

ACL Study Group Perspective On the History of the LET Lateral Extra-Articular Tenodesis

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Presented at the 48th Biannual ACLSG Meeting

Foz do Iguaçu, Paraná, Brazil - February 1-5, 2026



**40 YEARS AGO JAF ASKED REL TO WRITE A
LITTLE CHAPTER ON THE SLING AND REEF
JACKSON ORTHOPEDIC CLINIC c.1985**



Ron Losee and Guy Liorzou
Madison Valley Hospital, Ennis, Montana
circa 1986



An International Perspective On the History of the LET

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E.A.O.F.

En Plein Air Cadaveric Knee Dissection EAOF June 1996



1948



**LEAVING DENVER GENERAL HOSPITAL JUNE 1948
FOR PARTS UNKNOWN**



**BIG
SKY
HERE**



THE MADISON VALLEY

DECEMBER 1949: TIME TO GO TO WORK. THIS WAS THE PLACE!



1950 - 1957



ENNIS, MONTANA: 600 PEOPLE, 600,000 TROUT

I LEARNED A LOT ABOUT DOCTORING. NOT MUCH ABOUT KNEES!



FLASHBACK 1950 !

**HOME, OFFICE, &
HOSPITAL**

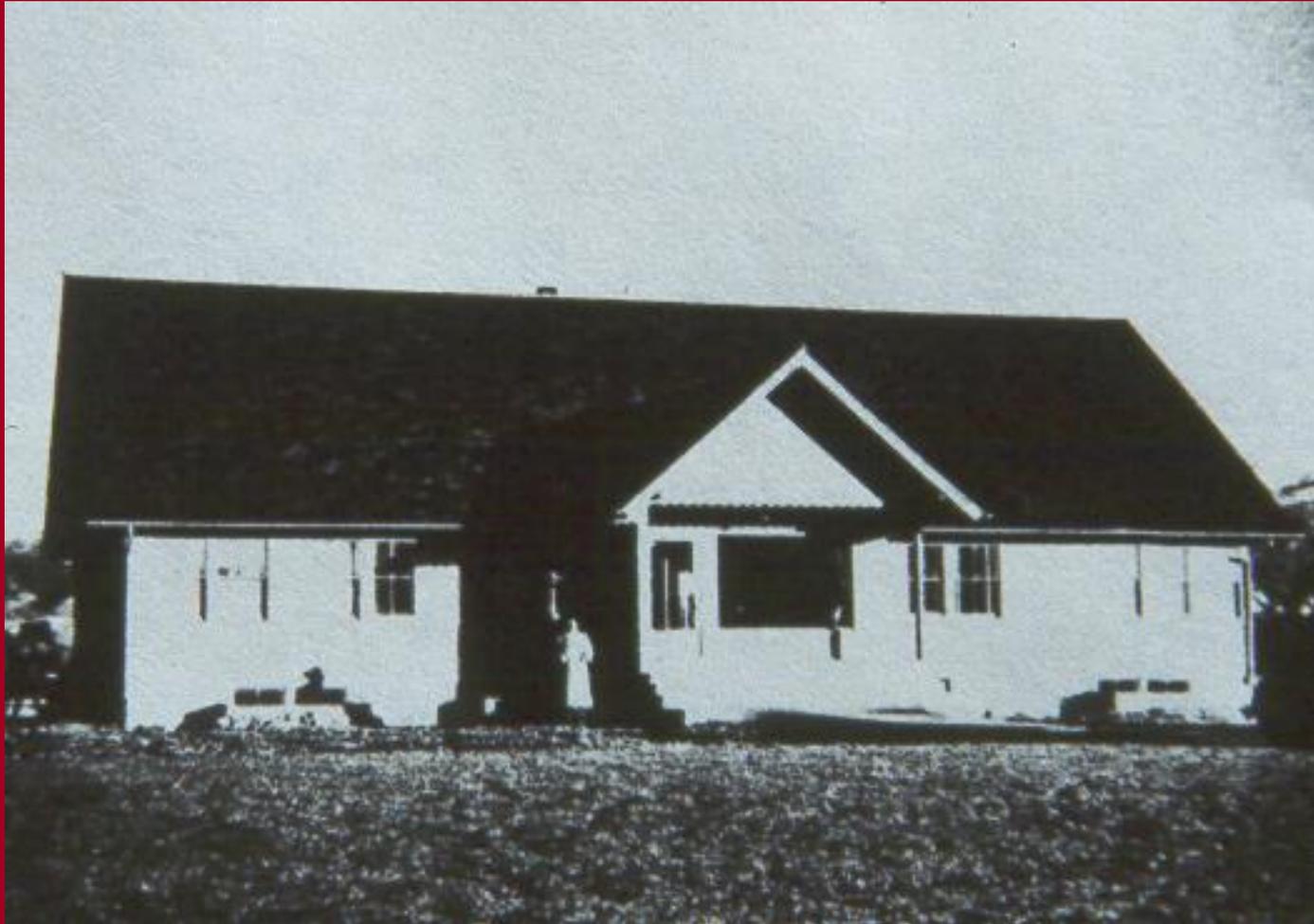
KITCHEN FOR CASTS

**BED & COUCH
FOR HOSPITAL**

**I – V BOTTLES
NAILED TO LOGS**



1950 - 1957



THE MADISON VALLEY HOSPITAL
OPENED IN AUGUST 1950





Photo, Gift to R.E.L.

1957-1959

BACK TO MONTREAL

“Take your cartilages out,
Ron.

They're like tonsils!”

**TOTAL Meniscectomy after
TOTAL Meniscectomy**

**And trimming of A.C.L.
stubs.**

DOCTOR GORDON PETRIE

(For a fee!)



THE A.C.L. IN THE MOUNTAINS OR 50 YEARS IN ENNIS, MONTANA

Ron Losee, M.D., Sc. D.
Box 575,
Ennis, MT 59729
March 3, 2002

E.A.O.F.



1959 --- BACK TO ENNIS

**MY FIRST 2 TOTAL
MENISCECTOMIES WERE
TWO TOO MANY!**

EFFUSIONS LASTED MONTHS!

**IT DIDN'T MAKE SENSE TO HACK OUT
A NORMAL RIM.**



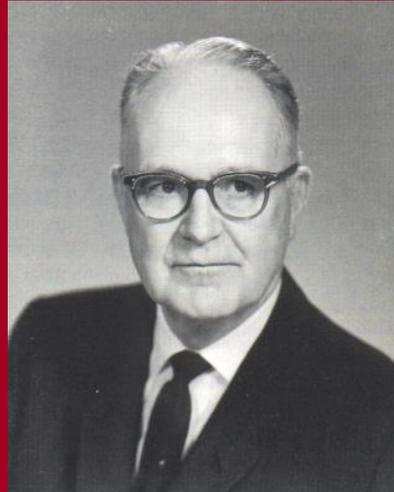
Big Sky ACLSG Meeting 2002

STEVEN HOWELL, Past
President of the ACLSG, handed
Ron this note after he sat down in
row ahead of him

Two Too many
Losee

(Steve Howell)
from California
flushed this
note to me
as he sat in
the row ahead
of me)

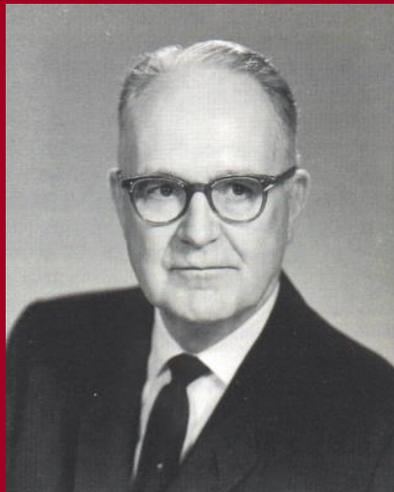
1959 -



**Under the Influence of
The Great Dr. O'Donoghue
Medial Ligament Repair
After Medial Ligament Repair
in Ennis, Montana**



1959 -



**AND AFTER MEDIAL LIGAMENT REPAIR
THE PATIENT WOULD REPEATEDLY SAY,
“MY KNEE STILL GOES OUT!”**

**and Ron Losee would think,
“What is, ‘My knee still goes out’?”**



1964 -

**THE ANTERIOR
CRUCIATE LIGAMENT**
Let's start talking about it!

E.A.O.F.



1964

TRY TO SEW THE ACL

You'd put it somewhere
and hoped it'd work!

Sometimes 't would,

Sometimes 't wouldn't!

The next job didn't!



CASE: J.J. ♂ 20

Dx TRIAD

Rx REPAIR LIGAMENTS
& MINISECTOMY

COMPLICATION: SYNOVIAL
FISTULA. KNEE
SAVED BY REMOVAL OF
HEAVY SILK & EXCISION
OF CRUCIATE PRIOR
TO APOSTULATION.

Positive Draw Sign;
No Doubt!



APOSTULATION = PUS

**The "SAVING" Process !
November 16, 1964**



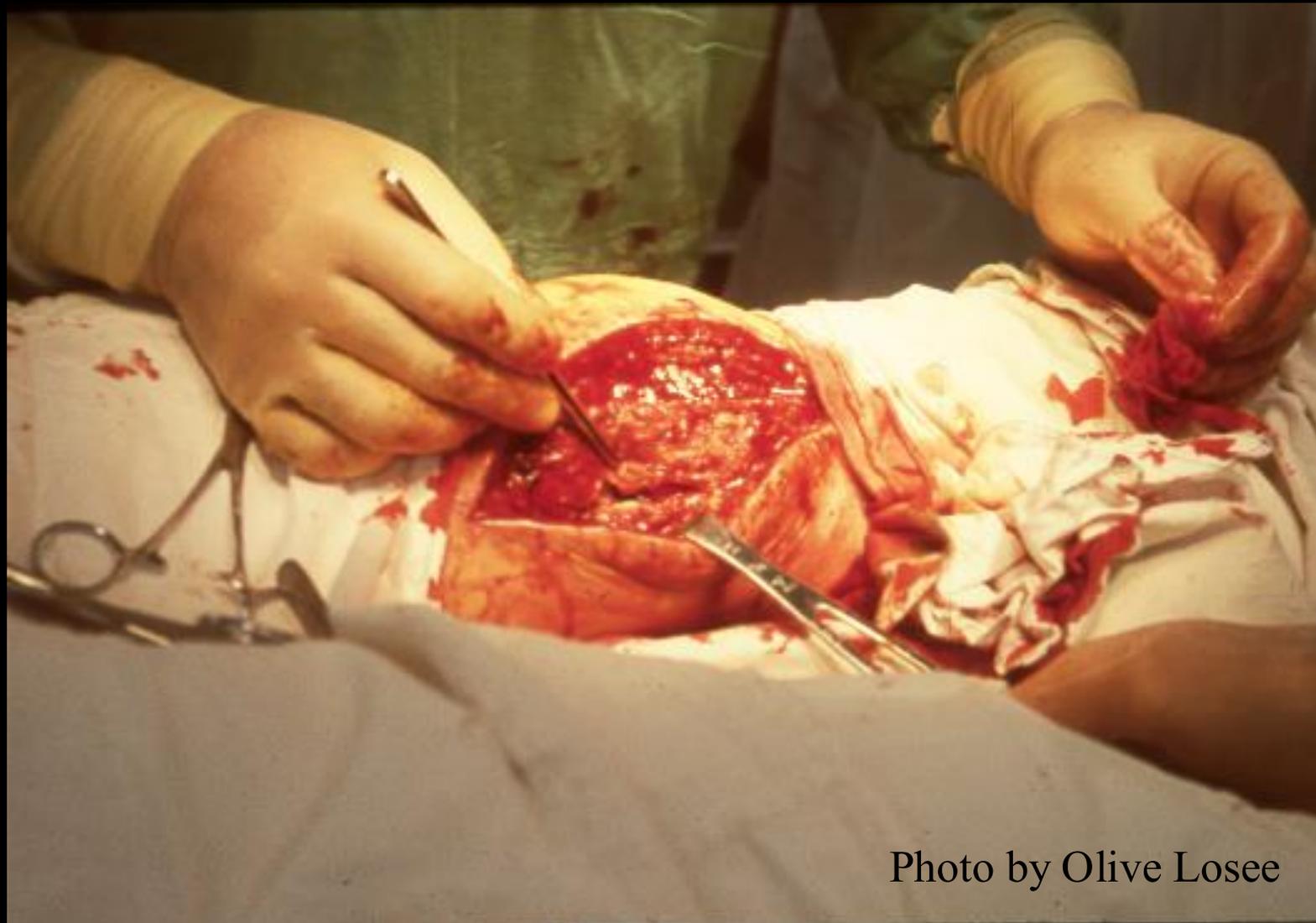


Photo by Olive Losee

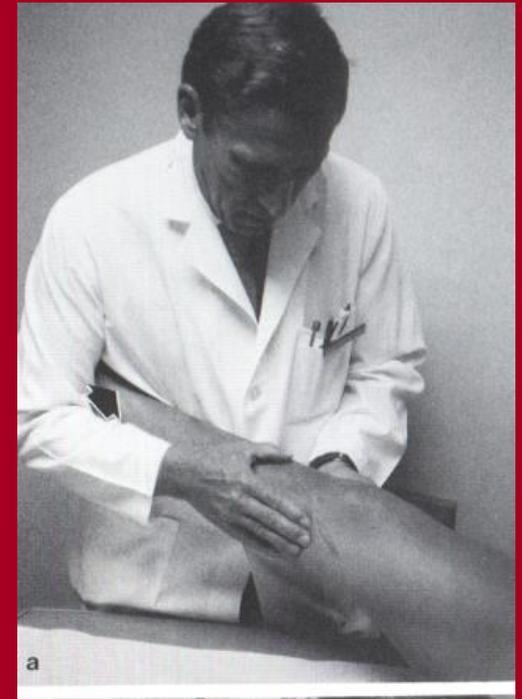
To Emphasize “The Saving Process!”



