideas.
- Unique and close camaraderie.
- High quality education.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

A pinnacle professional moment and a very humbling one given the stature and quality of those who were members before me. Beyond a dream come true, because I never dreamed as a young orthopedic surgeon that I would someday be even considered for membership in The Hip Society. One of the accomplishments that I am most proud of in my career.

Do you have any artifacts or items of historical significance/relevance to this project that you would like to contribute to the history book?

A note from Mark Coventry included with his personal copy of Charnley's book "Low Friction Arthroplasty of the Hip" at the time Coventry gave the book away as a gift when he retired. In the hand written note to me Coventry expresses his gratitude to Charnley stating "He was a friend, a great teacher, and I owe him so much".

RELEVANCE



JAY R. LIEBERMAN, MD

Active Member
Los Angeles, CA

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from

other professional organizations known to you? What do you value the most?

- I truly value the commitment of The Hip Society and its members to enhance the care of patients with disorders of the hip.
- There is a very special esprit de corps among The Hip Society members that makes the meetings both educational and truly enjoyable.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

I belong to many different organizations within the orthopaedic community but when I was admitted to The Hip Society this was truly special to me. At the time, many of the members had played key roles in the development of total hip replacement. I respected their accomplishments and their passion for hip surgery. The Hip Society is a close-knit group and I truly look forward to going to the closed meeting every year.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society needs to continue to focus on enhancing the management of patients with hip disorders. This should include both hip preservation and total joint arthroplasty procedures. In order to stay relevant, The Hip Society must work in coordination with The Knee Society and the American Association of Hip and Knee Surgeons to help maintain access to total joint arthroplasty for our patients and to help recruit new surgeons to join our field.



ADOLPH V. LOMBARDI, JR., MD, FACS

Active Member
New Albany, OH

Describe/list some of the most significant contributions The Hip

Society (and its members) has made over the past 50 years to the practice of orthopaedics:

I began my practice in Adult Reconstruction of the hip in 1987. I have always viewed The Hip Society as the organization which provided state of the art education in the treatment of degenerative disease of the hip. The members of The Hip Society have always exemplified the three pillars which are required for a successful practice in Adult Hip Reconstruction. The first of these pillars is research. By virtue of the admission criteria to become a member of The Hip Society, The Hip Society has been at the center of pivotal research in hip reconstruction. The members of The Hip Society have taken their knowledge gained by this research and have produced the second pillar, which is education. The orthopaedic community interested in the Adult Reconstruction of the Hip, looks to the publications of the members of The Hip Society to determine appropriate care and treatment for their patients. The annual open meeting of The Hip Society represents the most significant meeting to spread knowledge regarding hip reconstruction. The proceedings of The Hip Society are read by many individuals throughout the world. Many members of The Hip Society are actively teaching surgical technique, not only at the annual meeting, but also by dedication of their time to the Orthopaedic Learning Center at the AAOS in Chicago. The final pillar is excellence in patient care. The members of The Hip Society have always emphasized the need for appropriate care and treatment of the patient.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The Hip Society is an organization consisting of the brightest minds in Adult Reconstruction of the Hip.
- The closed meeting of The Hip Society, is an excellent forum to allow for the exchange of intellectual ideas, surgical techniques, and patient care issues.
- The Hip Society is an organization consisting of likeminded individuals, who share many common life experiences.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

When I started my professional career of Adult Reconstruction of the Hip in 1987, I set as one of my goals, to be a member of The Hip Society. The Hip Society represents an organization whose membership are the world opinion leaders in Adult Reconstruction of the Hip. Being accepted as a member of The Hip Society meant that my colleagues also felt that I was making a significant contributions to Adult Reconstruction of the Hip. To me personally, this was a distinct honor. Professionally, it has afforded me the opportunity to exchange ideas with the top thought leaders in the world.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society should continue as a premier organization consisting of the top thought leaders in Adult Reconstruction of the Hip. The Hip Society should continue to advocate for the three pillars of a successful practice of Adult Reconstruction of the Hip and that is research, education, and excellence in patient care. The Hip Society should continue to foster new ideas by virtue of its closed meeting and The Hip Society should share evidence-based research with the orthopaedic community through its

RELEVANCE

annual meeting and the proceedings of The Hip Society. Members of The Hip Society should continue to be actively teaching in programs such as the Orthopaedic Learning Center, other AAOS sponsored venues, and other educational venues. The Hip Society should continue to promote specialized training through The Rothman-Ranawat Fellowship. The Hip Society should consider funding multicenter studies.



WILLIAM B. MACAULAY, MD

Active Member
New York, NY

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Promulgated hip arthroplasty in the US after innovation in UK.
- Developed and popularized cementless total hip arthroplasty.
- Advanced the science (both clinical and basic) associated with all things hip.
- Improved polyethylene so that it is highly wear resistant and rarely fails in 2016.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The freedom to speak one's mind on controversial topics with like-minded colleagues.
- The inclusion of non-surgeons is an important part of its value.
- A singular mission to enhance lives for people with disease of the hip.



STEVEN J. MACDONALD, MD, FRCSC

Active Member
London, ON, Canada

Describe/list some of the most significant contributions The Hip

Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- Focus on evidence based results with respect to hip implant outcomes.
- Members have designed implants that have helped millions of patients alleviate the pain of arthritis.
- The Hip Society and its members have been integral in the education and training of generations of hip surgeons.
- The Hip Society has been proactive in patient advocacy.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Focus on patients and outcomes.
- Critical analysis of data.
- Willingness to evolve and question dogma.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

- Continuing to embrace change and evolution and knowledge translation.
 - Continue to be an advocate for patients.
- I think The Hip Society has continued to remain relevant by embracing change, focusing on education and being patient focused I count it a privilege to be a member.



NIZAR N. MAHOMED, MD

Active Member
Toronto, ON, Canada

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society provides leadership in developing new innovations in the field of hip surgery in particular hip replacement surgery. Our members have pioneered most of the key innovations in our field. One of the most significant contributions has been the introduction by Bill Harris and colleagues.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

I became a member in 2006. It was the fulfillment of a key milestone and personal goal for me in my career. It was great honour to be recognized by the leaders in our field of my contributions to hip surgery and be allowed to become a member of The Hip Society.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society should continue its role to lead innovation and education in the field go hip surgery. In addition though, we should take a more active role in advising and helping to define health policy issues relating to hip surgery and orthopaedics.

RELEVANCE



ARTHUR L. MALKANI, MD

Active Member
Louisville, KY

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: Foster research and education in the field of hip surgery. Helped like-minded hip surgeons come together in to collectively tackle current challenges facing our patients undergoing total hip replacement to help improve outcomes.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Emphasis on solving clinical problems facing our patients
- Fostering education and research.
- Friendly and respectful society members with a strong desire to excel.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Personally, felt I was part of a team that has the same focus on improving the lives of our patients undergoing hip surgery – through excellence in research and education. Professionally, not sure as yet – but did meet members who I plan to work with in performing multicenter studies – which would have been very difficult without membership in the society.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue to tackle current clinical problems and foster research and education in this field – with enthusiasm to have future generations excited about hip surgery.



