In the 1960s, Dr. George E. Omer Jr had considered offers to become chief of orthopaedics at prestigious institutions such as Vanderbilt University and the University of Texas Medical Branch at Galveston. However, both positions were in divisions of general surgery, and the division of hand surgery was dominated by plastics and general surgery rather than orthopaedics. Additionally, private practice opportunities existed in San Antonio, Texas, but offered no association with teaching or administration.

Dr. Omer’s attention turned toward the West, and he viewed the infancy phase of The University of New Mexico (UNM) School of Medicine as a promising rather than dismal prospect. Furthermore, the location of the school itself appealed to him thanks to his life-long appreciation of New Mexico’s colossal mountain views and his growing interest in Native American art. In 1970, Dr. Omer accepted an offer from Robert Stone (the school’s dean) and Dr. James Weaver (chief of the orthopaedics division), who both wanted to preserve the fragile UNM orthopaedic residency program.

Orthopaedics as a Separate Department

Dr. Omer insisted that orthopaedic surgery was a crucial component of any hospital and requested department status. He supported “independent cooperation.” A department of orthopaedics, encompassing general and subspecialty treatment, needed to be unshackled from restraints to growth and scope of practice and have some degree of autonomy to provide the best possible education and patient care within the hospital.

According to Dr. Omer, “We can do something good if we put the right people in place and give them fundamental assistance. They will produce the results that will make us recognized and support future growth.” His charisma and persistence fueled the process of establishing a new department.

A Clinical Enterprise

Obtaining departmental status was just the beginning. Dr. Omer saw residency training as the basis of a successful academic department and organized the existing clinical facilities of New Mexico into a cohesive medical group. UNM School of Medicine initially had no orthopaedic space whatsoever, with very little clinical activities at the affiliated hospital, Bernalillo County Medical Center (BCMC, Figure 1). However, several unaffiliated hospitals in the region provided orthopaedic care, and association with those entities could greatly benefit the new residency program at UNM.

As the first chairman, Dr. Omer incorporated these various institutions into forming the UNM orthopaedics department. These organizations included the Carrie Tingley Children’s Hospital in Truth or Consequences; Veterans Affairs Hospital; Lovelace Hospital; Gallup Indian Medical Center; and the existing but limited clinical affiliation with BCMC (which became UNM Hospital in 1978).

For his first year as chairman, Dr. Omer was the only full-time, exclusively university-based orthopaedic surgeon; however, as relationships strengthened with the other hospitals, more doctors began working within the school in adjunct positions. These medical affiliations provided 1) regimented training beyond clinical apprenticeship to the new residency program; 2) an increased supply of orthopaedic physicians to New Mexico and the entire Western United States; and 3) a lasting academic and administrative foundation.

Figure 1. Bernalillo County Medical Center, which was renamed to The University of New Mexico Hospital in 1978.
Division of Hand Surgery

As the residency program and department administration became more established, Dr. Omer solidified the growing division of hand surgery and founded a hand fellowship—both being among the first in North America. Dr. Omer knew that an excellent reputation was necessary and emphasized high-quality tertiary care of hand injuries. By the end of Dr. Omer’s tenure, the hand surgery division had become a flagship program and service at UNM Hospital (Figures 2A and 2B).

Rehabilitation

When Dr. Omer negotiated for department status of the orthopaedics division, he had agreed to incorporate “Rehabilitation” in the title. During his first 3 years as chairman, however, limited clinical activity occurred in this service. Yet, as the hospital’s reputation grew, so did the number of patients who needed rehabilitation.

Dr. Omer respected the work of physical and occupational therapists, which was crucial in the successful rehabilitation of young patients with musculoskeletal or hand injuries. Unfortunately, such a workforce was lacking in New Mexico. In response, in 1973, the BCMC organization was revised and Dr. Omer became chief of the physical medicine service. A division of physical therapy soon followed, created within the orthopaedics department.

That collaboration laid the groundwork for yet another division within the orthopaedics department: sports medicine. Dr. Omer worked with the UNM Athletics Department in recruiting faculty members for the sports medicine division (a lasting collaboration to this day). Sports medicine remains one of the most active and productive divisions within the orthopaedics department.

Legacy

Dr. Omer’s career represents more than a half century of selfless dedication and exemplary commitment to improving the field of hand surgery and education of countless doctors (who now carry on his life’s work as their own!) Dr. Omer earned and cherished the friendships of colleagues all over the world. These individuals recognize him as a pioneer in hand surgery and acknowledge that his skill, dedication, work ethic, and integrity have set him apart from his peers.