1967



LET'S FIX
THE **TWIST**
OF THE
INJURED KNEE



DONALD SLOCUM
(Photo from Am. J. of Sports Med.)

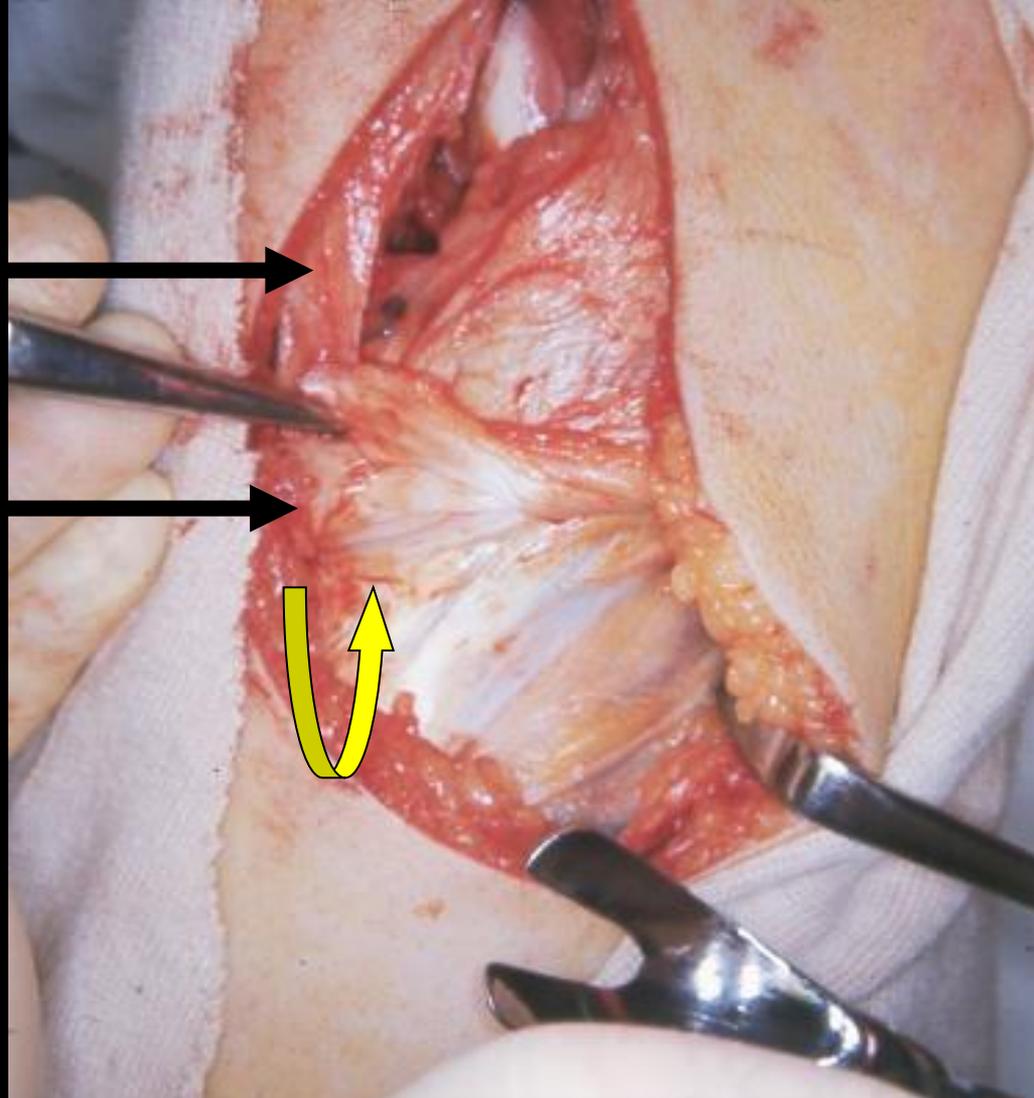
AND ROBERT LARSON
(Photo from Liorzou's Knee Ligaments)

PES ANSERINE TRANSFER FOR A.C.L. RUPTURE



**RIGHT
KNEE**

**PATELLAR
LIGAMENT**



**PES ANSERINE
FLIPPED UP
THEN TACKED
TO PATELLAR
LIGAMENT**

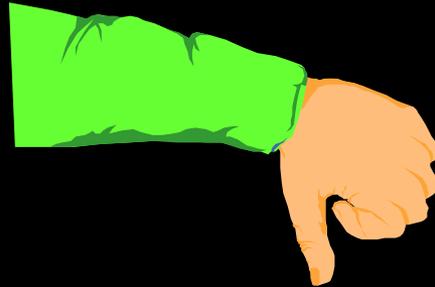
**SLOCUM & LARSON'S
PES ANSERINE ADVANCEMENT**

FEBRUARY 21, 1967



LOSEE DID THREE PES ANSERINE TRANSFERS.

“I don’t know why.
I was uncomfortable with them.”



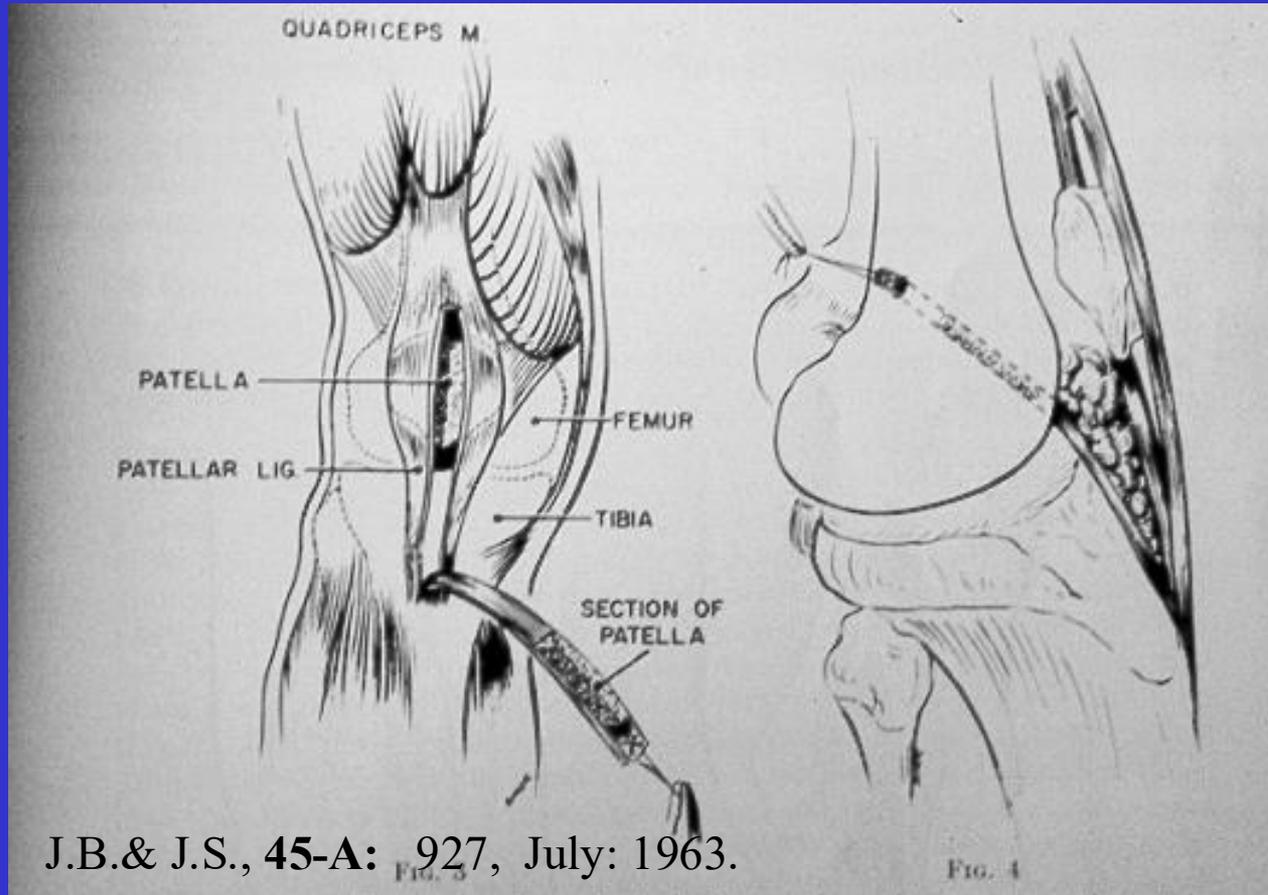
Sometimes you just go with the flow!



**BUT IN THE 60's,
THANKS TO
SLOCUM AND LARSON
WE THOUGHT ABOUT
EXCESSIVE TWIST
AS WELL AS ANGULARITY
IN THE UNSTABLE KNEE!**



WAS THERE HOPE IN 1965



WE HAD ALL READ KENNETH JONES



J.E.P., Male, age 21

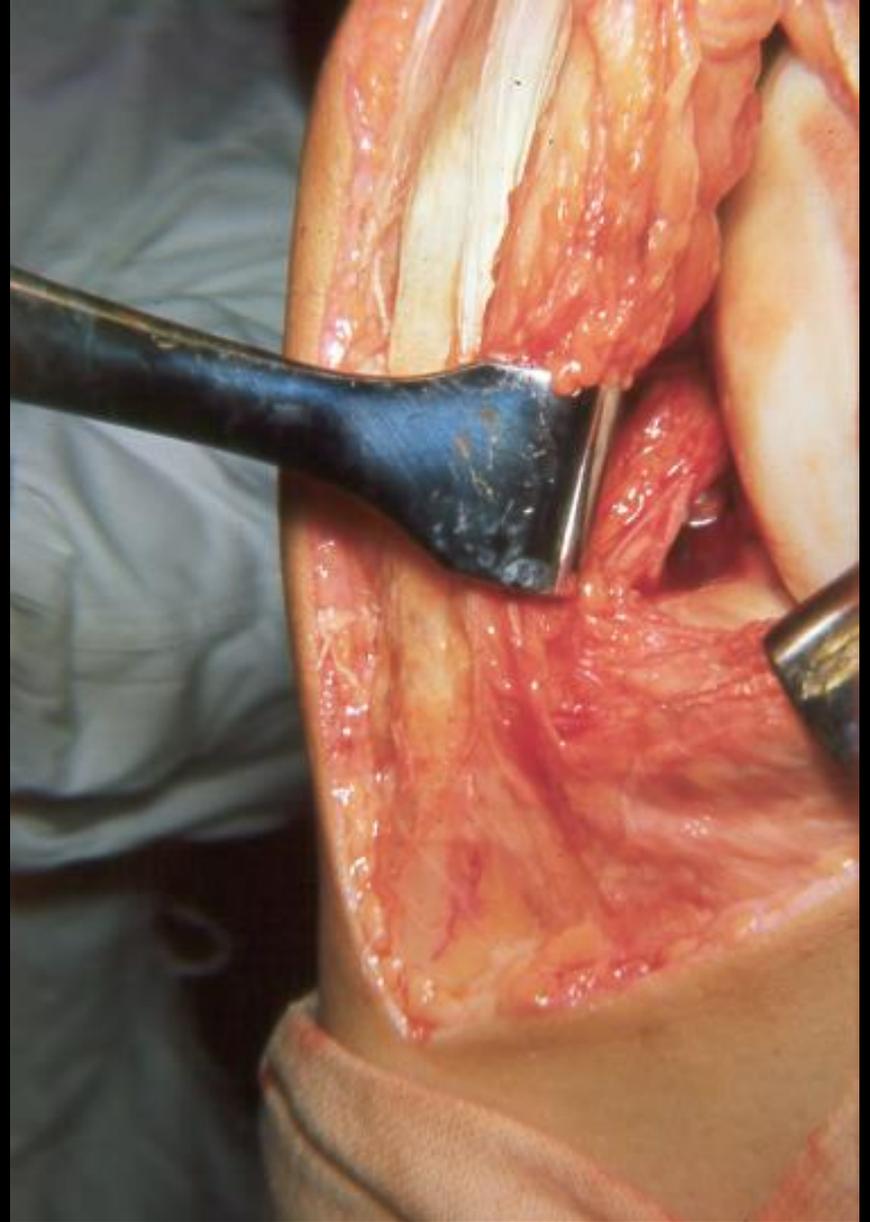
- cc: “My knee gives out. It made me drop my girl. I want it fixed.”
- AGAIN: “What the hell is, My knee gives out?”
- NEW PLAN: “He has a plus drawer sign. I’ll do a ‘Kenneth Jones’.”