HENRIK MALCHAU, MD, PHD

Senior Adjunct Member
Boston, MA



THOMAS H. MALLORY, MD

Emeritus Member
Loudonville, OH



WILLIAM J. MALONEY, III, MD

Active Member
Redwood City, CA



HENRY J. MANKIN, MD

Emeritus Member
Boston, MA



JOHN M. MARTELL, MD

Adjunct Member
Chicago, IL

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

Over the past 17 years from my perspective the educational process of the hip society at the winter meeting has been a tremendous success. The collegial nature of the hip society has proven fruitful environment for the development and/or testing of implant designs, approaches, and methods. The collaborations which have resulted from interaction with my colleagues at the summer meeting have been very rewarding personally and professionally. The constant review and surveillance of implant performance has led to many advantageous design changes. While the impact of the hip society has been large I believe the most significant contribution has been the development of highly cross-linked polyethylene. Members of the hip society have been actively involved in implanting testing and developing this material. The successful development of a material which has minimal wear under normal use has had a significant impact on the burden of revision surgery and has saved the health care system millions of dollars yearly. Most importantly this material has improved the outcome and patient satisfaction for patients with total hip arthroplasty.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Become an act of member of the hip society saw the greatest honors I have received in my career. Personally, I appreciate the opportunity to discuss at a high level the potential direction of hip replacement in the United States and abroad. Professionally, being a member of The Hip Society open many doors and the collaborations that resulted from conversations at society meetings have provided a fertile ground for academic development.

RELEVANCE

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

In my opinion hip society should remain focused on its educational mission for all levels of orthopedics new methods of education are now available to us including virtual reality simulation of orthopedic procedures. This I think you make a tremendous impact on resident education. In light of the work hour restrictions mandated the decreased exposure to procedures is a concern. One alternative is preparation of Junior residents through surgical simulation in order to provide them with the skills necessary to perform well as senior residents.



BASSAM A. MASRI, MD, FRCS

Active Member
Vancouver, BC, Canada

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

Without a doubt, the members of The Hip Society have written the book on Hip Surgery, nationally and Internationally. Most major advancements in the field have been led by members. This is why I joined the society, and this is why I continue to be a member. In addition, the members of the society have continued to set the standard in education and knowledge translation in the field of Hip Surgery. Their influence has been very far reaching because many members are also members of other International Societies, where their contribution has the chance to reach all corners of the globe. Some specific contributions include:

- Development of cementless hip replacement.
- Better understanding of the biomechanics of hip replacement.
- Introduction of articulated spacers in the treatment of hip infection.

- Introduction of evidence-based diagnostic algorithms for the diagnosis of periprosthetic joint infection.
- Introduction of evidence-based algorithms for the classification and treatment of periprosthetic fractures.
- Introduction of novel techniques for revision of the acetabulum.

Beginning with allografts, followed by porous metal augments, cup cage reconstructions and custom-made 3D printed implants.

- Popularization and “internationalization” of cementless femoral techniques with tapered fluted stems.
- Sounding the alarm on adverse outcomes such as ALTR and contributing to the decline of harmful technologies.

These are just a few concrete examples of how our members, friends and colleagues have contributed, and will continue to contribute for years to come.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Simply put, it was the pinnacle of achievement in my career. Joining The Hip Society mean that I was recognized by my peers as worthy of joining this elite group. It is simply more prestigious than any other hip organization that I belong to. The only other organization that I put as an equal is The Knee Society.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Going on the New York Harbor cruise with Chit Ranawat.
- Listening to Chit Ranawat - always a pleasure and an honor to listen to his wisdom.
- Driving Adolph’s Lamborghini.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

For the Society to remain the go-to organization for expanding and disseminating knowledge about Hip Surgery. To build on its legacy, we need to continue to recognize our founders and our senior contributors and to have awards to honor their names.



JOEL M. MATTA, MD

Senior Member
Santa Monica, CA



JAMES P. MCAULEY, MD, FRCS

Emeritus Member
London, ON, Canada

Describe/list some of the most significant contributions The Hip Society (and its members) has

made over the past

50 years to the practice of orthopaedics:

- Forum for advancement of hip related problems, through interchange of new ideas, techniques and philosophy.
- Limited membership fosters unique forum for candid exchange if ideas and lifelong friendships.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

A great deal for both. Learn more from this peer group than any other.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- First meeting as a member.
- Collegiality and acceptance from day 1.
- Editing proceedings.

RELEVANCE

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Keep membership limited numbers. Getting too large – lose advantages of small group for social and academic exchange.



RICHARD W. MCCALDEN, MD

Active Member
London, ON, Canada

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society has set the standard for an academic professional organization dedicated to the improvement in the treatment of adult hip disease, (including) the annual closed meeting to allow rigorous examination of new hip disease research, and the annual open meeting to allow dissemination of the most up-to-date knowledge related to hip surgery.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Becoming a member of The Hip Society is a great honor and privilege. It represents the recognition of one's academic achievement in the field of adult hip reconstruction surgery. Professionally, this is the pinnacle of one's academic career and was undoubtedly instrumental in achieving full Professor status in my University. Personally, membership in this prestigious society has allowed me to expand my knowledge of hip surgery and provide the best possible care for my patients. Furthermore, membership has provided me with countless friendships which I continue to treasure.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

It would be hard to recommend any substantial changes required to the current Hip Society. No

doubt, like all the members, I want The Hip Society to be at the forefront of the advancement and dissemination of knowledge related to treatment of adult hip disease. The Hip Society can continue to build on its legacy by maintaining the standards for membership in the society. Its future members should represent the 'best of the best' and therefore allow the society to continue to advance the understanding and treatment of hip disease. Ongoing research, in the form of collaborative multi-center prospective studies, is required to answer those questions that remain unanswered within hip surgery. Overall, The Hip Society is in a very good position to continue to be the foremost academic organization pertaining to adult hip disease.



JOSEPH C. MCCARTHY, MD

Senior Member
Boston, MA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Greatly elevated the art and science of Total Hip Replacement Surgery.
- Emphasized the importance of analyzing results via registries
- Expanded the practice of Hip Surgery to include Hip Preservation and Arthroscopy.
- Facilitated improvements in Joint Imaging and diagnosis.
- Disseminated knowledge worldwide of adverse reactions to hip implants such as metal/metal bearings, large heads, and 2-incision surgery.
- Facilitated AAOS Leadership through its membership.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

- Most important organization within orthopedics.
- Validation of my commitment to research in Hip preservation.
- Beginning of numerous lifelong friendships.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue to expand research, education and membership to study of hip joint disease, especially early detection and treatment of the native hip. Continue to build on co-branding research and courses with AAHKS. Develop a mentorship program of senior members for young aspiring hip surgeons.

WILLIAM A. MCGANN, MD

Active Member
San Francisco, CA



HARRY A. MCKELLOP, PHD

Emeritus Member
Bel Tiburon, CA



JOHN B. MEDING, MD

Active Member
Mooresville, IN

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

Fixation, UHMWPE wear, survivorship, minimizing complications.

RELEVANCE

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

- Enhancing communication with AAOS and orthopedic surgeons.
- Multimedial involvement.
- Reaching out to international community.



