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 Invasive & Complex Reconstructive

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 Adult Reconstructive Surgery

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 Spine Surgery-Minimally
 Invasive & Complex Reconstructive

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 Foot & Ankle Surgery

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 Sports Medicine

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 Knee & Shoulder Surgery
 Total Knee Arthroplasty

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William D. Lanzinger, MD
 Hand Surgery

Aaron M. Lear, MD
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 Shoulder & Elbow Surgery

Jeffery Peiffer, DO
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 Primary Care

John L. Pinkowski, MD
 Sports Medicine
 Knee & Shoulder Surgery
 Total Knee Arthroplasty

Michael J. Smith, MD
 Microsurgery of the Spine

Paul A. Steurer, MD
 Medically Managed
 Orthopedic Issues

Tom R. Thompson, MD
 Adult Reconstructive Surgery
 Hip & Knee Replacement

Amy E. Tucker, MD
 Orthopedic Surgery
 Foot & Ankle Surgery

Gregory A. Vrabec, MD
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University of Washington Shoulder and Elbow Fellowship
July 1, 1990 – June 30, 1992

I can truthfully say that Dr. Matsen's Fellowship experience was so outstanding that I begged to stay an additional year. Even before we arrived, Rick and Anne Matsen adopted my wife and new born son, Corey, helping us select and move into our apartment. Throughout the 2 years, Rick provided a wonderful balance of the excellent patient care and research duties with the importance of family, which Rick and Anne modeled so well. They often provided weekend activity ideas to enjoy the great northwest, which provided Joellen and I very special memories. I also recall the mentoring gained with the late Dr. Doug Harryman. He and his young family shared very much in making us feel at home during our time there.

This fellowship provided a remarkable clinical and surgical experience with a brilliant coordination with the residents' rotation. Under Dr. Matsen's chairmanship, I never felt accused of distracting or stealing from the residents' hands-on education, which can be a problem in some fellowships. I quickly gained experience in the balance of teaching residents while advancing in my fellow duties, which helped mold my desire to teach residents as a career (which I have enjoyed for 24 years thus far).

The fellowship academic perspective was incredible. There were often several international visiting fellows or faculty present at any given time which enhanced the learning atmosphere. My wife and I very much enjoyed Dr. Francis Ballmer and his young family visiting from Switzerland. Dr. Matsen could uniquely manage the pull from many directions to the benefit of all involved. He truly has had a global contribution to fellow education during his continued, illustrious professorship. I enjoyed being in Seattle when Dr. Matsen was the ASES president (and climbing Mt. Rainier roped to his team). I recall the AAOS Shoulder meeting he hosted in Hawaii with an amazing assembled faculty.

The research experience was certainly a highlight of my fellowship. Dr. John Sidles played a literally genius role in much of the UW biomechanical experiments. Dr. Matsen displayed a selfless commitment to shoulder research, allowing Doug Harryman to drill ¼ inch Steinman pins into his scapula spine and proximal humeral shaft for attachment of sensors on at least two occasions for extensive

kinematic analysis of shoulder motion and stability. Dr Matsen understood the potential bias that as a fellow who would have likely done anything he asked, I was never approached or pressured to participate in this invasive technique myself. I became so enthralled with the extent of quality research projects and subsequent publications, that I discussed the opportunity of an additional year with research emphasis. Dr Matsen was extremely accommodating and helped coordinate continued clinical duties along with Statistics courses at UW. He arranged a visit with my orthopaedic residency chairman, Dr. Buel Smith, Akron General Medical Center, which helped me secure their position of Orthopaedic Residency Research Director upon my completion, a position I continue to hold. I very much enjoyed working with the next year's fellow, Dr. Michael Pearl, who along with many of Dr. Matsen's graduates, went on to amazing shoulder specialty careers after his mentoring. Needless to say, Dr. Matsen's continued influence has been valued throughout my career.

My interest in education via medical illustration also blossomed while in Seattle. I learned of a UW course in basic computer illustration, "Macromedia Freehand" for the Mac computer, which I was allowed to attend on Saturday mornings. Rick provided such encouragement that I became confident in providing shoulder concept figures for the abundant publications coming from the program. He subsequently invited me to be co-author for the text, Practical Evaluation and Management of the Shoulder (Matsen, Lippitt, Sidles, Harryman, W. B. Saunders, 1994). This helped develop my style of illustrations that has opened many doors with various shoulder surgeons and projects throughout my career. My illustrations, though, have never had such profound importance as when linked with Dr. Matsen's works.

The Shoulder and Elbow Fellowship of UW under Dr. Rick Matsen's direction has continued to define many tenants of successful practice. To mention but a few of the established principles that we all benefit from include:

Rotator Cuff

- Change in emphasis from extrinsic impingement and acromioplasty to intrinsic factors with cuff tears
- Importance of preserving the acromial arch and CA ligament with large and irreparable cuff tears
- Rotator cuff and Concavity Compression
- Mobilization techniques for contracted cuff tears
- Humeroscapular motion interface

Instability

- Rationale for anatomic Bankart repair to the glenoid rim to restore glenoid labral concavity
- Stability mechanisms of Concavity-Compression, Scapulohumeral Balance, and Balanced Net Glenohumeral Reaction Force
- Importance of rehabilitation in atraumatic, multidirectional instability

- TUBS vs AMBRII acronym
- Concept of tight capsule and obligate translation and eccentric joint load

Arthroplasty

- Conforming vs Nonconforming arthroplasty; Diametric mismatch (previous Neer conforming glenoid and rim loading with increased wear and loosening via rocking horse mechanism)
- Introduction of glenoid spherical reaming to enhance bone contact of poly glenoid component
- Five peg glenoid for multiplane glenoid fixation vs. previous keeled glenoid
- Offset humeral head center of rotation relative to defined humeral axis and subsequent introduction of eccentric humeral head component
- Balanced arthroplasty; avoid overstuffing, 40/50/60 rule for soft tissue tensioning, open booking, GH register
- Humeral canal anatomy vs. humeral stem fixation and concept humeral cancellous bone grafting
- Problems with glenoid prosthetic arthroplasty: Ream & Run technique

General

- Early career emphasis on outcome research (recognizing Codman)
- Simple Shoulder Test (SST)
- Cost effective shoulder practice (early perspective!)
- Importance of radiographic analysis

I remain extremely grateful and humbled at the opportunity to work with Dr. Matsen and being part of such an elite Shoulder and Elbow fellowship program.

Sincere Thanks,



Steve Lippitt, MD
5/1/16