2000 RESOLUTIONS

AOS Resolution is an official statement of policy, adopted by majority vote of the AAOS Fellowship casting ballots and binding on AAOS and its Board of Directors. An AAOS Resolution is not a product of a systematic review, but rather Open Hearings and the opinions of AAOS Fellows.

Newly Adopted Resolutions

Orthopaedic Learning Center (OLC)
Academy - R2000A
Adopted 2000

A. Resolved, that the Board of Directors of the American Academy of Orthopaedic Surgeons shall support the current OLC policy of utilizing tiered categories of scheduling for groups that desire to use the OLC for courses or other events. [Adopted 2000] (R2000A)

Review of Previously Adopted Resolutions

Method of American Academy of Orthopaedic Surgeons Adoption of Clinical Algorithms
Academy – 1995A
Adopted 1995; retained 2000

A. Resolved, that the Board of Directors of the American Academy of Orthopaedic Surgeons shall ensure that all clinical algorithms be reviewed for comment and input by the Board of Councilors and COMSS (or their designated committees) and seek other input as appropriate at significant steps in the algorithm development, and such input and comment by the Board of Councilors and COMSS (or their designated committees) shall be obtained prior to proceeding to the next step in the algorithm development process. [Retain] (R1995A)

American Academy of Orthopaedic Surgeons Policy on Medical Care in the United States
Association – R1995B
Adopted in 1995; modified and retained 2000

A. Resolved, that the American Association of Orthopaedic Surgeons shall base its policies concerning health care delivery on the principles of individual rights and patient empowerment, advocating measures that would help individuals gain maximum economic independence for their medical care; and be it further [Modify and Retain] (R1995B1)

B. Resolved, that the American Association of Orthopaedic Surgeons shall uphold basic principles of health care delivery to include support for medical savings accounts, tax deductibility issues, and unimpeded patient access to specialty care. [Modify and Retain] (R1995B2)

Supply of Orthopaedic Surgeons (formerly Orthopaedic Work Force)
Association – R1995C
Adopted in 1995; modified and retained 2000

A. Resolved, that the Board of Directors of the American Association of Orthopaedic Surgeons shall continue to monitor the size and composition of the orthopaedic work force and the number of orthopaedic residency and fellowship positions and take all appropriate and legal actions to address serious Fellowship concerns about these issues. [Modify and Retain] (R1995C)
Streamlining of Functions of Resolutions Committee of the Board of Councilors and the Annual Meeting of the American Academy of Orthopaedic Surgeons
Academy – R1995D
Adopted 1995; rescinded 2000

Resolved, that the Board of Directors of American Academy of Orthopaedic Surgeons shall refer the proposed consolidation of the resolutions processes of the Academy’s Annual Meeting and of the Board of Councilors to the Academy’s Task Force on the Resolutions Process. [Rescind] (R1995D)

Format of the Annual Meeting
Academy – R1990A
Adopted 1990; modified and retained 1995; rescinded 2000

A. Resolved, that the American Academy of Orthopaedic Surgeons shall continue its efforts to ensure that the maximum attendance and participation of the Fellowship at business meeting(s) of the Annual Meeting, including consideration of schedule changes, alternate voting mechanisms, and modifying the format of the business meeting(s); and be it further [Rescind] (R1990A1)

B. Resolved, that the Fellows of the American Academy of Orthopaedic Surgeons should carefully consider the proposed amendment to the Bylaws that will be voted on at the 1996 Annual Meeting which would allow the option of having just one business meeting at the Annual Meeting. [Rescind] (R1990A2)

Additional Certificates of Added Qualification (CAQs) in Orthopaedic Surgery
Academy – 1989A

A. Resolved, that it shall be the policy of the American Academy of Orthopaedic Surgeons to oppose the issuance of additional CAQs in orthopaedic surgery. [Retain] (R1989A)