R. MICHAEL MENEGHINI, MD
Active Member
Fishers, IN

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
The Hip Society has been instrumental in leading some of the largest advances in hip arthroplasty that include:

- Porous metals for acetabular reconstruction, which has revolutionized revision hip surgery.
- Cementless fixation of femoral stems, particularly helpful in young active patients.
- Bearing couples, including the introduction in vivo monitoring of highly cross-linked polyethylene which has dramatically reduced osteolysis after THA, which we anticipate extending longevity after THA.
- Improving the diagnosis and treatment algorithms for peri-prosthetic infection.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

One of the most significant honors of my life, which is truly hard to put in words. As a medical student and resident, I admired and in some cases idolized the members of The Hip Society as the leaders and giants in hip replacement and I only dreamed of being even considered for membership in the organization. It remains one of my personal and professional accomplishments of which I am most proud and I remain honored to be a member and will hold myself accountable to delivering its mission to the best of my ability.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Through research and education...and a rigorous academic membership criteria so that it remains prestigious. If it becomes like a country club, with membership drives to raise money, etc, it will not be able to separate itself from other organizations such as AAHKS, ICJR, AAOS, etc. In addition, the quality of research, presentations and membership must be of the highest integrity, transparency and honesty in order to maintain our status as the pre-eminent leadership group in hip arthroplasty.



WILLIAM M. MIHALKO, MD, PHD
Adjunct Member
Memphis, TN

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
The pioneers of The Hip Society have been instrumental in improving the outcomes of primary and revision hip arthroplasty: implant design, fixation and bearing improvements.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Becoming a member of The Hip Society was a career defining accomplishment in my life. On a personal basis, I will cherish being a member of a Society filled with mentors from early in my career and the fellowship with all the members.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I would urge the current and future leadership to maintain the high level of standards for admittance into the Society as it sets us apart from all others.



MICHAEL B. MILLIS, MD
Senior Member
Boston, MA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Promoting registries.
- Organizing instructional courses.
- Networking among “hipologists”.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Balanced interests the origins of hip disease, plus interest in both arthroplasty and non-arthroplasty treatments.



MICHAEL A. MONT, MD
Active Member
Cleveland, OH

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Members have been on the cutting edge of hip replacement research.
- Many members are the forerunners or pioneers of the hip designs used today in arthroplasty.
- They have been responsible for the major advances in polyethylenes, ceramic interfaces, and cementless designs (as well as some, hopefully short-lived, failures such as metal on metal devices).

When you became a member of The Hip Society, what did it mean to you personally and professionally?

I was acknowledged professionally that I had achieved sufficient acclaim among my peers concerning leadership, research, and interest at a high level in all things hip. Personally, it gave

RELEVANCE

me an easier opportunity to interact with high level surgeons - now as friends and closer colleagues.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Getting to know various families at a personal level.
- Visiting Kim and John Callaghan at their home was quite memorable
- Spending multiple meetings with various members – such as Tom Sculco, Chit Ranaway, too many to count, who befriended me during meetings, social events, and dinners.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

- Continue cutting edge research.
- Putting together trends, society scores, complications lists, etc. for evaluation in the future.
- Standards of care e.g. metal-on-metal task force.
- Leadership in what does and doesn't work in the future for hip replacement and preservation.



JOHN R. MORELAND, MD

Emeritus Member
Santa Monica, CA

RICHARD F. MORREY, MD

Emeritus Member
Rochester, MN



JOSEPH T. MOSKAL, MD

Active Member
Roanoke, VA

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- The Hip Society is a premier forum for the exchange of knowledge and research involving the hip.
- The most current educational and research information is shared at its meetings.
- The Hip Society provides access to the best and most current information regarding treatment, educational programs and research to better care to patients with disorders of the hip joint.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Throughout my career I have looked for ways to give back to my community and profession. The Hip Society is the premier forum for the exchange of knowledge involving the hip. I am truly honored and privileged to be a member and to be able to contribute to the education and research shared at its meetings.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Explore new techniques or technologies to educate physicians and patients. Look for opportunities to grow it collaborations on research and treatments. Continue its vision and true values.



ORHUN K. MURATOGLU, PHD

Adjunct Member
Boston, MA



STEPHEN B. MURPHY, MD

Active Member
Boston, MA

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

The Hip Society membership has contributed to improving the diagnosis and treatment of all adult hip disorders, both native and following prosthetic reconstruction. Contributions span the spectrum from hip joint preservation for developmental deformities to reconstruction for end-stage pathology.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Personal friendships.
- The relatively small membership creates an environment truly unique to the society.
- Trust. I've developed a level of trust for the opinions of many of our members of the Society by developing an appreciation for great expertise that different members have in specific areas.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Providing additional leadership in medical economics and supporting surgeons to remain independent from large medical care organizations.



DOUGLAS D.R. NAUDIE, MD, FRCS

Active Member
London, ON, Canada

RELEVANCE



PHILIP C. NOBLE, PHD

Adjunct Member
Houston, TX

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- Understanding of the role of mechanical factors in the performance of THR.
- The realization that primary OA of the hip has its origins in anatomic abnormalities that may be detected in early adulthood.
- Identification and promotion of awareness of the scourge of osteolysis and support for advances in bearing materials that virtually eliminated this disease.
- Advancement of a scientific, evidence-based approach to the study of total hip replacement, especially complications associated with the widespread adoption of this technology.
- Enormous contribution to the widespread adoption of THR as a treatment for degenerative hip disease and improvement in outcomes and survivorship.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

- Membership of the Hip Society gave me an enormous sense of recognition and acknowledgement as a member of a diverse profession.
- Internally it validated so much that I had striven for in my career over so many years.
- Professionally, it allowed me space to focus on new areas of scientific investigation, and opened up new avenues for collaboration and advice in moving my research forward.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I strive for the Hip Society to be much broader in scope and inclusive in its membership and

governance. I believe strongly that the inward-looking club of the past must become much more out-ward looking in the future through the encouragement and active participation of all who study the hip and who have the professional stature to contribute through leadership, and not just passive membership! I also believe that the field of the hip is much larger than just THR, and that the narrow, US arthroplasty focus of the society is holding back the Society rather than propelling it forward!



RYAN M. NUNLEY, MD

Active Member
St. Louis, MO

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

The Specialty Day Hip Society meeting at the AAOS meeting provides outstanding education on current trends and what the greatest leaders in the hip world are doing. This clear and concise forum is great information for the practicing orthopaedic surgeon performing hip surgery.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

I felt like I finally made it to the big leagues. All my time and hard work had finally paid off and I achieved the highest goal attainable for somebody interested in hip surgery.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue to support research and education. Continue to foster new ideas and advancements in hip surgery.



DOUGLAS E. PADGETT, MD

Active Member
New York, NY

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

1. Expanding the risk of thromboembolic disease after THR.
2. Understanding the impact of structural abnormalities of the native hip and the development of degenerative disease.
3. Improvements in implant fixation.
4. Improvements in bearing longevity.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Define 1 or 2 crucial issues and lead the way. These should be the major initiatives which would be assessed every 2-3 years. Setting the agenda and defining best practice to help our orthopaedic colleagues will be the legacy of the HS.