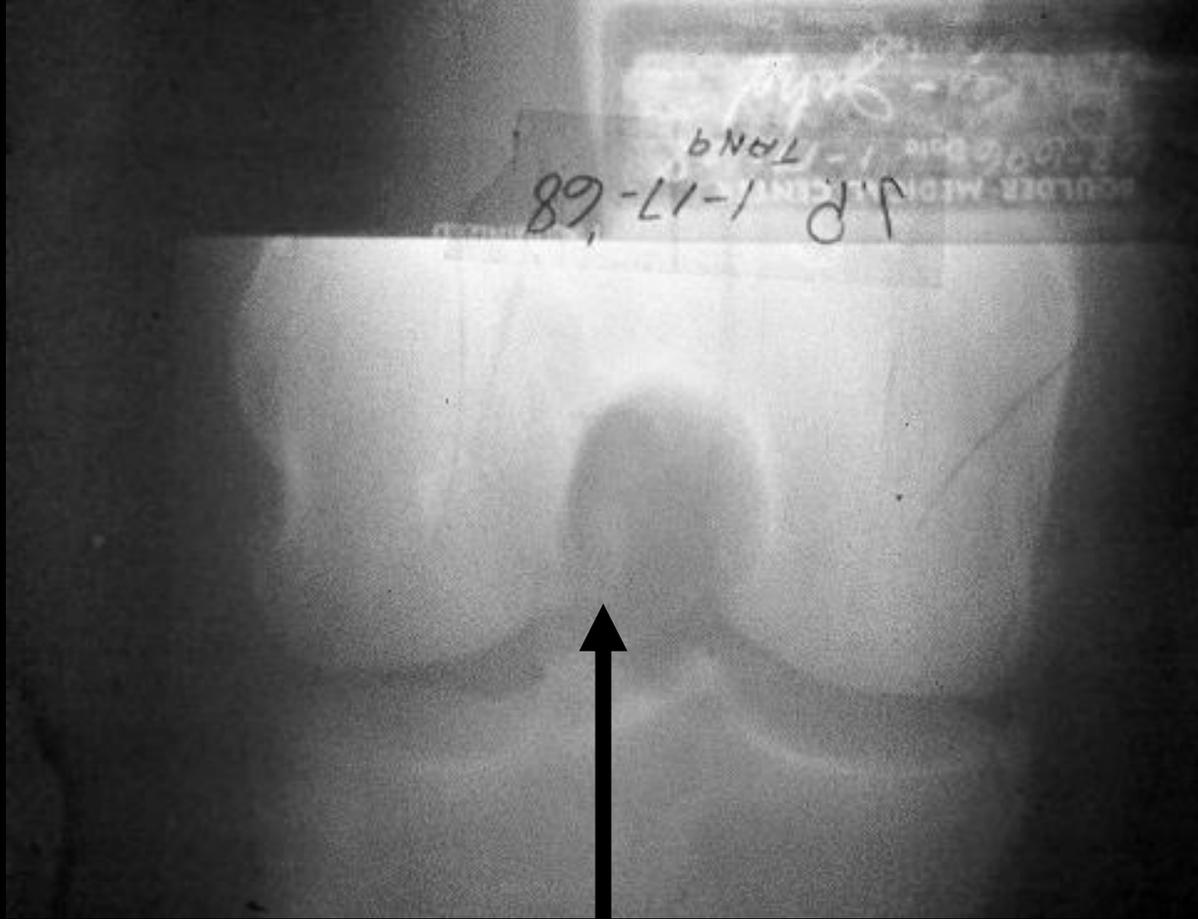
**J.E.P.'S X-RAY AT *THE START*
OF LOSEE'S THERAPY..**





LOSEE'S VALIANT ATTEMPT OF A KENNETH JONES' OPERATION AUGUST 17, 1965.





OSSIFICATION

**J.E.P.'S X-RAY AT THE COMPLETION
OF LOSEE'S THERAPY.**



**NO MORE
KENNETH JONES'
JOBS FOR ME!**



1969 -

**FOR REL, IN ENNIS, MONTANA, A TIME OF:
BETTER UNDERSTANDING
BETTER FIXING.**

ENTER: THE PIVOT SHIFT!



JUNE 16, 1969



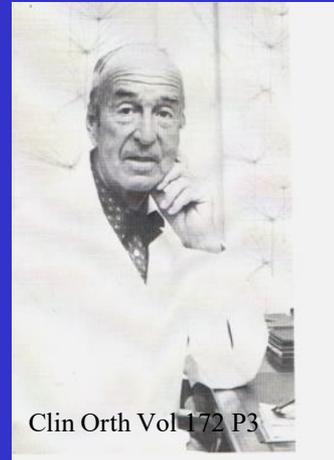
A NEW ONE TO ME!



ON JUNE 16, 1969, I DIDN'T KNOW THAT



A NEW ONE TO ME!



Clin Orth Vol 172 P3

PALMER, 1935

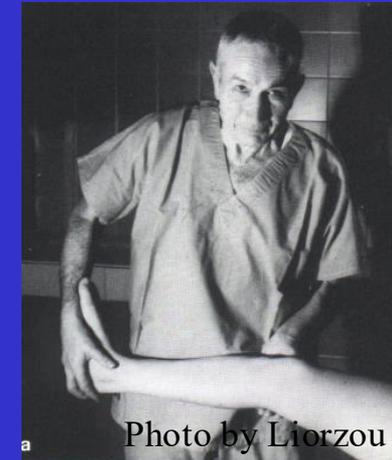


Photo by Liorzou

LEMAIRE, 1963

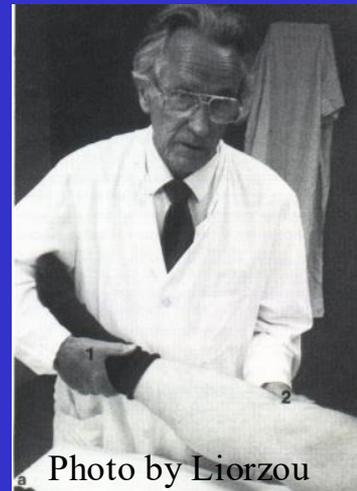


Photo by Liorzou

MACINTOSH, 1968

**AND
OTHERS, (?)
HAD
PRECEDED
ME!**

WHAT ENTHUSIASM THAT DAY!

SAME FOR THE MEN

ON THE RIGHT, I'M SURE!





AMERICAN ACADEMY
of
ORTHOPAEDIC SURGEONS

Thirty-eighth Annual Meeting

PRELIMINARY PROGRAM

March 6, 7, 8, 9, 10 and 11, 1971

CIVIC AUDITORIUM, BROOKS HALL
SAN FRANCISCO, CALIFORNIA

IMPORTANT

SEE PAGES 5 TO 7 FOR COMPLETE INFORMATION ON
ADVANCE REGISTRATION AND INSTRUCTIONAL
COURSE ENROLLMENT

(Advance Registration Closes January 29)

This is the 1st time I
heard Kennedy talk. He
showed his ACL X-Ray
measures

SIMULTANEOUS SOUND.
Sunday, March 7, 1971
ROOM 103

2:00-3:30 P.M.

2:00-2:24 P.M.

No. 282: Medial Instability of the Knee Joint, Part I
John C. Kennedy, M.D., London, Ontario, Canada (By Invitation)

2:24-2:50 P.M.

No. 283: Medial Instability of the Knee Joint, Part II
John C. Kennedy, M.D., London, Ontario, Canada (By Invitation)

2:50-3:18 P.M.

No. 98: Fractures of the Acetabulum
Carter R. Rowe, M.D., Boston, Massachusetts

3:18-3:35 P.M.

No. 241: Posterior Shoulder Dislocations
Julius S. Neviaser, M.D., Washington, D.C.

May 14, 1971

Dr. J. C. Kennedy
London, Ontario
Canada

Dear Doctor Kennedy:

I **am the** man who lives in **Ennis**, Montana, who telephoned **you** in your office in **the** early afternoon of May 14, asking **you for help with a** particular problem of internal **rotational instability of** the knee. By **this**, I mean a laxity of **the joint in which** the **lateral tibial plateau** advances anteriorly beyond the lateral femoral **condyle** to the extent that **the femoral condyle will** sink posteriorly. It seems that I have a **fairly large** number of patients **with this** type of instability, **upon many of whom** I have actually demonstrated this **subluxation.**

Possibly it is this type of internal rotational instability which may be in association with anterior cruciate lesions combined with lateral meniscus lesions which are so frequently seen.

As you see, I am reaching out for help and would appreciate so much any of your ideas or suggestions.

Sincerely yours,

Ron Losee, M.D.

