

## EDITORIAL

## Editorial

L. Scott Levin

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The history of medicine is important to acknowledge and understand. It is only when we look back on advances in medical science and principles of care, that we realize that many things we believe are “new” have actually been described in the past—perhaps in a language that those claiming to have discovered an original idea or concept have failed to read or have not been aware of due to language barriers or ignorance. Such oversights or omissions of credit to those that have “gone first” compromise the integrity of discovery and science and denigrate the life’s work of those that have provided insight into critical problems or introduced a new way of thinking that benefits patients and health care systems.

Facts speak for themselves. The peer review process and scholarship characterized by written documents such as journal articles or chapters are testimonies of discovery based on scientific content, truthful authors and the date of publication of such reports. Such documentation—particularly peer review journals can always be challenged and questioned such as in a letter to the editor or commentary that questions the content of a published article or the conclusions of a scientific study. The medical community has an obligation to police itself and the peer review process. In fact—retraction of an article may occur if there are improprieties discovered after publication that invalidate the study results described in the article.

Furthermore—in valuing medical history each generation of physicians and medical research scientists should acknowledge the pioneers that provided the foundation for their work and progress in a field. It is said that “we stand on the shoulders of giants” This is true. Where would modern reconstructive surgery be without the introduction of the operating microscope by Julius Jacobsen and Suarez in 1960? Where would fracture fixation be without the AO founding fathers believing that ridged osteosynthesis had merit? Where would modern microsurgery be without the work of Gene Tritt, Robert Acland and Marcus Spingler? The list goes on. It is the story of medicine and a tribute and acknowledgment for those who proceed us.

Thirty years ago I began my training in Plastic Surgery after the completion of a four year orthopaedic residency (Chairman J. Leonard Goldner MD and then James R Urbaniak MD) that was preceded by two years of general and thoracic surgery residency (Chairman of Surgery David C. Sabiston Jr. MD). My first concept of Orthopaedic surgery was formulated thirty years ago during my hand fellowship in Louisville Kentucky with Harold Kleinert, Joseph Kutz and a wonderfully progressive group of surgeons that included Luis Schecker, Warren Breidenbach, Tom Wolff, Tsu Min Tsai, Jim Kleinert, and Erdogan Atasoy. At the Kleinert clinic, orthopaedic surgeons, plastic surgeons and general surgeons all worked together seamlessly. Everyone was on the same team—taking care of the patient with compassion, skill, dedication and a sense of pride to provide integrated care in a timely manner. Immediate one stage reconstruction was the rule, the emergency free flap was common and a 24/7/365 skilled physician workforce of faculty and fellows cared for complex extremity injuries around the clock.

More than 25 years ago I introduced the concept of Orthopaedic Surgery in a publication entitled:

**Levin LS:** The Reconstructive Ladder – An Orthopaedic Approach. *Orthopaedic Clinics of North America*, J.B. Lippincott Co., 24(3): 393–409, July 1993.

In fact, podium presentations on Orthopaedic surgery occurred before this hallmark publication. Due to my training and board certifications in Orthopaedic surgery, plastic Surgery and an additional qualification in Surgery of the Hand, I felt comfortable commenting on unsolved reconstructive issues that required that the principles and practices of both specialties (Orthopedics and Plastic Surgery) be applied to clinical problems simultaneously.

It has been said that it does not matter who gets credit for an achievement as long as the work gets done or progress is made. While I believe that, I do feel that appropriate historical recognition at the appropriate time is important with regards to advances in clinical care and scientific achievement.

My relationship with Umraz Khan goes back more than 25 years when he and I met in Manchester at a BAPS meeting in Manchester hosted by Stewart Watson. As transatlantic teammates we cared for the Benton Sisters injured in the tragic London bombing in 2005-using Orthoplastic Principles and Practice to salvage their feet after mutilating injuries. His work in the UK has been a shining example of actualizing the Orthoplastic Concept with guidelines adapted for extremity care by the BOA and BAPS. He has carried and promoted the "Orthoplastic Torch" with clinical actions and the written word and for this I am grateful.

My deep and immediate concerns are for those individuals who have promoted the Orthoplastic concept as their own, without any demonstration of clinical expertise or acknowledgment that the Orthoplastic concept began more than 25 years ago. It has gained acceptance and a following around the world. Heavily based in the arenas of traumatology, oncologic reconstruction, reconstructive microsurgery, hand surgery, vascularized composite allotransplantation and limb salvage this amalgamation of surgical skills and philosophy takes decades to understand and perfect. Several surgeons have promoted the Orthoplastic theme as their own-ignorant of what has taken place before many of them attended medical school or began practice!

As a global ambassador for Orthoplastic Surgery since its inception, and as the past president of the ASRM(American Society for Reconstructive Microsurgery), WSRM(World Society of Reconstructive Microsurgery), ASRT(American Society of Reconstructive Transplantation) and beginning next month as the resident of the ASSH(American society for Surgery of the Hand) I have a strong and accurate sense of those that have promoted and contributed to the evolution of Orthoplastic Surgery. In fact I was shocked and appalled to learn just recently that there is an "American

Microsurgical Orthoplastic Society" I never heard of such a society and I have no idea who conceived of it. Frankly it is insulting to the founding members of the ASRM and its current membership that includes surgeons from around the world.

The evolution of a new Orthoplastic Society and two Orthoplastic Journals (The International Journal of Orthoplastic Surgery and Journal of Orthoplastic Surgery) do not advance Orthoplastic Surgery. They- in aggregate will tend to dilute and efface three decades of work of many (such as select members of the IJOS editorial board) to advance care and change practice philosophy. The legacy and intent of Orthoplastic that began more than a quarter of a century ago must not go unnoticed. Pioneers and senior enthusiasts such as Innocenti, Sabapathy, Hong, Cavadas, Khan and others must be recognized as career long advocates for Orthoplastic surgery. This recognition is not for their glory or to satisfy egos. It is to set the record straight on the history of the Orthoplastic concept. There must be one voice and one path we all follow for communication and dissemination of this philosophy that encompasses so many disciplines and contributors from around the world. My hope is that IJOPS becomes our vehicle for driving the field forward, with internationally recognized experts and devotees at the wheel. It is time to reflect accurately on the past and look collectively at the future. I encourage all of us to let the record speak for itself.

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#### Guarantor

L. Scott Levin is the guarantor.

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