MARK W. PAGNANO, MD

Active Member
Rochester, MN

RELEVANCE



WAYNE G. PAPROSKY, MD, FACS

Senior Member
Winfield, IL

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: The Hip Society has defined total hip arthroplasty as a true sub-specialty. Instrumental in establishing the joint replacement fellowship match. Able to disseminate the latest developments and report to the members on research endeavors at the open meeting on speciality day.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

To continue to adhere to the strict criteria for admission of new members and make sure they maintain the high standard that has been established over the years. Continue building on its legacy by selecting only top candidates for membership. This would enable the society to disseminate the most recent findings in hip replacement development and research.



JAVAD PARVIZI, MD, FRCS

Active Member
Philadelphia, PA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Introduction of highly cross linked polyethylene.
- Unraveling the pathomechanism of ALTR.
- Implementation of effective infection prevention.
- Popularization of Tranexamic acid for blood conservation.
- Popularization of direct anterior approach.
- Conducting studies to prove efficacy of aspirin for prevention of VTE following THA.

- Conducting studies to understand the mechanism of aseptic loosening and unraveling the connection with occult infections.
- Introduction of better uncemented materials with optimal osseointegration.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- My first presentation on Sudden Death after THA.
- Spending time and walking with Dr Amstutz during our meeting in New York.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

It needs to build on its commitment to I research and encourage level 1 studies. It needs to allow the younger members to take leadership positions and lead the organization into the digital age. The Society needs to expand its international base.

DOUGLAS R. PEDERSEN, PHD

Emeritus Member
Iowa City, IA



VINCENT D. PELLEGRINI, JR., MD

Active Member
Charleston, SC

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Clarity around hip surgery options: Resurfacing, ceramic bearing surfaces, metal on metal guidance.
- Cementless fixation.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Candid authentic discussion at summer meeting.
- Truly collegial and academic group.
- A meritocracy more than a political arena.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Receiving membership certificate.
- Presenting my first Charnley award paper.
- Hearing some of the HS luminaries, such as Bill Harris, address the group.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue to be a meritocracy built on quality contributions to understanding hip disease and all will be well! Be uncompromising in that goal.

PAUL M. PELLICCI, MD

Emeritus Member
New York, NY



CHRISTOPHER L. PETERS, MD

Active Member
Salt Lake City, UT

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: Thought leading organization for hip replacement across the world. Society members consistently produce key research related to hip replacement and hip preservation which sets the standard for other organizations.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- High quality scientific content.
- Learning from highly devoted/motivated members.
- Exclusivity.

RELEVANCE

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue to recognize young thought leaders in the area of hip arthroplasty and hip preservation by including them in the membership.

ROBERT POSS, MD

Emeritus Member
Needham, MA



HOLLIS G. POTTER, MD

Adjunct Member
New York, NY

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: With regards to the most significant contributions, establishing joint registries for study, presentation of innovative research on both in the basic science side from Drs. Goodman and Jacobs, Dr. Wright and Dr. Rimnac's retrieval analysis, and the addition of multidisciplinary research projects with surgeons and imaging.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Getting a tie from Dr Callaghan!!!

When you became a member of The Hip Society, what did it mean to you personally and professionally?

I was very honored to become a member of the Hip Society, particularly serving as its first female member. This is an extraordinary group of dedicated clinicians and scientists, all of whom act in the patient's best interest to present innovative data and set the future of orthopaedic care.



AMAR S. RANAWAT, MD

Active Member
New York, NY

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Hip Traveling Fellowship.
- My first presentation (at Summer Meeting).
- Hanging out with Bill Harris.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

We need to create an endowment to ensure industry does not invade the organization.



CHITRANJAN S. RANAWAT, MD

Senior Member
New York, NY



MICHAEL D. RIES, MD

Active Member
Reno, NV

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

It's difficult to identify just three, but during my career the most significant advances I have seen, which were largely presented to the orthopaedic community at the annual open meeting include the benefits of cementless porous coatings as an alternative to cement fixation, pathophysiology of wear induced osteolysis, and adverse effects of gamma irradiation in air of UHMWPE.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- As a new member at my first closed meeting, I was thoroughly impressed with the types of debates that occurred behind closed doors which I had never seen during an open meeting. I remember one between Bill Harris and Harlan Amstutz, which I would characterize as intense, respectful, humorous, and in which both individuals based their positions on sound clinical and basic science. I think that each member of the society sort of participated in the debate and left with a somewhat different understanding of the topic than they had previously.
- I have seen moments where studies presented at The Hip Society and published by its members have resulted in rapid changes in orthopaedic practice such as the elimination of gamma irradiated in air UHMWPE not only in the US, but throughout the world.
- The Hip Society dinners and social aspects of the closed meetings illustrate the close mutual respect and friendships that members have for each other.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Although it's not a stated purpose of The Hip Society, the society has played an important role in establishing a standard of care in hip arthroplasty or establishing good practice methods which could be considered as guidelines. This has happened frequently without the specific development of guidelines such as those produced by the AAOS or consensus statements. I believe that The Hip Society should continue to fill this role in the format provided at the open meeting with symposia topics that are controversial and relevant to current issues in orthopaedic practice. These rely on both evidence and expert opinion of its members, rather than consensus guidelines which are supported primarily through evidence based medicine. My opinion is not intended to diminish the importance of evidence based medicine, but point out that gaps in knowledge in a surgical field such as total hip arthroplasty frequently cannot be answered only by studies with a high level of evidence such as RCTs.

RELEVANCE



CLARE M. RIMNAC, PHD

Adjunct Member
Cleveland, OH

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society and its members have been critical to the advancement of total hip arthroplasty, among other hip disorders. This includes optimization of surgical technique, identifying, understanding and developing solutions to adverse short- and long-term biological complications, and enhancement of implant performance through the advancement of the understanding of biomechanics and kinematics function, and implant materials and implant design.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The Hip Society is a unique multidisciplinary community of orthopaedic surgeons, biologists, and engineers dedicated to the advancement of the care of the hip.
- The Hip Society is dedicated to the education of the larger orthopaedic medical and research community.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

As an Adjunct member of The Hip Society, it has been my privilege to learn from, and share knowledge with, the premier hip surgeons in the country and the world. It helps me to be grounded in the clinical relevance of the research that I conduct. It helps me to identify emerging clinical concerns. It also gives me a unique opportunity to contribute to framing approaches and solutions to emerging clinical concerns.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society continues to play an important and unique role in the advancement of the care and treatment of hip disorders. As the leaders of the field, it has a responsibility to identify arising clinical concerns and take action to propose remedies, educate, and work with the musculoskeletal community at-large to the benefit of patient care. The Hip Society should be at the “bleeding edge” and anticipate, as well as react, to arising clinical challenges.



MERRILL A. RITTER, MD

Emeritus Member

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the

practice of orthopaedics:

- Porous ingrowth fixation.
- Avoiding the Charnley Trochanteric osteotomy.
- Extended trochanteric osteotomy for revision surgery.
- Instrumentation.
- Detection of bad polyethylene.
- Detection of places where metal fails.
- Being able to discuss freely the good and the bad with experts.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

This is a tough question for Dick Rothman and I were kept out of The Hip Society for years. By the time we were bought in, we had contributed to the hip literature in a large way. All and all, I was around to be a member of a society of great hip surgeons.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Be honest and contribute to the understand of hip surgery with data.