REL/jrh



**LOSEE NAMED THIS
“ANTERIOR SUBLUXATION
OF THE LATERAL TIBIAL PLATEAU.”**

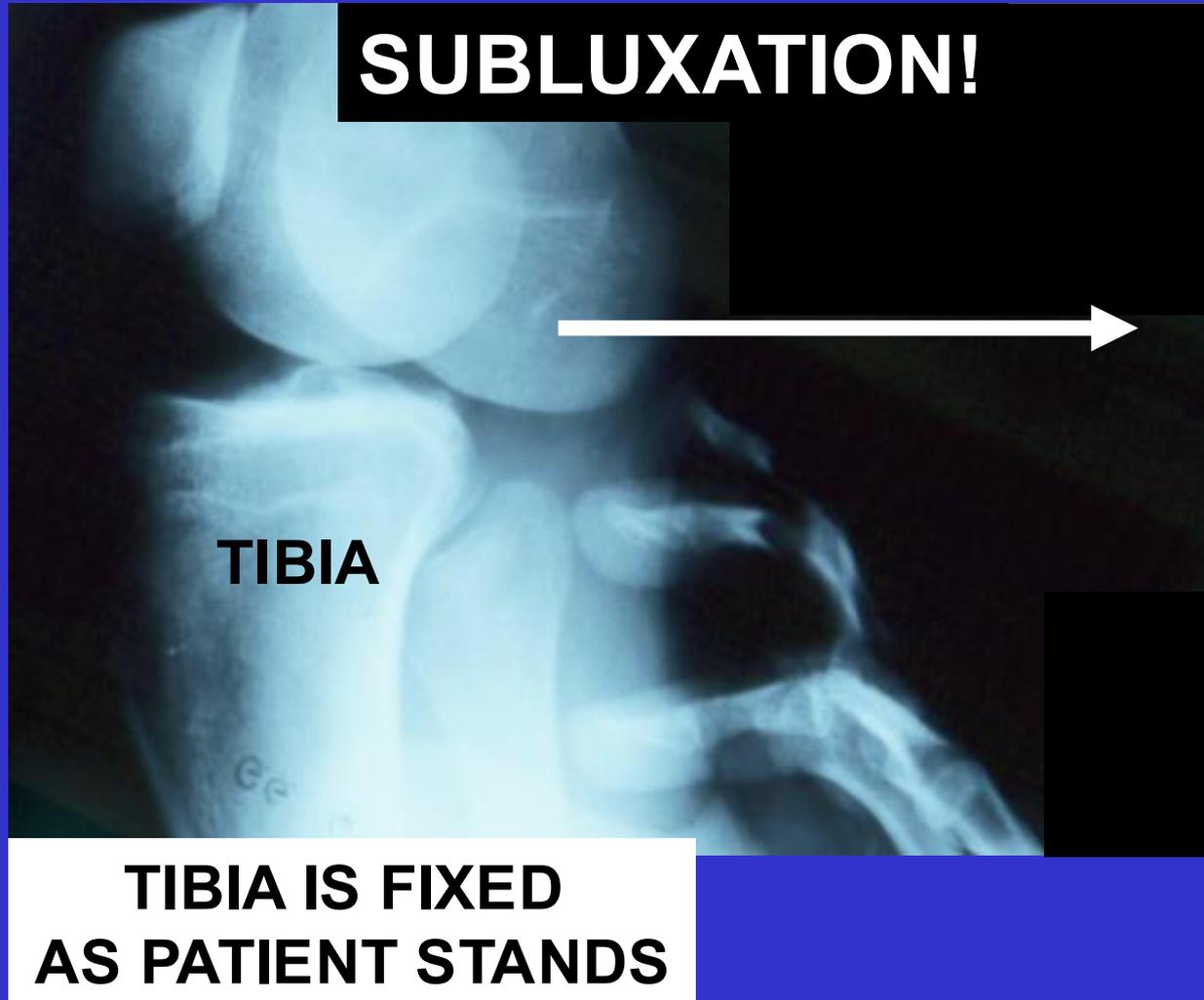




**BUT... “IT’S REALLY,
POSTERIOR SUBLUXATION OF
THE LATERAL FEMORAL CONDYLE”**



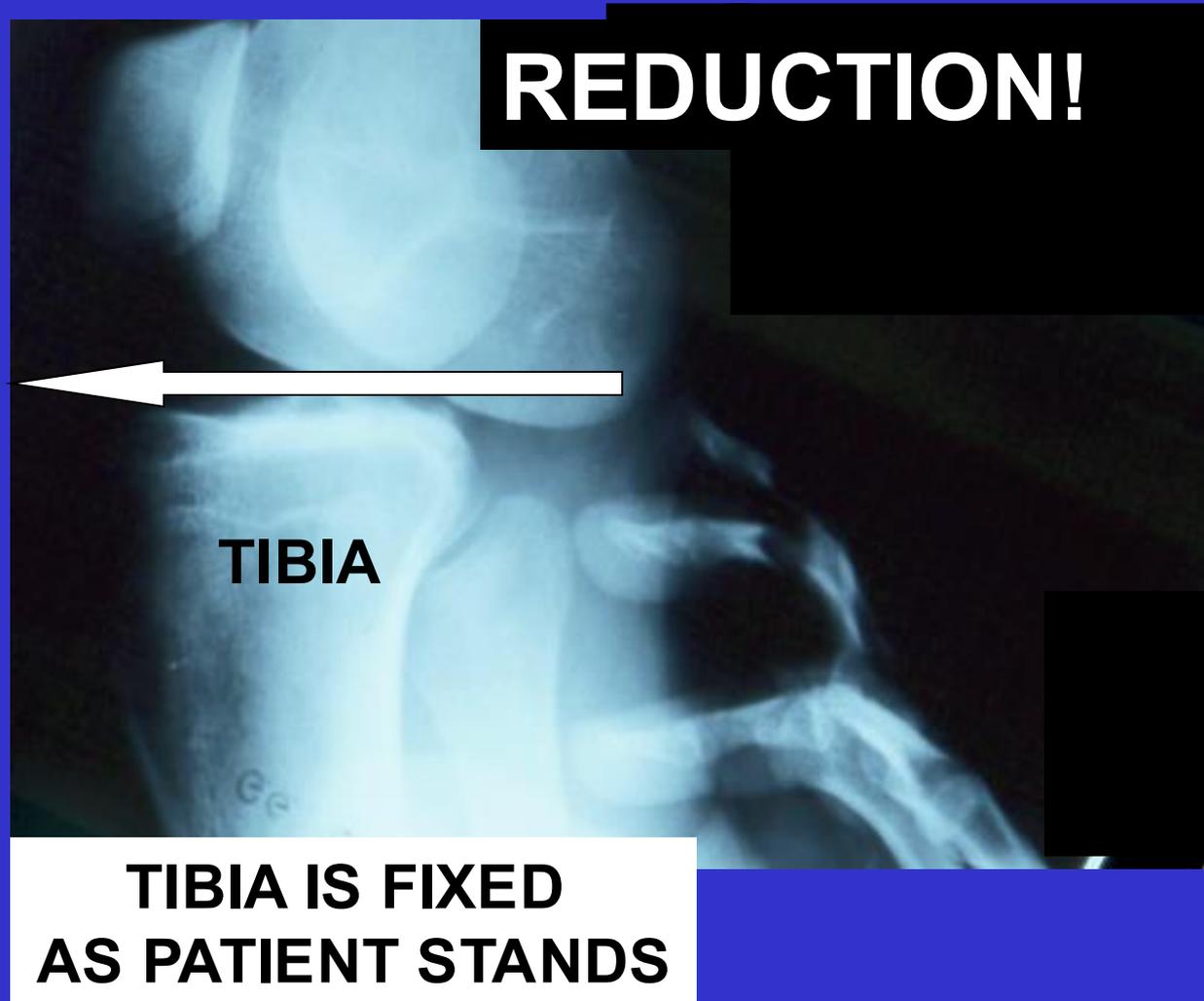
WHAT REALLY HAPPENS DURING THE PIVOT SHIFT:



**And the patient says, “I hyper-extend” as he
subluxates !**



THE PIVOT SHIFT IS A DYSFUNCTION THAT CAN BE TESTED



**And the patient says, "THAT HURTS!"
AS KNEE REDUCES !**



PERSONAL COMMUNICATION WITH **ROLI JAKOB**
DECEMBER 24, 2025

**David McIntosh, Robert Galway and Andy Beaupré
University of Toronto**

“ I was a Fellow in Toronto from 1973-74 and was often together with David MacIntosh and Bob Galway. I also met Jack Kennedy who treated David badly during meetings, also in the US... until he received a letter from Ron Losee of which he did not understand the meaning and put it in a drawer...

**John “Jack” Kennedy-
Univ. of Western Ontario**

until Bob once came to rounds in London to talk about the Pivot Shift. Afterwards, Jack took Bob to his office and pulled the letter out of the drawer written by Losee, which asked if Kennedy had also observed this strange sign associated with ACL instability...

1970's

**“Anterior Subluxation
of the Lateral Tibial Plateau”
was everywhere!**

At least in Montana

Now replacing the old familiar

“My knee gives out!”

**“My Pivot Shift Test
was the only test
I had for the next 4 years**

**It worked better than
the old anterior drawer test.**

It ALWAYS worked, until one day!”



1973

**Ramp to
Operating Theater**

**I was asked to do an A.K. amputation
In The Ruby Valley Hospital
(Elderly female with gangrene)**



1973

Ramp to
Operating Theater

**I asked, “May I cut you’re A.C.L.
while you’re asleep.”**



1973

Ramp to
Operating Theater

“- and make a movie of it?”

“Yes if you don’t sell it for profit.”



1973

**Ramp to
Operating Theater**

I divided the A.C.L.

But I didn't get a Pivot Shift!