The ongoing orthopaedic research within UNM—academic and clinical—continues to prosper under the enormous foundation established by Dr. Omer (Figure 3). For that, all who have followed him in the Department of Orthopaedics & Rehabilitation as faculty, residents, fellows, and staff owe him a deep debt of gratitude.

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George E. Omer, MD, the founder of the University of New Mexico (UNM) Department of Orthopaedics & Rehabilitation, stepped down in July 1990, after serving for 20 years. Dr. Leonard M. Napolitano (Dean, UNM School of Medicine) appointed me as interim chair for 6 months and, after a national search, as professor and chair in January 1991. I had the fortune of working with Dr. Omer since my arrival to UNM in 1976. At this time, many of the orthopaedic services in the country were placed in divisions of general surgery. That was not the case at UNM because Dr. Omer was successful in getting approval from the faculty senate to establish an orthopaedic department, including separate budget, faculty, residents, and administration.

The productivity of the UNM Health Sciences Center had tremendous growth in the 1990s, with the addition of the Ambulatory Care Center that housed faculty offices and added much-needed space for clinics. Furthermore, a new parking structure was built to improve patient access to the UNM Hospital. During this time, the mission and visions of the department were articulated.

In brief, the mission was to provide compassionate, comprehensive, and quality musculoskeletal care for the people of New Mexico and Four Corners region. The vision was to offer our patients advanced treatment by the alliance of patient-centered care, research incentives, resident education, and the expertise of faculty members in subspecialties of orthopaedic surgery. To help achieve these goals, I focused heavily on expanding full-time faculty positions (Figure 1).

With the aid of UNM Hospital and School of Medicine practice-plan organizations, funds were available to hire doctors with subspecialty qualifications. A structural chart helped establish divisions, sections, programs, and an administrative infrastructure. At this time, both physical and occupational therapy programs were housed in the department. In 2001, we consisted of 32 full-time faculty members (including physical and occupational therapists) and 83 volunteer faculty members from the providers in the community. Furthermore, when Carrie Tingley Hospital was moved to Albuquerque, a division of pediatric orthopaedics was organized.

Research efforts were enhanced by establishing a biomechanics research laboratory and adding a full-time, PhD research faculty position. This was the beginning of collaboration with the UNM School of Engineering on north campus and encouraging a graduate program in biomechanics, which resulted in 20 peer-reviewed publications. Faculty members were encouraged to publish and present their scholarly work at regional and national meetings. Furthermore, a clinical track was established for faculty at the school of medicine to recognize high activity in clinical work and education. The microsurgery teaching laboratory (established in 1977), the offering of replantation procedures for treating severed extremities, and the successful surgical re-attachment of a completely severed hand continued to attract applicants to the Hand Fellowship Program. The inclusion of microsurgery continues to be a valuable clinical and educational aspect of the program.

Clearly, there was a need to expand clinic space and hospital access to better care for our patients. In recognition of the added value to both the patients and hospital, the Outpatient Surgery and Imaging Services (commonly known as OSIS) was opened in September 2003 (Figure 2). Finally, through the collaboration of the school of medicine, hospital, and department, an offsite specialty clinic located on Medical Arts Avenue was incorporated in 2004.

The challenges met, during these 17 years, were the recruitment of outstanding faculty members (Figure 3);
improved hospital market share by adding clinics and operating rooms; the addition of fellowships in trauma and sports medicine; and furthering research efforts by hiring a full-time PhD and encouraging a graduate program in biomechanics.

As I reflect on my tenure as department chair, I feel fortunate that I spent 17 years in that position. It has been said that being a department chair in an academic medical school is the best leadership position there is. A chair is free to allocate time between clinical care, research, administrative responsibilities, and UNM Health Sciences Center outside departmental boundaries. My additional positions as chief of the medical staff, president of the UNM Medical Group, and member of the UNM Hospital Board enabled me to help the medical school community in many areas, advocating for the entire faculty and community at large.

Faculty recruitment and retention have been some of my primary goals, as faculty members are the foundation of a successful enterprise. They can create a productive and healthy environment to serve the community and train future orthopaedic surgeons. Although one can often feel lonely at the top—especially when fundamental decisions need to be made—I greatly appreciate this opportunity given to me.

Figure 2. The opening of the Outpatient Surgery and Imaging Services (known as OSIS) in 2003.

Figure 3. Faces of the outstanding, full-time faculty members in 2005. Left to right, listed by orthopaedic subspecialties (unless otherwise noted): top row includes oncology, spine, adult reconstruction, foot and ankle, and research; second-to-top row, hand; middle row, pediatrics; second-to-bottom row, sports medicine; bottom row, first two faculty members in trauma, last two worked at the Veterans Affairs Hospital.