HARRY J. ROBINSON, MD

Emeritus Member
Saint Cloud, MN

RAYMOND P. ROBINSON, MD

Senior Member
Miami, FL

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

The most important contribution to orthopaedics was the very creation of such an organization resulting in an environment that continues to insist on evidence based solutions for our patient's conditions. The (North American) Hip Society under the leadership of Frank Stinchfield and its founding members was the first and the model for others. I am intensely proud to be a member.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

When I became a member of The Hip Society 18 years ago it was the proudest moment of my career. As a medical student at Columbia P&S presenting cases in front of Frank Stinchfield I could not have known that someday I would be a member of the society that he founded, The (North American) Hip Society. I remember having the thrill of watching Frank Stinchfield perform Sir John Charnley's low friction arthroplasty, demonstrating methylmethacrylate polymerization by tossing a ball of cement on the operating room floor to seeing if it bounced. Somewhat of a show, I know, but it was mesmerizing to an impressionable young medical student. It is my honor to be associated with such talented and

RELEVANCE

dedicated colleagues. I would like to thank many people in The Hip Society who have helped me over the years but in particular: Frank Stinchfield, Phil Wilson, Jr., Al Burstein, Eduardo Salvati, Chit Ranawat, Don Bartel, Harlan Amstutz, Tom Gruen, Peter Walker, Nas Eftikar, and my brother, Harry Robinson, Jr. I knew Dr. Stinchfield, the founder of our society, as an unpretentious, kind and caring man who loved his patients and never seemed to forget anyone he met. Years later, when I saw him at the AAOS meeting he not only remembered my name but also details about me that astounded me -- a remarkable talent that I wish I possessed.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- My first Hip Society closed meeting in NYC at HSS with Eduardo Salvati president. I was aware of the newly established Hip Society but did not fully appreciate its uniqueness until the society's Summer Meeting held at The Hospital For Special Surgery. I was given the opportunity, as a biomechanics fellow, to present our work on carbon-reinforced methylmethacrylate. Much to my pleasure, the carousel projector in the conference room, as usual, was misbehaving. As a result, I was asked to remain as a projectionist. What an opportunity! I remember hearing Nas Eftekar present his controversial cemented titanium alloy total hip design, which stimulated a predictably heated "discussion". I heard, in the midst of another debate, Bill Harris quote one of Clem Sledge's publications. I recall Clem, in response, saying "It's always embarrassing when someone else remembers your paper better than you". For me, it was like being a fly on the wall listening to the greatest minds in North American hip surgery, discussing, arguing, debating, in a refreshingly direct and yet respectful way the current challenges of the field.
- The intense debates between Charlie Engh and Bill Harris regarding cemented and cementless stems.
- Fascinating fun conversations with Merrill Ritter and Cliff Colwell over the years.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

After 50 years, The Hip Society remains a unique forum for unfiltered, credible discussions and exchanges of ideas. What a collaborative membership that continues to successfully disseminate innovative solutions. How far we have come, yet how much further we have to go. Although for the foreseeable future further progress in total hip replacement and the complications arising from total hip replacement will continue to be a major focus of the society continued efforts toward biologic solutions for hip disease will be increasingly important. We need to be flexible in the future as health care changes.



CECIL H. RORABECK, MD, FRCS

Emeritus Member
London, ON, Canada

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- The Hip Society (and The Knee Society) led the orthopaedic charge in promoting and initiating evidence-based medicine as the gold standard for reporting hip data by encouraging prospective randomized trials and National Data collection.
- Gave credibility to cementless fixation, both acetabular and femoral, in an era of wide acceptance of cemented fixation promoted by the late Sir John Charnley, and of course, Mike Wroblewski. This allowed the patients improved outcomes and a more biological approach to fixation.
- Led the world in reporting analysis of different bearing couples, through carefully constructed clinical trials, materials analysis, and support of basic science funding through OREF.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Membership committee discussions (made me wonder how I got in).
- Debate from the floor of the AAOS, between John Charley and Bill Harris over whose data was more correct
- The closed meeting after 9/11.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The "brand" of the HS must speak to the best in hip science and evidence based decision making focusing on what is best for our patients. It should stay "above the fray" with respect to politics, and reimbursement but rather be seen as an unbiased oracle standing for excellence in patient care by the public.



AARON G. ROSENBERG, MD

Active Member
Chicago, IL



RICHARD H. ROTHMAN, MD, PHD

Senior Member
Philadelphia, PA

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Modest size.
- High quality.
- Camaraderie.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue to focus on quality and contain size.

RELEVANCE



HARRY E. RUBASH, MD

Active Member
Waltham, MA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
Every aspect of hip surgery has been enriched by the members of The Hip society.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Academic performance.
- Clinical productivity.
- Collegiality.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?
Excellence in academic medicine.



OLEG A. SAFIR, MD, MEd, FRCSC

Active Member
Toronto, ON, Canada



EDUARDO A. SALVATI, MD

Senior Member
New York, NY

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
Significant advances in the preoperative assessment, intraoperative surgical techniques

and postoperative care, all leading to reduce complications, postoperative pain, prompt recovery and outstanding outcome.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The stimulating friendship amongst colleagues who share the same passion for the improvement of hip surgery.
- The strict selection process to maintain the highest moral, ethical and professional standards of its membership.
- The wisdom and dedication to the continuous progress of The Hip Society by the elected officers.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?
Based on the experience of the last five decades, I would expect The Hip Society will continue to be the national and international scientific and academic leader for the continuous improvement of hip surgery.



RICHARD F. SANTORE, MD

Senior Member
San Diego, CA



AUGUSTO SARMIENTO, MD

Emeritus Member
Punta Gorda, FL



EMIL H. SCHEMITSCH, MD

Active Member
London, ON, Canada



THOMAS P. SCHMALZRIED, MD

Active Member
Los Angeles, CA



DAVID J. SCHURMAN, MD

Emeritus Member
Stanford, CA



RICHARD D. SCOTT, MD

Emeritus Member
Dedham, MA

RELEVANCE



THOMAS P. SCULCO, MD

Senior Member
New York, NY

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Promoting research in hip surgery and disease.
- Educating countless orthopedic surgeons in best and most current practices in hip disease and surgery both at the annual meeting and courses.
- Leadership role in setting standards for practice in hip surgery and patient care.
- Collaborating with industry for support for educational and research needs.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Dr. Salvati's frank review of a hip impingement paper.
- Clive Duncan's award winning paper on THR on a six year old (horse) as the "worst case".
- Harlan Amstutz's moving speech at a Hip Society dinner.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

(It) needs to take a proactive position of leadership in areas of infection prevention, best treatment for infections, and prophylaxis. Promote educational courses for residents in training and be actively involved in this. Advocate for fair reimbursement for the less advantaged and Medicare/Medicaid population



PETER F. SHARKEY, MD

Active Member
Media, PA



RAFAEL J. SIERRA, MD

Active Member
Rochester, MN

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The Hip Society, by far the most important society in orthopedics in the world. As I look back at the different papers that have been published from the hip society meetings, one can clearly see how the research activities of the society, have pushed hip surgery to where it is today. Members have been instrumental in helping position hip replacement into one of the best operations in the world.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Legacy: build on the vision that The Hip Society is the premier society that pushes innovation, education and research in hip surgery.