1973

Ramp to
Operating Theater

**-until I elevated
the iliotibial tract!**



1973

**Ramp to
Operating Theater**

**I then knew an A.C.L.
could be divided
without causing
The Pivot Shift Dysfunction!**



1973

**Ramp to
Operating Theater**

**Enter the importance
of secondary restraining structures
In Dx & Rx of ACL disorders!**



1971



**THE POSTERO-LATERAL CORNER
LET'S TALK ABOUT IT!**



1971



**WITH THE HELP OF KENNEDY
WHO HAD VISITED MACINTOSH**



1971



**I OPERATED FOR THE PIVOT SHIFT FROM THE SIDE
AND POSTERO-LATERAL CORNER**



1971



**I USED MACINTOSH'S TENODESIS
LIKE A NICOLA OPERATION ON THE SHOULDER**



1971



**BUT I ALSO IMBRICATED THE POSTERO-LATERAL
CORNER MORE LIKE A BANKART OPERATION.**

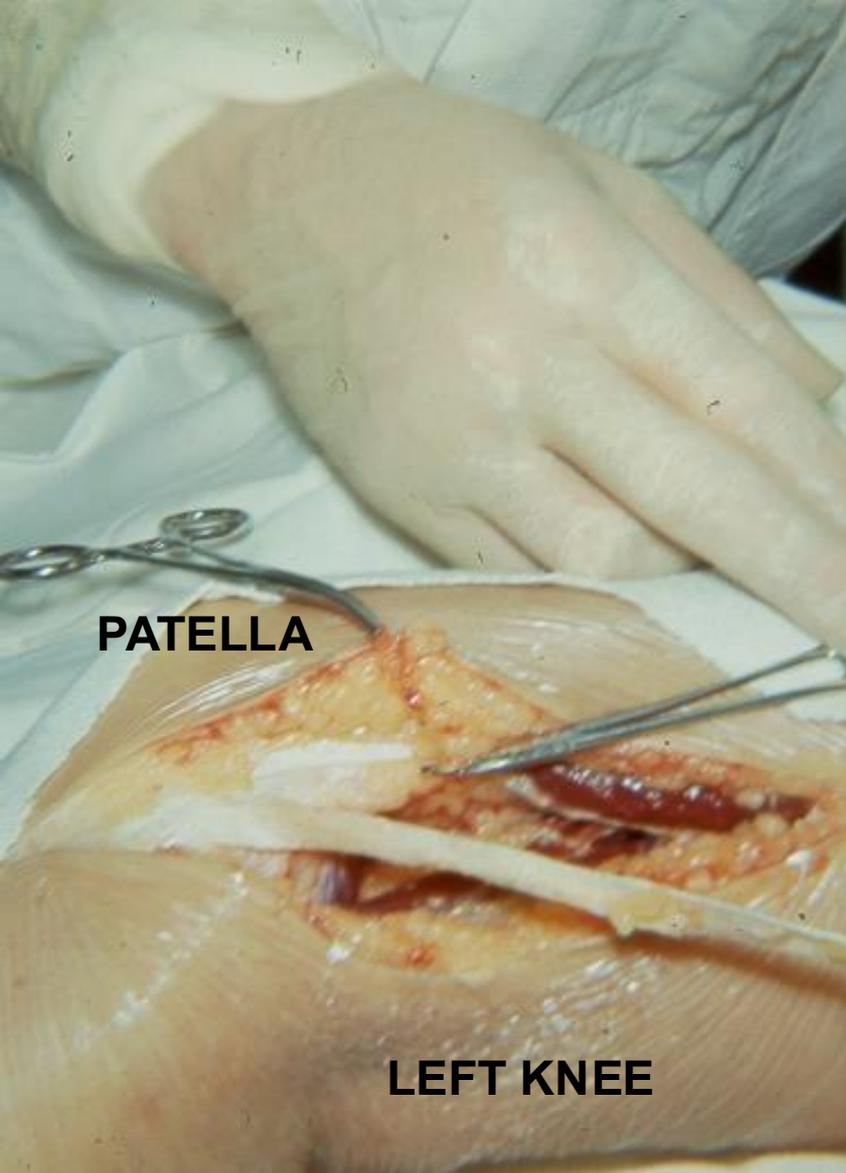


1971

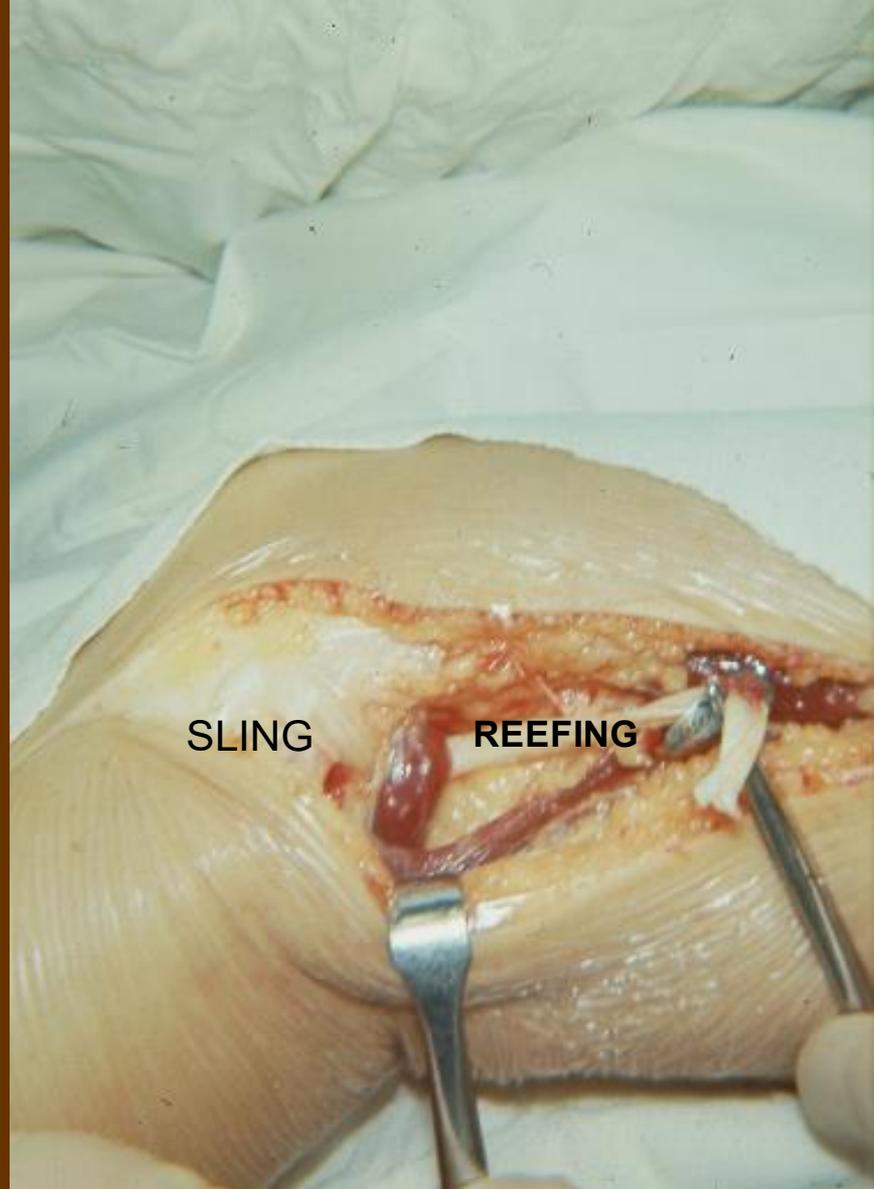


THE “SLING AND REEF” STORY





SLING



REEF



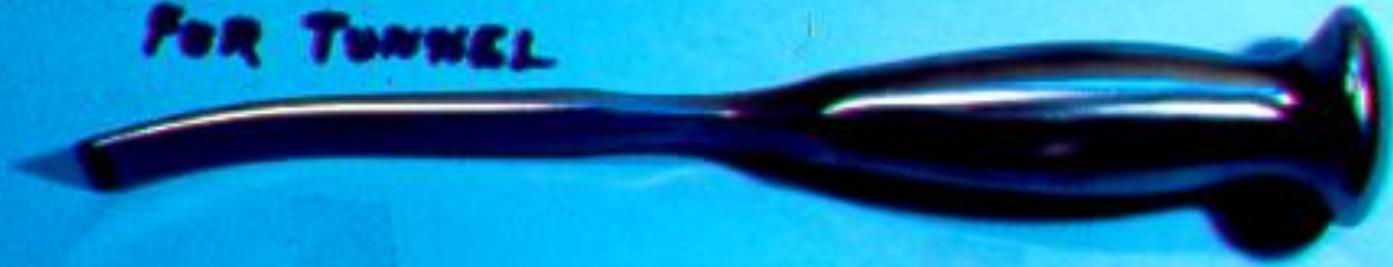


Photo by Olive Losee

**MAKE SURE STRIP IS DETACHED FROM FEMUR
AND TUGGING IT TWISTS OUT THE TIBIA**



3/8" OSTIOTOME
FOR TUNNEL



SOURCE OF HOME MADE
NEEDLES

TOOLS TO MAKE THE SLING





FCL

THE TUNNEL

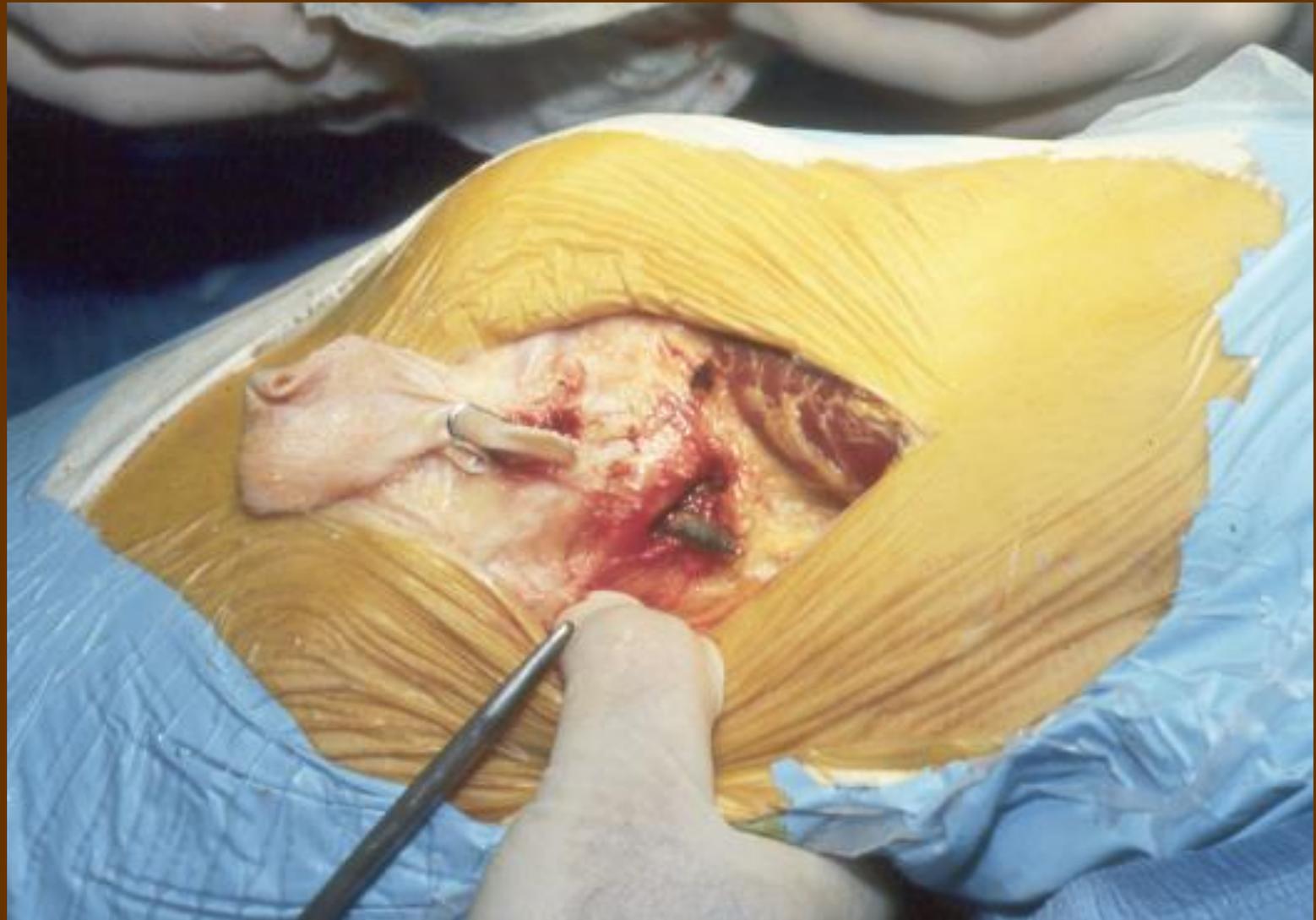


Photo by Olive Losee

PASSING STRIP THROUGH TUNNEL



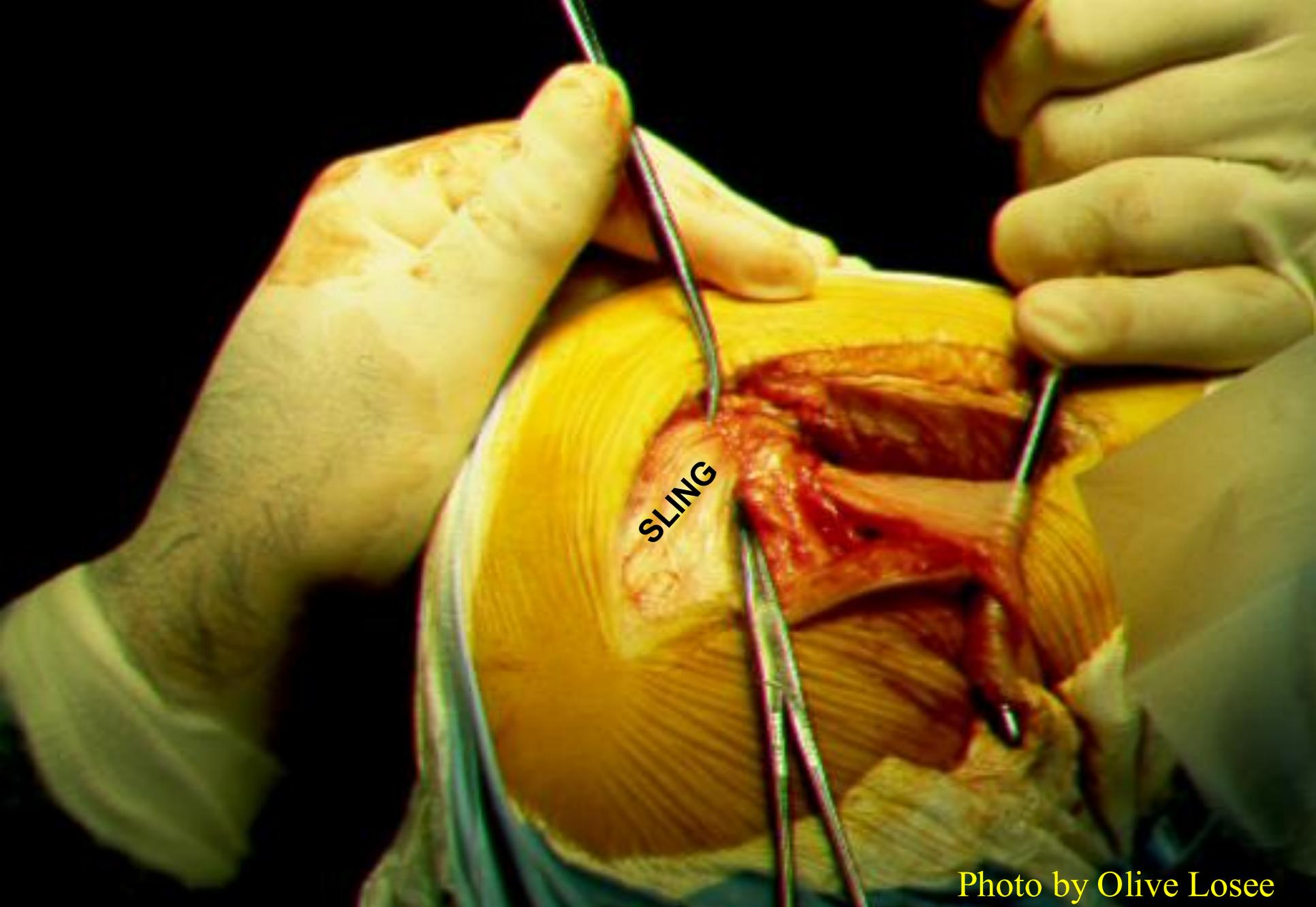
SLING

SLING

An anatomical photograph showing a surgical repair of a hernia using a mesh sling. The image displays a large, yellow, ribbed mesh sling placed over a defect in the abdominal wall. The surrounding muscles and tissues are visible, and a hand is shown pointing to the sling. The word "SLING" is written in black text on the mesh.

Photo by:Olive Losee





SLING

Photo by Olive Losee

MAKE SURE IT DOESN'T PULL OUT WHEN FLEXED!



