We have lost a giant of orthopaedics and sports medicine: Kenneth “Ken” E. DeHaven passed away on June 20, 2021. One of the early pioneers of sports medicine and a superb educator and leader in orthopaedics, Dr. DeHaven will be remembered as much for his leadership as his common-sense approach to teaching, to surgery, and to life. Highlights of Dr. DeHaven's leadership include his roles as a founding member and President of the International Society of the Knee, the Herodicus Society, and the Arthroscopy Association of North America. He also served as President of the American Orthopaedic Society for Sports Medicine and President of the American Academy of Orthopaedic Surgeons (AAOS). He retired in 2012 from the University of Rochester, where he had served in the Department of Orthopaedic Surgery and as the Senior Associate Dean of Clinical Affairs.

DeHaven was born on Valentine's Day, 1939, and grew up in Kettering, Ohio, outside of Dayton. His interest in becoming a doctor started early, having witnessed his older brother's treatment for leukemia and his father’s multiple surgical procedures for head and neck cancer. He excelled in football, basketball, and track in high school. DeHaven turned down an Ohio State athletic scholarship in order to attend Dartmouth College, where he majored in history and played both offense and defense on the football team, which he captained in 1960. After graduation, he attended Dartmouth Medical School (BMS 1963) and then received his MD from Northwestern Medical School (1965) in preparation for his preliminary surgical training at the Cleveland Clinic.

After serving 2 years in the Navy during the Vietnam War, DeHaven completed his orthopaedic training at the Cleveland Clinic in 1972. His residency chairman, C. McCollister “Mac” Evarts, sent him for additional sports medicine training with Dr. Fred L. Allman in Atlanta and then, upon his graduation, Evarts recruited him to start a sports medicine program with Roy Collins in Cleveland. Both DeHaven and Collins saw the potential of arthroscopy but struggled with the single eyepiece and against the prevailing belief that a 10-minute open meniscectomy with a Smillie knife worked just fine. Recognizing DeHaven's commitment to refining and promoting arthroscopy as a useful tool for common injuries, Evarts sent DeHaven to learn from Dr. Robert Jackson in Toronto as the visionary of the discipline. DeHaven returned with new expertise that would launch his career. In 1975, Evarts brought along DeHaven and other young Cleveland colleagues to expand the Orthopaedic Department at the University of Rochester (New York), where DeHaven led the Athletic Medicine Division until his semi-retirement in 2004.

Although many high-profile athletes sought treatment from DeHaven, his sweet spot—perhaps borne of his own athletic injuries as a youth—was caring for amateur athletes, from weekend warriors to high school athletes. To that end, he guided and educated athletic trainers, family physicians, and physiatrists to treat athletes of all ages and abilities both on the field and in the clinic. DeHaven had a knack for simplifying ways to diagnose knee injuries and developing methodical ways to treat them. For example, in a landmark article that was published in a family medicine journal, he noted that if aspiration of a swollen knee yielded blood, it was pretty darn certain that the athlete had an ACL injury—95% certain, to be exact. No fancy MRI was needed, and the method was just as accurate.

Beyond sports medicine, he was a gentle soul with a keen wit. He sought out people’s strengths and gifts as pupils and future doctors, regardless of their background or what sport they played. He expected trainees to listen, to think clearly, and to be suspicious of newfangled procedures with no data and no follow-up. Harkening to his southern Ohio roots, DeHaven's favorite expression for things gone awry was “catawampus,” which was a signal to get back on track, keep the focus, and figure things out.

DeHaven was a man of few words, and every word was a gem. He was particular with phrasing—“subluxate, not sublux”—and he could blend esoterica into a story that would unfold throughout a busy day full of patients. The diaspora of trainees, who knew him as “K.E.D.,” cite many of his folksy witticisms as lessons learned and lessons to teach. Listed below are a few that continue to stand the test of time.
“There isn’t an operation I do today that I learned how to do as a resident.” This maxim served as a reminder that fads fade, whereas sound principles persist. He viewed anything new and glittery—especially in the absence of metrics and results—with skepticism. Over time, he was proven correct in his views on arthroscopic plica release of the knee, thermal shrinkage for shoulder instability, and allograft ACL reconstruction in young people, to cite but a few examples.

DeHaven also counseled that, if you believe that an operation is worth doing, then measure it; prove it. Emphasizing that statistics only worked if you could back them up, he often paraphrased Gertrude Stein: “For a difference to be a difference, it has to make a difference.” In the day, he lauded the KT 1000 for measuring ACL laxity, a clinical tool that corresponded to surgical findings. Learn from what you found, he’d say, and don’t be afraid to change techniques once you had better information or better tools. Along those lines, he advised, “Don’t be the first or last one to jump in.”

To DeHaven, the whole patient mattered. He taught when to operate and when not to do so, convinced that “a reputation is made on treating patients successfully without surgery.” In cases in which surgery was necessary, he emphasized the importance of following patients through the rehabilitation program, both inside and outside of the operating room, noting that “I built my reputation on rehabilitating other physician’s surgeries,” and “a good operation done poorly has bad outcomes.”

DeHaven expected the best, and he judged no one beyond their work, ethical behavior, and contributions. Around the world, people claimed him as a friend, a guy whom they wanted to hang out with. He inspired many young athletes to become doctors and orthopaedic surgeons. If you let K.E.D. down as one of his trainees, well, you’d know it. If you had a setback, he’d tell you when it was time to “get back in the saddle,” with frequent encouragements of “attaboy, attagirl.”

A man of conviction, DeHaven lived and breathed his own advice. When he and wife Jean lost their son David in a tragic ski accident in 1996, just a short week and a half before he was inducted as the AAOS President, he was devastated. Frozen, even. And yet, he and Jean decided, that he must—they must—go on. His profound sorrow and profound commitment to bettering the life of others compelled him to lead with the steadfast deliberation that changed everything he touched for the better. His leadership initiatives and contributions include shaping the conflict-of-interest policies that ushered in a focus on self-scrutiny within the orthopaedic profession, establishing the Academy’s organizational liaison with specialty societies, and including residents and recent trainees as candidate members of multiple orthopaedic organizations.

During his semi-retirement, DeHaven embarked on a second residency: restoring and repairing antique pendulum clocks. His wife Jean ceded Ken half of her art studio for his operating theater, a sanctuary where his large deft hands restored a broken pendulum of a grandfather clock or a cuckoo that had lost its perch. Once again, he made repairs that others could not.

Dr. DeHaven is survived by his wife Jean, also a native of Dayton, his daughter Kathleen, and 1 grandchild. All of us who were privileged to have known him, to have trained under him, to have worked with him, or to have been treated by him will greatly miss the slow smile, the pat on the back, the lumbering gait. His legacy is like one of the pendulum clocks that he painstakingly restored: his teaching, his principles, and his mark on orthopaedic surgery are timeless.

A.L.L.