HARRY B. SKINNER, MD, PHD

Emeritus Member
Fullerton, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

The most significant contribution of The Hip society is leading the way in converting total hip replacement surgery from an art to a science. In doing so, The Hip Society elevated the quality of hip replacement surgery to its present-day status of the most successful surgery ever performed when performed by a well-trained orthopedist.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

As an engineer and orthopedist, I saw hip replacement surgery as the holy grail of orthopedics. I felt that this Society's acceptance of me as a member was a milestone in my quest to be an outstanding hip surgeon and hip researcher. I was delighted, personally and professionally.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

I have watched hip replacement surgery grow and mature over the years. I am afraid that we have reached a point where the mechanical hip replacement is nearly optimized. Much of what I see happening now in the hip society is grasping at straws, looking for something, anything, that is new and potentially worthwhile. I can't think of anything in the last 10 years that has been more than a incremental improvement. I think that The Hip Society should direct its efforts towards improving the hip replacement surgical skills of the average orthopedist. I see many orthopedists who are afraid of doing total hips and others who are marginally good at doing them. The average level of skill needs to be improved to help that average hip patient. This would be more beneficial than trying to bankrupt an orthopedic company with development of a metal on metal bearing surface or a metal on ceramic bearing surface.



CLEMENT B. SLEDGE, MD

Emeritus Member
Marblehead, MA

RELEVANCE



JAMES D. SLOVER, MD

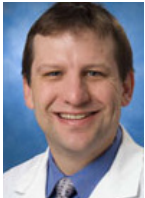
Active Member
New York, NY

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
The Hip Society has a great history of collaboration in bringing together leaders in the field to help advance the care of hip disorders.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

This was one of top moments of my professional career. It meant I would have the opportunity to learn and interact with leaders in care of the hip, which will help me improve the care of my patients and ability to educate at my own institution.



SCOTT M. SPORER, MD

Active Member
Winfield, IL

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
The Hip Society and its members have advanced the field of adult hip reconstruction and as a result have improved the lives of countless individuals. Through the ongoing critical evaluation of patient outcomes, members of the Hip Society have improved the performance of medical devices, surgical techniques, perioperative management and postoperative recovery. Specific contributions members of the Hip Society have made are:

- Improved bearing surfaces.
- Improved biologic fixation.
- Improved surgical techniques for primary and revision surgery.

- Improved methods to promote early mobilization.
- Improved methods to detect and treat Infection.
- Improved surgeon education.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- All of the members of The Hip Society are passionate about hip arthroplasty and are trying to advance the field.
- The members represent a very large spectrum of ages and as a result, provide an enormous historical perspective.
- Outstanding camaraderie among the members.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- “Competing” with Dr. John Callaghan and Dr. Wayne Paprosky at the 2017 “Most Difficult Case”. These two surgeons have been mentors throughout my career and I was honored to be on the same podium as them.
- I was inducted into The Hip Society in San Francisco and I was able to share the evening in with my wife.
- The talk by Dr. Harris at the Closed 2016 Meeting was very inspirational to me. He was able to very nicely articulate that despite some of the problems we face have changed, we still face many of the same challenges.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

My vision for the future of The Hip Society is for the society to continue to maintain its long-standing tradition of excellence and build upon the current relationships. This tradition induces critical evaluation of patient care, innovation and methods to disseminate information to colleagues not in The Hip Society. My future vision would also include increased collaboration among all Hip Society members to increase the number of multi-center research studies and common collection of patient reported outcomes.



BRYAN D. SPRINGER, MD

Active Member
Charlotte, NC

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
All of the pioneers of Hip replacement surgery are in The Hip Society. It continues to produce leaders in the field of Hip Surgery. The research presented at the closed meeting is truly groundbreaking and paves the way for continued improvement in THA.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

- Through promotion of research.
- Through strict criteria for admission.
- Through dissemination of ideas that start within the HS and are spread to outside.



MARVIN E. STEINBERG, MD

Emeritus Member
Philadelphia, PA



BERNARD N. STULBERG, MD

Senior Member
Solon, OH

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
• Uncemented THA.
• UHMWPE research.
• Outcomes development and research.

RELEVANCE

- Educational programming for most other arthroplasty societies and evaluation of those programs.
- FAI and other early deformity treatments.
- Cement techniques and their evolution

When you became a member of The Hip Society, what did it mean to you personally and professionally?

I was incredibly honored to be included among those who fostered the growth of hip surgery in the US, and to be considered as someone who would contribute in the future.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

It was the “grandfather” of all specialty societies. It should remember fellowship in scholarship, and take the lead in finding future leaders and educators in hip surgery.

Do you have any additional comments?

Congratulations to all of those who have preserved the society’s mission and kept it vibrant.



S. DAVID STULBERG, MD
Senior Member
Chicago, IL

Describe/list some of the most significant contributions The Hip Society (and its members) has made over the past 50 years to the practice of orthopaedics:

- The original members of the Hip Society were responsible for transferring a nascent technology started at Wrightington, England to the United States. These members recognized the seismic impact the technology would have on musculoskeletal care and established the clinical, educational and investigatory tone that came to characterize the evolution of arthroplasty care in America.

- The original members established, by the quality and nature of their clinical work, educational efforts and research endeavors the benchmarks for membership in the Society. It was, from the start, and remains, one of the most prestigious organizations that a musculoskeletal physician or scientist can be invited to join.
- The early members of the Society established a level and tone of discourse that promoted, even revealed in, honesty, brevity, candor and humor.
- The Society promoted, from its inception, friendship and collegiality based upon a common understanding of and appreciation of the group’s purpose and potential impact.
- The Society recognized, from the beginning, its responsibility to provide the worldwide Orthopaedic Community with a clear, honest description of developments in Hip Arthroplasty technology.
- Recognizing the enormous potential economic impact of Total Hip Arthroplasty, the original Society members established the standards and limits of interaction between the Organization and the Orthopaedic Industry.
- The most significant advances in our understanding of hip health and disease and surgical care of the hip have been made, very largely, by members of the Society.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

I was relatively young (41) when I was invited to join the Hip Society. It was and remains one of the opportunities that has meant the most to me in my career. When I joined, the founders of total hip arthroplasty in America were in the prime of their careers. They possessed an enthusiasm for, joy in, and commitment to, the field that was exhilarating to a young, impressionable surgeon.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

- Be selective, but inclusive, in choosing future members.
- Encourage the development of new technologies related, but not necessarily unique, to hip arthroplasty (e.g. infection control, genetic engineering).
- Encourage the development of new outcomes measurement technologies that make it possible to identify the benefits and drawbacks of new products and techniques quickly.
- Utilize the early arthroplasty experience to prevent repetition of past mis-adventures.
- Work on approaches to hip arthroplasty care that allow and encourage its introduction in disadvantaged areas of the world.
- Encourage the evolution of efficient but safe arthroplasty care.
- Encourage the development of evaluation tools to understand the etiology and natural history of osteoarthritis of the hip.