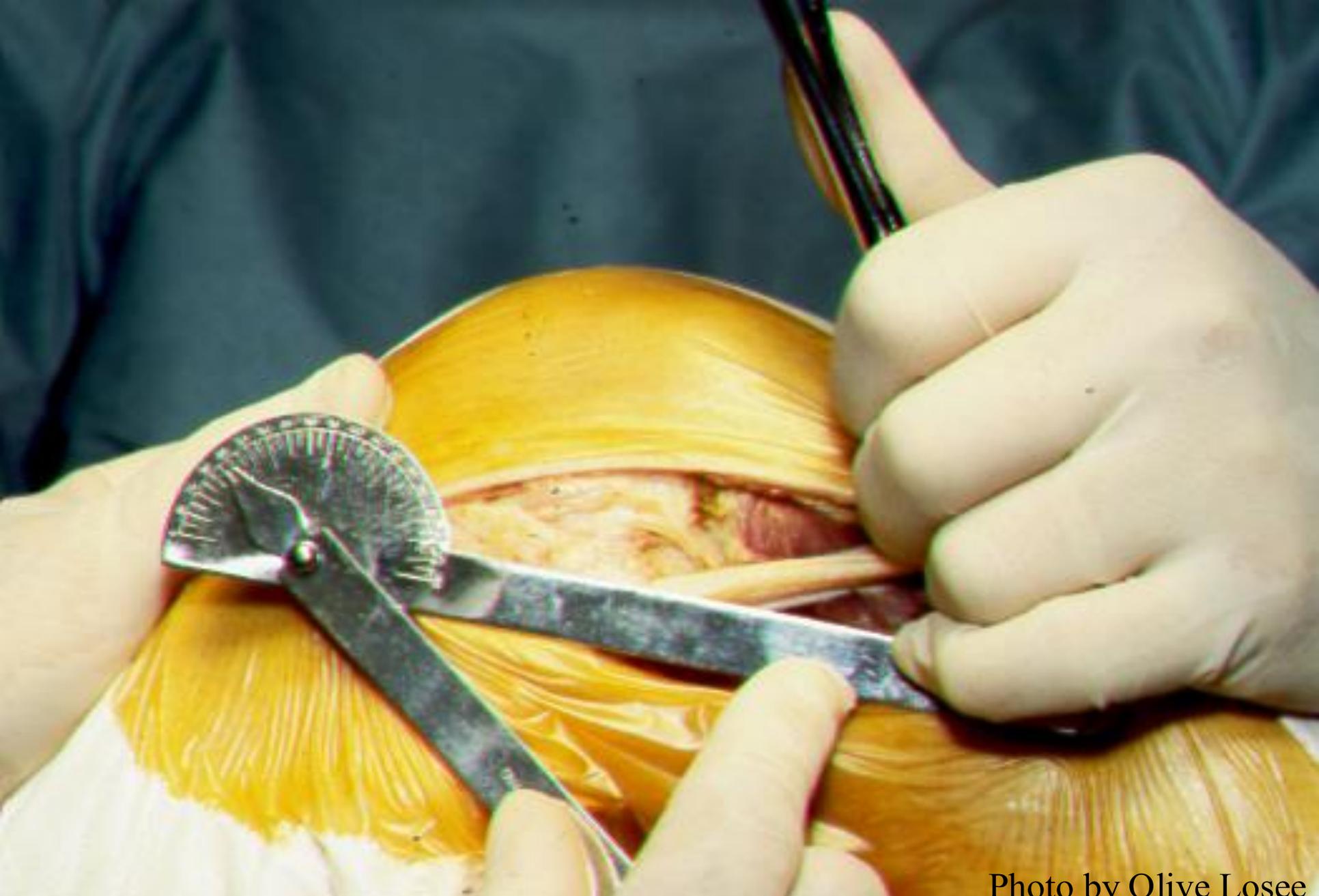


Photo by Olive Losee

KEEP "SLING ANGLE" UNDER 45°



REEF

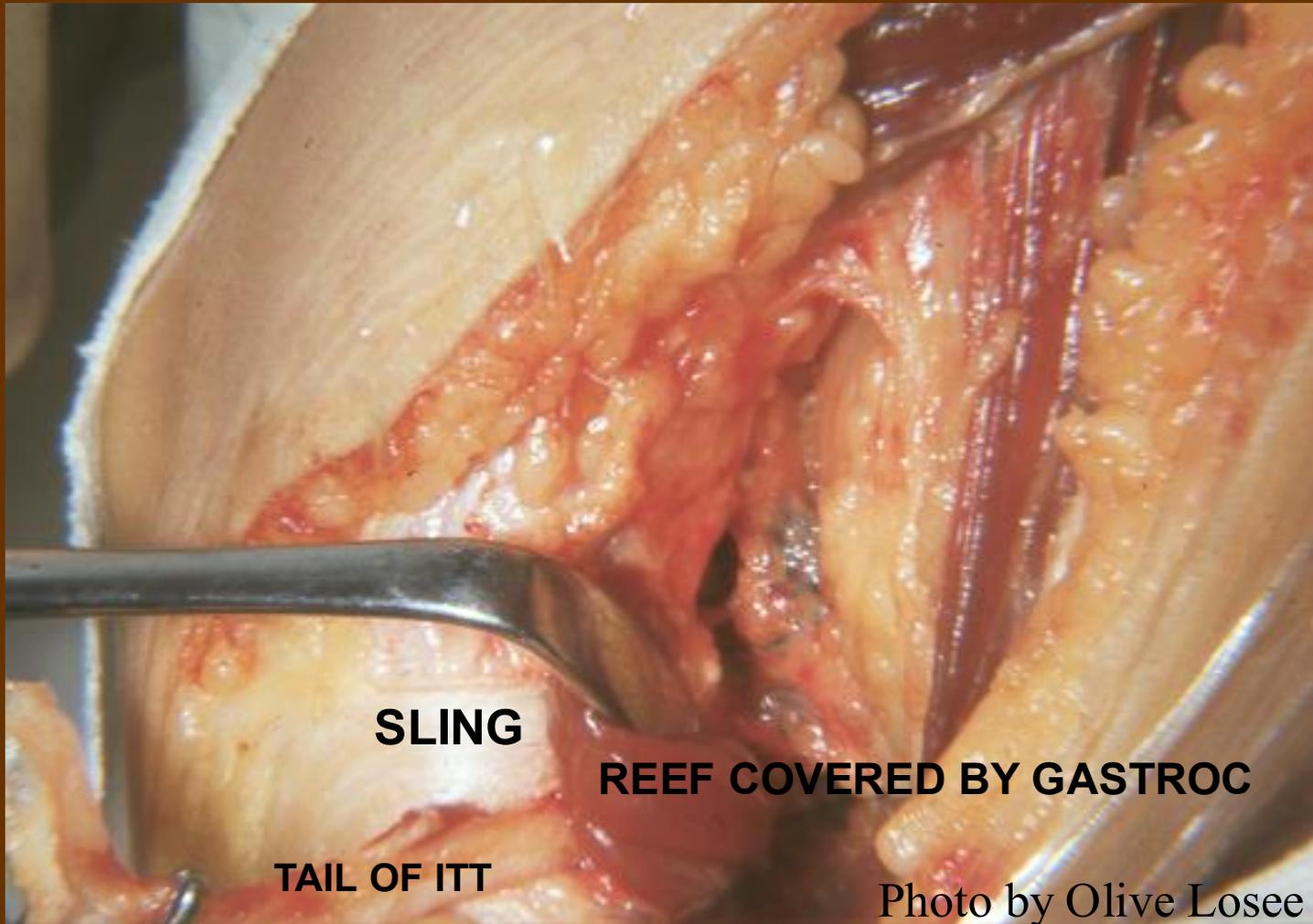
SLING

REEF COVERED BY GASTROC

TAIL OF ITT

Photo by Olive Losee

IMBRICATED THE POSTERO-LATERAL CAPSULE WITH CARE



SLING

REEF COVERED BY GASTROC

TAIL OF ITT

Photo by Olive Losee

FINISHED JOB



IT WORKED!



**LOOK AT THE MARATHON MEDAL ON LINDA IN 1991
MAN AND WIFE TEAM STILL AT IT IN 1999**



HOW GOOD WAS IT?



ELIMINATION OF THE PIVOT SHIFT

The purpose of the operation

75%



176 OF 365
PATIENTS OPERATED
WERE STUDIED
5 YR. AVG. POST OP
(RANGE 1-20 YEARS)

(DR. ERIKSSON: TAKE NOTE!)

NEGATIVE TESTING

NO PIVOT SHIFT SYMPTOMS



1986 COMPARISON

INTRA- VS. EXTRA-ARTICULAR A.C.L. OPERATIONS (2 –14 YRS. POST-OP)

ITEM	DR. FEAGIN'S INTRA-	LOSEE'S	EXTRA-
# PATIENTS	138		104
MENISCECTOMIES	4%		8%
MILD – MODERATE PAIN	35%		50%
RETURN SAME SPORTS	37%		38%
NO POST OP BRACE	88%		96%
LACHMAN'S < 5MMS.	88%		35%
POST-OP MANIPULATION	12		0



1987 STUDY OF 98 PATIENTS
WITH DRS. FEAGIN & JOHNSON

THE ROT FACTOR ---
FRANK OSTEOARTHRITIS

98 PATIENTS,
STANDING X-RAYS

10%

1 TO 14 YEARS POST - OP

(ALL 10 HAD MENISCECTOMIES)

WITHOUT MENISCECTOMY? 0%



1989 STUDY, REQUEST OF INDIANAPOLIS GROUP

PUS FACTOR --- INFECTION

No Prophylaxis 8/130 5%

**Closed Suction
& Antibiotic 2/225 1%**

Time to Heal: Avg. 17 Weeks (Range: 5 – 24)

NO STIFF KNEES !



2002

**I HAVE SHOWN YOU THESE SLIDES
OF THE SLING AND REEF OPERATION
ONLY TO **RESPECTFULLY REMIND**
YOU TO THINK OF
THE POSTER0 – LATERAL
CORNER OF THE KNEE
IN RARE INSTANCES OF YOUR
ACL RECONSTRUCTION FAILURES.**



2002

THE WAGON WHEEL ANALOGY OF THE PIVOT SHIFT DYSFUNCTION



Photo by Olive Losee

IT'S EASIER TO STOP IT BY BRAKING THE RIM
(The postero-lateral corner)
THAN BY BRAKING THE HUB!
(ACL)



II RESPECTFULLY SUBMIT:

1:

**TEST THE KNEE
FOR THE PIVOT SHIFT DYSFUNCTION
DURING ACL RECONSTRUCTIONS.**



II RESPECTFULLY SUBMIT:

2:

IF THE PIVOT SHIFT TEST IS POSITIVE;

CONSIDER THE “WAGON WHEEL ANALOGY,”



II RESPECTFULLY SUBMIT:

3:

AND

“PUT THE BRAKES ON”

**WITH AN EXTRA-ARTICULAR APPROACH
BEFORE CLOSING.**



“TWIST-OUT” PIVOT SHIFT TEST

A SENSITIVE TEST FOR REDUCTION

Dr. Guy Liorzou, “Knee Ligaments:”

His favorite. He calls it “Losee 2.”



SLINGSHOT EFFECT - 1980

CONTRACTION OF THE QUADRICEPS
WITH THE KNEE SLIGHTLY FLEXED
IN THE A.C.L. AND POSTERO-LATERAL
STRUCTURALLY DEFICIENT KNEE
WILL SUBLUXATE IT.

TEST THIS TO SHOW
YOUR PATIENT WHAT NOT TO DO.
(UNTIL YOU OPERATE !)



1976 - 1984

**PASSIVE & ACTIVE RETAINING
TESTS**

**HOW THEY HELPED ME
AND MIGHT BE WORTH
SHARING TODAY.**



1976

THE PASSIVE RETAINING TEST

MY REASON TO OPERATE THE A.C.L.
DEFICIENT KNEE WAS TO ELIMINATE
THE DISABLING PIVOT SHIFT
DYSFUNCTION.

I WOULD TEST TO SEE IF MY
OPERATION WOULD WORK.



**I WOULD TEST WITH MY HANDS
TO SEE IF A TENODESIS WOULD HOLD!**

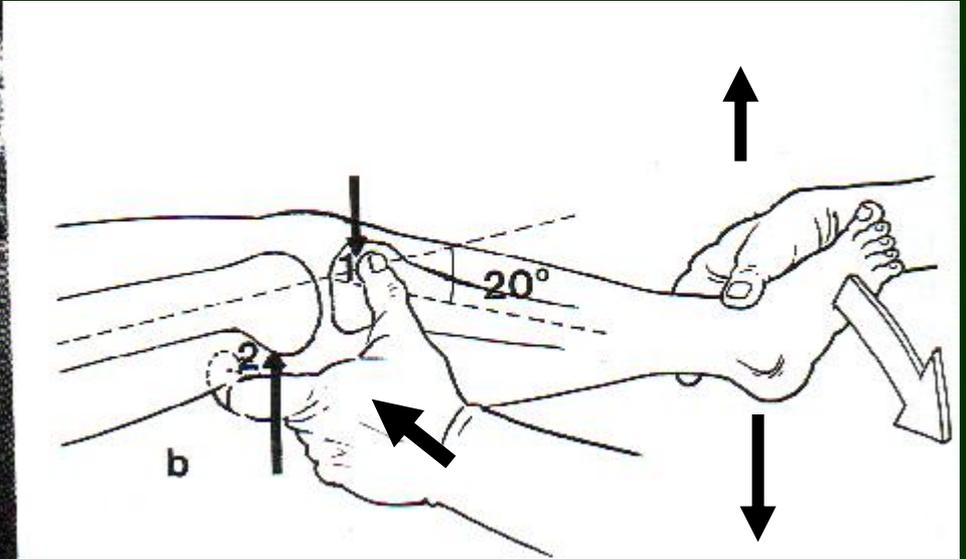
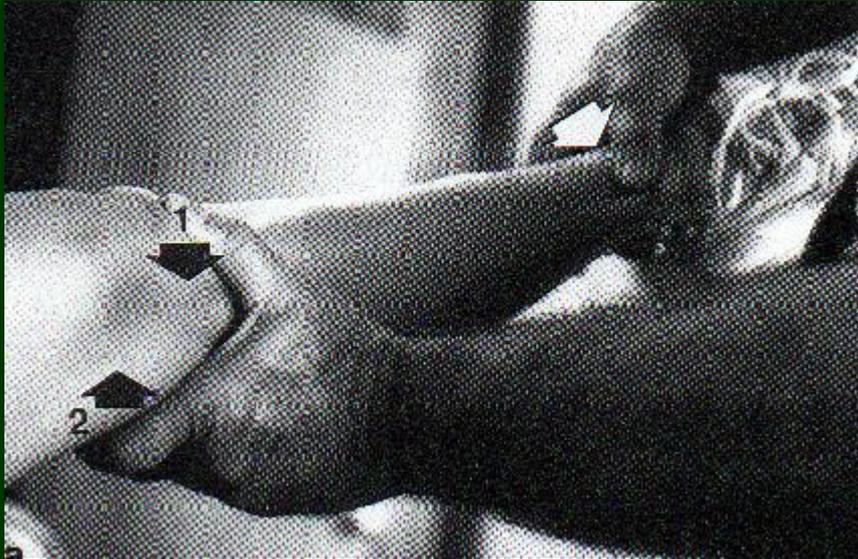
SLING

An intraoperative photograph showing a surgical dissection of a shoulder joint. The rotator cuff muscles are visible, and a yellow sling is placed around the joint. A hand is visible at the bottom, palpating the joint. The word "SLING" is written in black text over the image.