MICHAEL TANZER, MD, FRCS
Active Member
Montreal, QC, Canada

When you became a member of The Hip Society, what did it mean to you personally and professionally?

It was like reaching the pinnacle of your arthroplasty career. It is something that all academic arthroplasty surgeons strive for. I was joining an elite group of surgeons that have changed the practice of hip arthroplasty. It was an opportunity to belong to a society with the giants in the field. Personally, it was an opportunity to socialize with new and old surgeons and their spouses.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Selective admission of members. Support hip research through grants. Provide educational material for residents and surgeons. Create policies for the orthopaedic community.

RELEVANCE



BERT J. THOMAS, MD

Active Member
Santa Monica, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: Decreased the high complication rates associated with total hip replacement: pulmonary embolism, DVT, bleeding, transfusions, loosening, wear, Infections, ...death. The Hip Society Founders set out to share their experiences with the specific goal of improving the operation and its results. The incredible improvements that have resulted from their collaboration, as well as the efforts of the many able surgeons and researchers that have joined their ranks since their first meeting are clear evidence of the success of their vision, and of this society.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- The Closed Meetings offer a unique opportunity to get “the real answers” to your burning clinical questions. Not only during the formal lecture sessions, but arguably more between sessions in coffee breaks, at the lunch table, and during evening events.
- The small size of the closed meeting encourages questions and frank answers.
- Members are all accomplished surgeons, teachers, and mentors.

When you became a member of The Hip Society, what did it mean to you personally and professionally? When I first became a member, I felt very honored to be accepted by this very special group of talented and accomplished surgeons. These were my heroes. Over the years, I have realized that the friendships that I have made as a member, have been the thing that I will treasure the most.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- My first presentation to a Closed Meeting, Sept 1984 in Rochester, NY (uber nervous).
- Gus Sarmiento grilling a presenter at a Closed Meeting: “I do not understand, perhaps you could explain...”
- Aaron Rosenberg’s brilliant, hilarious ‘stand-up’ presentation at the Hip Society Banquet at the New York Yacht Club (or were we in Chicago?)

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

My opinion is that the society was thoughtfully constructed for the correct reasons, and in the correct way. With the technology that is available to us today, and in the future, we should be able to continue improving our efforts to communicate additional insights and advances in our field. Every year we add more talent to build on the already significant advances in our field. We should be proud of this legacy, and grateful for how it has made life better for our patients, and for ourselves.

Do you have any additional comments, questions or suggestions?

An incredible “perk” of The Hip Society membership is getting to spend time with the world’s experts in hip surgery. When you have the opportunity to make a presentation, it is to a group of men who collectively know more about your subject than anyone, including you. How lucky to be able to spend time with men as dedicated to their profession, as bright, energetic, and as enthusiastic about their work as you are! Examples that immediately come to mind include Tom Thornhill, David Lewallen, Wayne Paprosky, Bill Maloney, Harlan Amstutz, Bill Harris, Josh Jacobs, Dan Berry, Michael Mont, Cliff Colwell, Paul Lachiewicz, Leo Whiteside, Mike Cabanela, David Hungerford, Dave Ayers, John Callaghan, Denny Collis, Charlie Engh, Andy Engh, Tom Fehring, Kevin Garvin, Eduardo Salvati, Tom Sculco,

Carlos Lavernia, Joe McCarthy, Doug Padgett, Chit Ranawat, Harry Rubash, Vin Pellegrini, Norm Johanson, Bob Bourne, Les Borden, Bill MacCauley, Seth Greenwald, Aaron Rosenberg, Bill Maloney, Doug Dennis. I have learned so much from each of these men (and others of you too), that I should be brilliant at this point, if only I were a better student! I don’t know when I will be able to say thank you to every one of you. Hopefully this will not be my last opportunity, but just in case...THANK YOU!!!!



THOMAS S. THORNHILL, MD

Senior Member
Boston, MA

MARVIN TILE, MD

Emeritus Member
Toronto, ON, Canada



ROBERT T. TROUSDALE, MD

Active Member
Rochester, MN

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Membership.
- Membership
- Membership.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- When I got accepted (in) to The Hip Society.
- The first time I won a Hip Society Award.
- The second time and the third time I won Hip Society Awards.

RELEVANCE

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue what it has done in the past: it seems to be working.



THOMAS P. VAIL, MD

Active Member
San Francisco, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: The Hip Society has provided the best academic platform to develop and evaluate new treatments for hip conditions. In addition to major contributions to the field of arthroplasty (cementless technology, bearing surface improvements, understanding of osteolysis, to name a few advances...), The Hip Society members have helped to define the best protocols for peri-operative care, including prevention of infection, DVT, and reoperation. Hip Society members have also been leaders in the development of hip preserving strategies in DDH, osteonecrosis, and other developmental and degenerative conditions.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Becoming a member of The Hip Society meant having the opportunity to participate in the discussions and activities that would define the future direction of the field. The Society provides access to colleagues who can counsel, criticize, and compliment with a level of personal familiarity, professional insight, and importance that is unparalleled in other organizations.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

The Hip Society must continue to seek solutions to the problems that we face. We must not be

satisfied with our present professional position, or content that we have solved all of the problems in arthroplasty. We must seek alternatives to arthroplasty as we know it today and be forthcoming about the problems and challenges of applying our technology and understanding to the benefit of humanity. We must also seek ways to communicate better both inside of our Society and to the world so that we stay relevant and prominent in the larger conversations about human health.

ROBERT G. VOLTZ, MD

Emeritus Member
Tucson, AZ



JAMES P. WADDELL, MD, FRCSC

Senior Member
Toronto, ON, Canada

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics: I think the Hip Society has demonstrated that specialty organizations have a role to play in improving the overall care for patients. For example, the Hand Society which is a much older organization by having an open meeting at the Academy improved hand surgery care immeasurably in the United States as well as demonstrating a multi-specialty organization. The Hip Society by including orthopaedic surgeons and engineers and other scientists has continued with this multi-specialty structure. By holding an open meeting of The Hip Society there has been a general appreciation by general orthopaedic surgeons of the significant changes occurring in hip replacement surgery, hip fracture surgery and hip preservation surgery.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Personally, it was a confirmation that I had arrived at a level of expertise recognized by an elite group and in so doing made me feel that had achieved a goal to be the best I could possibly be in an area of professional interest to me. Professionally, it did not mean very much since such organizational memberships are not considered to be terribly important either by the public, the government or universities in my country.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

We have to continue to renew this organization. We need to encourage more young people to join The Hip Society. I think that making the venues for the closed meeting accessible and affordable are going to be of considerable importance in the future as the economics of orthopaedic practice change. I also think that there should be a more equal participation by members in the open meeting recognizing that many of the members have made significant contributions to hip surgery even in the absence of them having a prominent profile in academic orthopaedics.



PETER S. WALKER, PHD

Emeritus Member
New York, NY

GWO-JAW WANG, MD

Emeritus Member
Charlottesville, VA

THEODORE R. WAUGH, JR., MD

Emeritus Member
Claremont, NH

RELEVANCE



STUART L. WEINSTEIN, MD

Emeritus Member
Iowa City, IA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
The Awards Papers have contributed greatly to our knowledge of hip disorders; understanding the pathoanatomy of various conditions and the advances in treatment. These are the highest level of evidence for the scientific basis of the treatment of disorders of the hip.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

A great honor particularly as a pediatric orthopaedic surgeon whose research was in pediatric hip disorders. Acceptance by the giants in the arthroplasty and preservation field remains an honor.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

maintain limited membership so all members must be active participants.



RICHARD B. WELCH, MD

Emeritus Member
Napa, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has

made over the past 50 years to the practice of orthopaedics:

Keeping surgery of the hip in the forefront of orthopedics and helping to aid in a better lifestyle of the public.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

Personally, it satisfied a personal goal that I was an accepted hip surgeon. Professionally, it set the stage for leadership roles in a number of other Orthopedic organizations.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

Continue in a relatively low key to monitor the good and bad developments in hip surgery.



RICHARD E. WHITE, JR., MD

Emeritus Member
Kirkland, WA



LEO A. WHITESIDE, MD

Senior Member
St. Louis, MO



STEVEN T. WOOLSON, MD

Emeritus Member
Redwood City, CA

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:
Too numerous to count.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Exclusivity.
- It is a meritocracy.
- It is the most prestigious society in orthopaedics.

Please list three (3) most memorable moments you associate with your membership in The Hip Society:

- Listening to jokes from Bill Head and John Moreland at a closed meeting dinner and telling one.
- Getting my tie from Bill Cappello.
- Losing (or leaving) my signed Larry Dorr novel in Columbus.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

It should provide for patients an online website that provided evidence based medicine reviews (like a Cochrane report in lay English) of topics, such as anterior hip surgery, minimally invasive surgery and hip arthroscopy (for FAI) - patients should see both pro and con manuscripts of prospective studies relating to each controversial topic with ratings given to the strength of the study (5 stars for RCT, 3 stars for historical control study, etc) - (no reference to (or stars for) cohort observational studies, even by an expert or member of the HS) - no biased conclusions need be given so that patients can make up their own minds so that a patient who Googles total hip replacement or hip arthroscopy will get honest information from the web. We would need funding to get our website a high priority rating (I would be glad to take on this task).

RELEVANCE



TIMOTHY M. WRIGHT, PHD

Adjunct Member
New York, NY

Describe/list some of the most significant contributions The Hip Society (and its members) has made

over the past 50 years to the practice of orthopaedics:

- Continual improvement of surgical techniques in hip surgery.
- Identification and study of and improved treatments for complications around hip surgery.
- Continual improvement in the indications for hip surgery.
- Sharing of information and clinical data to stakeholders throughout the orthopaedic community.

Please list three (3) things that you believe set The Hip Society, its members and its culture apart from other professional organizations known to you? What do you value the most?

- Collegiality.
- Professionalism.
- Dedication.

When you became a member of The Hip Society, what did it mean to you personally and professionally?

As an adjunct member, it was a professional honor to be invited to join such a prestigious group of clinicians, who recognized my contributions as an engineer to their specialty. Personally, it meant that I had another wonderful venue to strengthen existing friendships and to build new ones.

What is your vision for the future of The Hip Society? How should it continue building on its legacy?

As orthopaedic and musculoskeletal research continues to become more interdisciplinary, I look forward to having the membership continue to reflect that diversity, so that the best not only in orthopaedic surgery, but also in imaging, biology, and biomedical engineering have a forum in which to interact.



CHAPTER 5 GALLERY



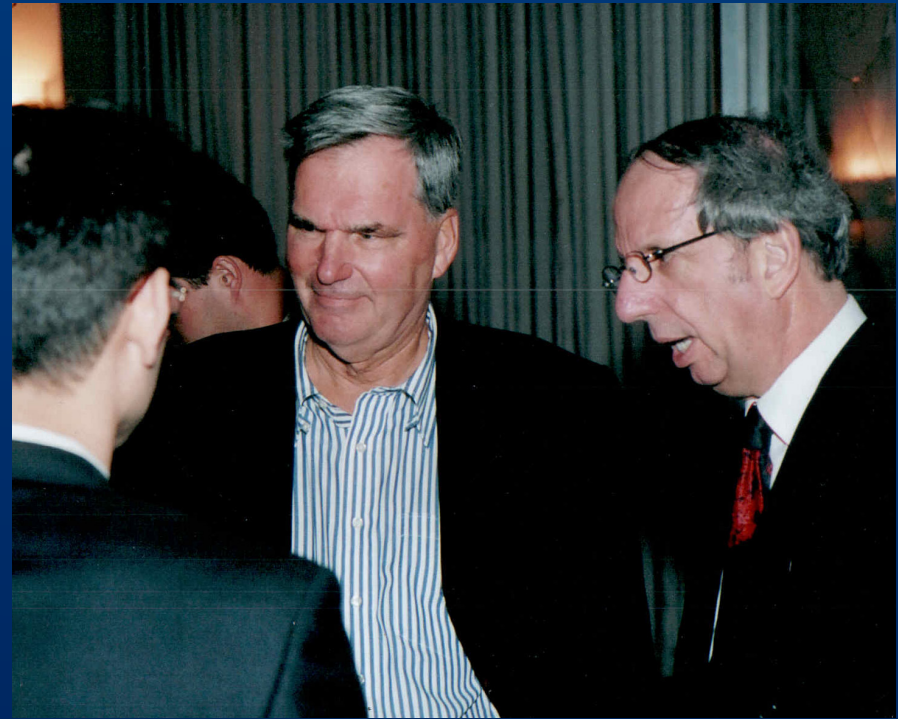
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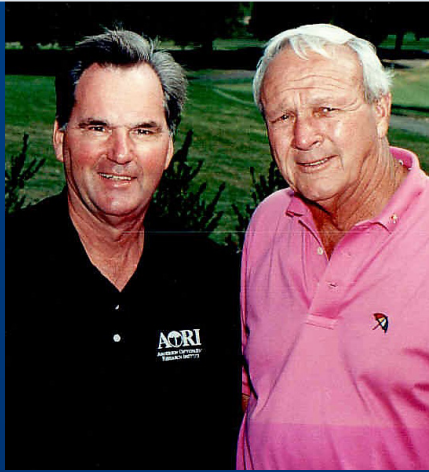
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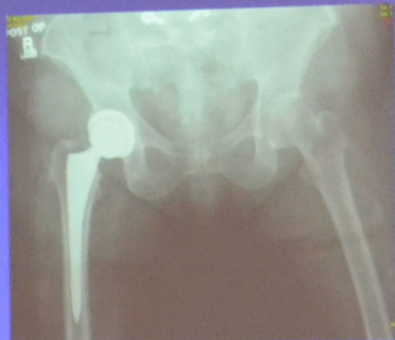


GALLERY



Uncemented Socket: How

- Retractor placement
- Cup orientation to facilitate screws
- Easy test to decide screws or no screws



GALLERY



GALLERY



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