Photo by:Olive Losee



TO DO THE PASSIVE RETAINING TEST



From Liorzou's "Knee Ligaments."

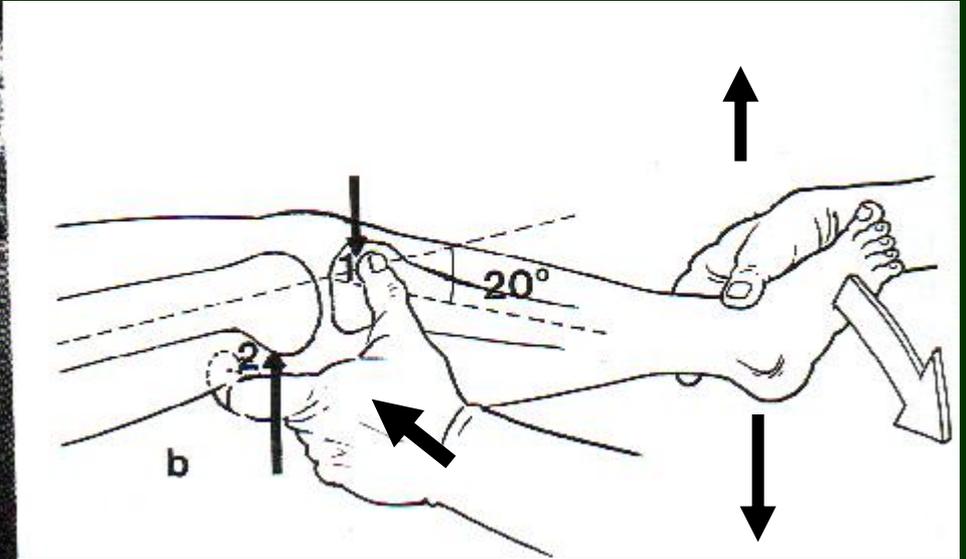


AS ABOVE, SQUEEZE THE SIDE OF THE KNEE
WHILE DOING YOUR FAVORITE PIVOT SHIFT TEST.

(THIS MIMICS A TENODESIS)



THE PASSIVE RETAINING TEST

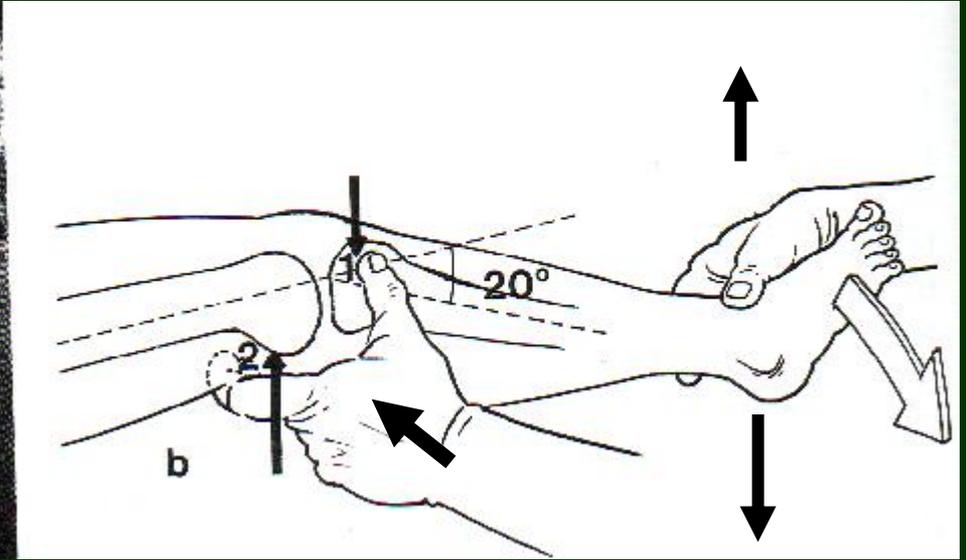
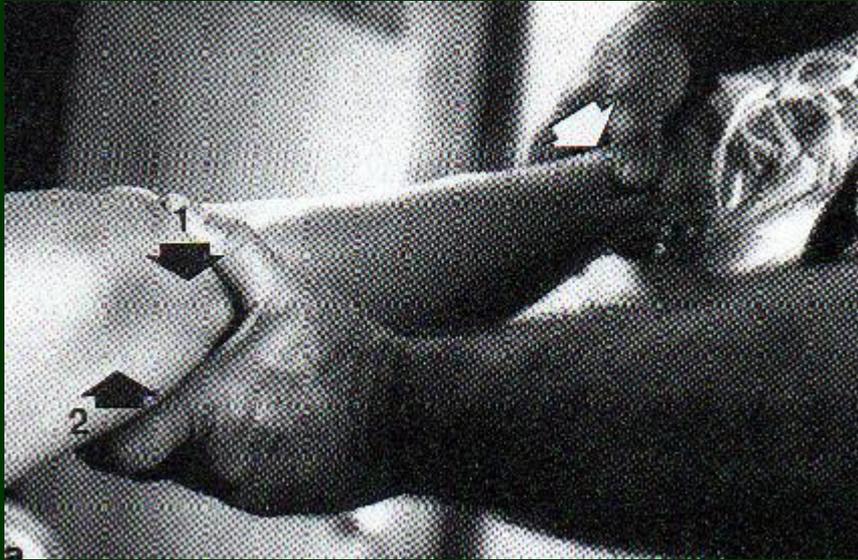


From Liorzou's "Knee Ligaments."

**IF YOU CANNOT KEEP THE KNEE
FROM SUBLUXATING WHILE TESTING FOR
THE PIVOT SHIFT,
THE PASSIVE RETAINING TEST IS POSITIVE.**



THE PASSIVE RETAINING TEST



From Liorzou's "Knee Ligaments."

A POSITIVE PASSIVE RETAINING TEST INDICATES:

- 1) REVERSED PIVOT SHIFT**
- 2) RARE & LARGE FEMORAL CONDYLAR DEFECT.**

(A SLING & REEF OPERATION WOULD BE A DISASTER!)



THE PASSIVE RETAINING TEST



**A NEGATIVE PASSIVE RETAINING TEST
THE LEFT HAND MIMICS A TENODESIS**

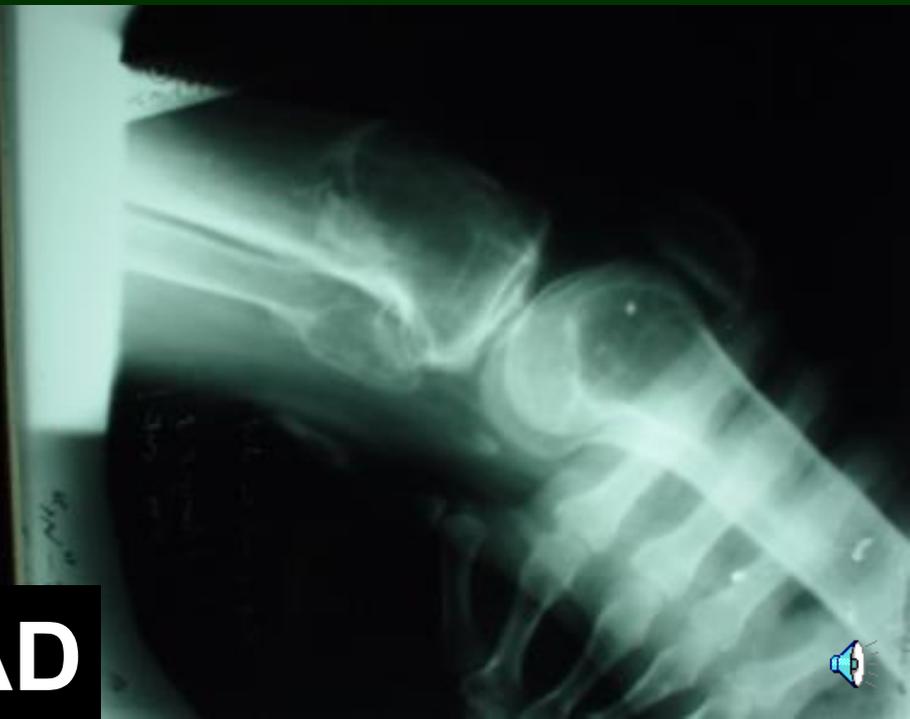


1975

THE REVERSED PIVOT SHIFT

TIBIA IS TWISTED OUT!
(INSTEAD OF INWARD
LIKE THE PIVOT SHIFT)

REDUCED



NOTE FIBULAR HEAD



THE ACTIVE RETAINING TEST

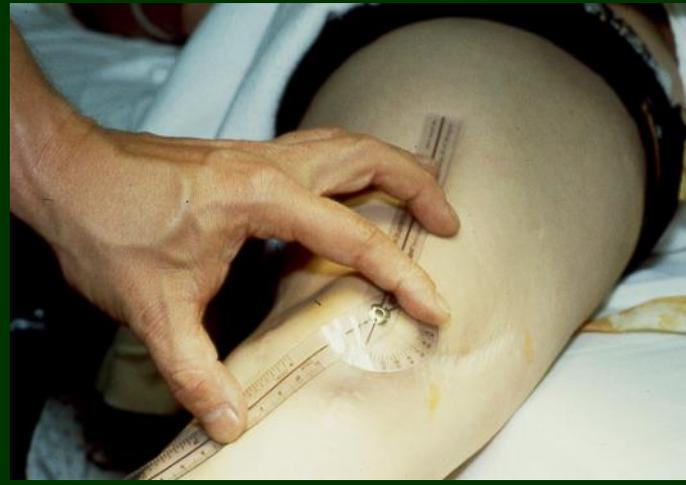


1



**SQUEEZE KNEE
AS IN PASSIVE RETAINING TEST.**

3



**IF "Q ANGLE" IS LARGE
AS HERE**

2



PATIENT ACTIVELY EXTENDS KNEE

4



**THE SLINGSHOT ACTION
OF THE PATELLA WILL**

THE ACTIVE RETAINING TEST

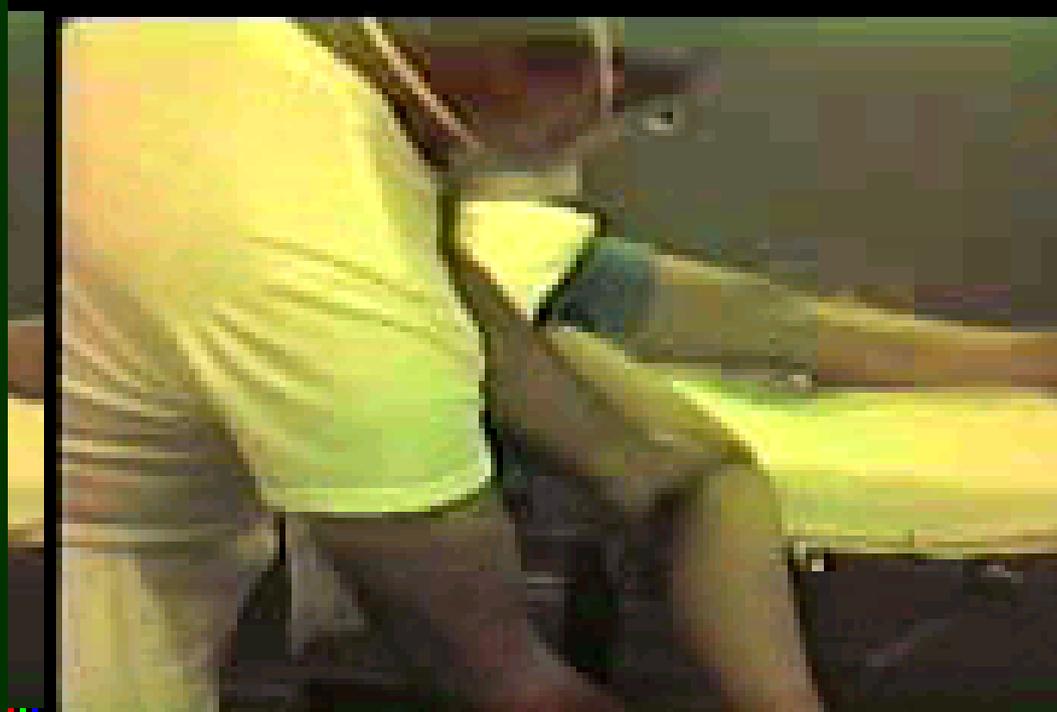
5



THE SLINGSHOT ACTION OF THE PATELLA WILL DRIVE THE LATERAL FEMORAL CONDYLE BACK OFF THE TIBIAL PLATEAU IN SPITE OF EFFORT TO PREVENT IT AND THE TEST IS POSITIVE 📢

6

THE ACTIVE RETAINING TEST

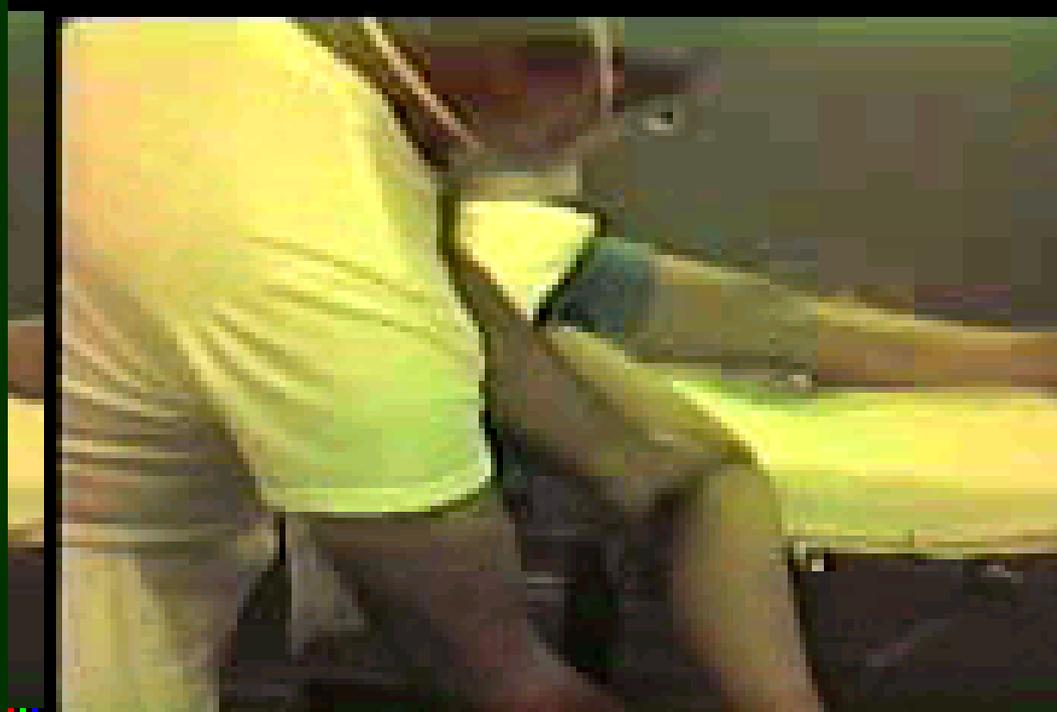


**IF YOU CANNOT MAINTAIN REDUCTION WITH YOUR HANDS
BE CONCERNED THAT ACL RECONSTRUCTION WILL FAIL**



7

THE ACTIVE RETAINING TEST



AND CONSIDER MEDIAL TRANSFER OF THE PATELLAR TUBERCLE!



1983

**R.S., (FEMALE MID 20'S) WITH GLOBAL INSTABILITY
FAILED MEDIAL LIGAMENT, INTRA-ARTICULAR A.C.L. RECONSTRUCTION,
AND ELLISON OPERATION**



**“Q” ANGLE 40°
POSITIVE ACTIVE RETAINING TEST
(PREVIOUS SLIDE)**



**MEDIAL TRANSFER
OF PATELLAR TUBERCLE
(SMILLIE)**



1983

(R.S., FEMALE MID 20's)



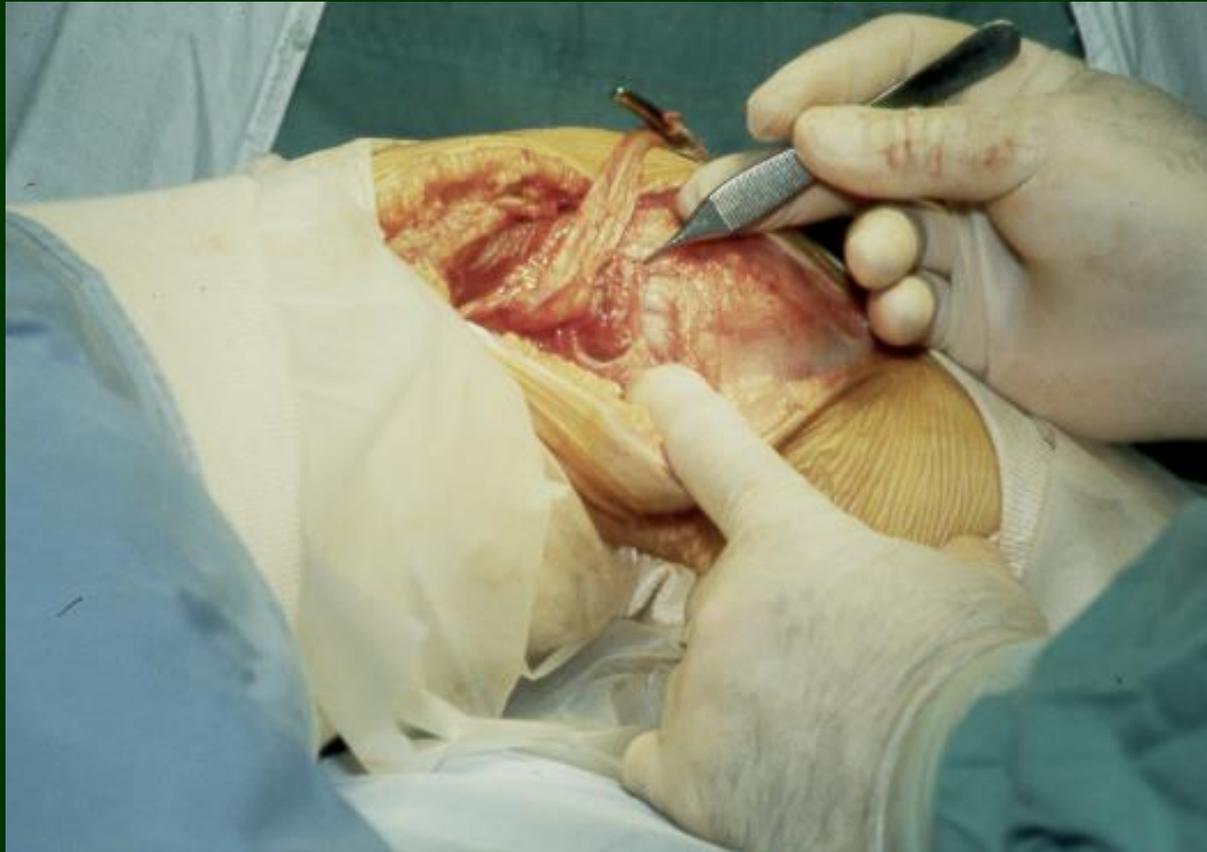
I REFER TO
I.S. SMILLIE'S
2 CASES HE
DESCRIBES IN
"INJURIES OF
THE KNEE."

**TRANSFER OF HER TIBIAL TUBERCLE
ELIMINATED THE POSITIVE ACTIVE RETAINING TEST
AND IMPROVED HER PIVOT SHIFT DYSFUNCTION**



1983

(R.S. FEMALE MID 20'S)



LATER EXTRA-ARTICULAR RECONSTRUCTION



FOLLOW-UP IS POOR 1 YEAR LATER; A LETTER

**Gt. Falls MT
11 March, 1985**

“Dr. Losee

**I’m happy to say my knee is better
than it’s ever been.**

**No blow-outs at all, not even close.
It is getting very strong.**

-----no problems-----

Ramona S.”



Andy Beaupré, MD

- Went to Paris to visit with Marcel Lemaire.
- Came back and educated McIntosh and Galway

Jimmy Andrews, MD

- Did a 1 yr fellowship with Albert Trillat, MD in Lyon. Albert and Jack were close.
- Exchanged ideas from Birmingham/ Jack Hughston had with the Lyon School of the Knee and came back with ideas from the surgeons in Lyon.
- Along with Jack Hughston, trained Mary Lloyd Ireland, who was the first Hughston Fellow of the ACLSG

John A. Feagin, Jr., MD

- A True Visionary Man
- Founding Member of the ACLSG
- Consummate and meticulous thinker
- Excellent clinician and believer in the P/E
- Strong believer in outcome studies, but an objective partaker in any study that would add to a surgeons understanding of the knee (with the exception of primary repairs.)

Werner Müller, MD

- Founding member of the ACLSG
- Exceptional anatomist and profound thinker who has studied each and every soft tissue layer of the knee and the role each plays in maintaining the knee as a transmission of function.
- Trained countless Swiss and International surgeons.

Ejnar Eriksson, MD

- Founding member of the ACLSG
- Vast knowledge and understanding of the history, proper diagnosis and treatment of knee ligament injuries, promoter and partaker of large cohort of patients, as part of Sweden's National Registry
- Never shy and always gentlemanly in challenging and pushing surgeons to “Think”

Pierre Chambat, MD

- Lyon trained and practice based
- Fellowship with Jack Hughston in 1980
- Not a believer in LEAT
- Became a member of the EAOF in 1992
- Brought Bertrand Sonnery-Cottet from Paris to Lyon much to the Lyon Knee School's chagrin.

Converted back to a believer in ALL (B S-C)

Robert Teitge, MD

- Did his Fellowship with Peter Indelicato at Kerlan and Jobe in 1976. They were doing Ellison Procedure. Only published their series in 1980, and after speaking with Ejnar Eriksson and reviewing their published technique, started doing ACLR + Ellison already in 1978
- Began working with AO/ASIF on developing precision ligament surgery. Worked with Niklaus Friederich on Tensiometer and became close friends with Hansjörg Wyss, Main shareholder for Synthes.
- Formed a committee with Dale Daniel, Ken Lambert and Chuck Henning, first meeting was in Jackson to develop precision instruments.
- Professorship and set up a training program at Henry Ford Hospital
- Had to decline JAF's ACLSG invitation that year, but joined in 1986.
- Discontinued use of ACLR + Ellison in favor of doing a combine BPT with distal Quad tendon, passed through a drill hole in the femur and pulling the quad portion of the graft distally to Gerdy's tubercle.

Richard A. Steadman, MD

- Always a gentleman
- Incredible talent in exuding confidence and support for his patients
- Capable of establishing highly successful non-institutionalized models for clinical, biochemical and mechanical research.
- Attracting large numbers of trainees and partners

Freddie Fu, MD

- Energy and enthusiasm without bounds.
- Having a knack for choosing the “Crème de la Crème” of scientists, research and clinical staff to publish much of what we do (and don’t do) today, by his own admission...so honorable

John Bartlett, MD

- The ultimate mentor and gentleman
- Supremacy in promoting international dialogue and exchange.
- Capable of discerning and finding the good in everyone.

Thomas Branch, MD

- Genius mind and ability to communicate ideas in a way that always begs more questions than answers, but answers to questions we might never have asked, nor answered.
- Hyperactive and productive as SHIT!
- Most improved and now fastest Skier too.

Julian Feller, MD

- Equally a true gentleman
- Scrutinous and scrupulous work ethic in analyzing systems that influence outcomes of knee injury and the treatment thereof
- At every meeting, even when he may have an issue that would turn many of us away.

Thank You Julian!

Patrick Smith, MD

- Fellowship with Jack Hughston, MD
- Learned about tenodesing IT band to posterolateral capsule.
- Performed a large number of LEAT by anchoring the distally based IT band at Gerdy's tubercle to the LFC also securing its deep fibers of the ITB to the PL capsule.

Rolie Beidert, MD

- Enthusiastic supporter of scientific exchange and capable of questioning what shadows lie behind the light that shines, not in a pessimistic or critical way, but a way that seldom leaves one feeling “defensif”
- Were are the Suisse?

Peter Burkart, MD

- Original founding member whose radar is always up, especially for deep POWDER.
- Astute organizational skills and promoter of thinking “outside of the box”
- Margrit...we miss you too!

Andrew Amis, Ph D

- A rational calming force, with profound presence, keeping us on a chartered course that doesn't let us run too far astray.
- Wholeheartedly dedicated and consistently present.

Thank you as well Andrew.

Bertrand Sonnery-Cottet, MD

- Paris trained.
- Lemaire LET standard protocol.
- Brought the concept of LEAT back to the forefront and joined the ACLSG in 2016
- Prolific knee surgeon, publisher and promoter of ACLR + ALL
- Merci Bertrand

Harvey, Ortho Chief at USC

- The average Orthopedic surgeon is just that “average”.
- We must push ourselves to do better than “average”.

Conclusions

- What goes around, comes around.
- Keep an open mind.
- Never say “Never” or “Always”
- Be respectful to one another, because as Bertrand said yesterday, we should NOT consider ourselves better than GOD

**My apologies to those of you that
I've overlooked, and Thank You all
Dear Audience for your kind
attention today!**

Christian Guier, MD

