A Personal Remembrance of James K. Weaver MD (1929-2017)

Anthony Calabro MA

James K. Weaver MD, former president of the Western Orthopaedic Society, and member of The Association of Bone and Joint Surgeons (ABJS), died on September 20, 2017 in Scottsdale, AZ, USA. He was 88 years old.

Described by his colleagues as a superb orthopaedic surgeon, Dr. Weaver (Fig. 1) specialized in total joint replacement surgery, pediatric orthopaedics, and sports medicine. He was one of those surgeons who was always looking for a better way to fix something. One example of this is the Weaver-Dunn procedure [2], developed while Dr. Weaver was Chief of the Division of Orthopaedic Surgery at the University of New Mexico in Albuquerque.

“Years ago, when a patient came in with a shoulder separation, we used to try to pin it, but the pins would break or fall apart,” Robert Derkash MD, Dr. Weaver’s friend and professional partner for more than 30 years told Clinical Orthopaedics and Related Research®. “But Jim discovered in the cadaver laboratory that we can take one of the ligaments and reattach to the clavicle, holding it down.”

Dr. Weaver’s initial ideas for this procedure involved removing a portion of the clavicle bone at its lateral end, separating the coracoacromial ligament from acromion, and attaching the coracoacromial ligament to the clavicle [2, 3]. The procedure seemed to work, but Dr. Weaver observed that a direct blow to the shoulder, as

Fig. 1 Described by his colleagues as a superb total joint orthopaedic surgeon, James K. Weaver MD specialized in total joint replacement surgery, pediatric orthopaedics, and sports medicine. (Published with permission from Kathie Weaver).
sometimes happened to athletes in contact sports, could result in the ligament attached to the underside of the clavicle coming loose. Harold Dunn MD was Dr. Weaver’s resident at the University of New Mexico in Albuquerque at the time, and had happened to be reading about tendon transfers in children.

“There was good evidence that if the ligament was put into the medullary canal of the bone, it would heal and intertwine with the collagen makeup of the bone,” Dr. Dunn told CORR®. “This would make for stronger healing than just a tendon attached to the bone. That was my contribution to the operation.”

For years, the Weaver-Dunn procedure was the go-to procedure for patients with acromioclavicular separation.

“He graciously gave me credit for it, and let me write up the article as the second author,” Dunn said. “It was really Jim’s operation; he just let me tag my name on it. But that’s the way Jim was.”

A strong advocate for students and residents, Dr. Weaver took a hands-on approach to teaching.

“He was probably the best teacher of surgery technique that I had ever known,” Dr. Dunn explained. “I worked with students my whole career and there are a lot of attendings who say, ‘Watch me and you’ll learn.’” Jim was not that way. He told us: ‘Every day before I do the operation, when I am standing at the sink scrubbing for 3 to 5 minutes, I think about the sequence of the operation so when I get in there, I am not fumbling around.’ He would talk about how to handle tissue and why he uses certain instruments. He always made a point of calling attention to certain aspects of a surgery that students or residents would not notice.”

Raised in Glenwood Springs, CO, USA, Dr. Weaver excelled both in academics and sports. He attended Harvard University in 1947 and was captain of the Harvard Ski Team, thriving at ski jumping. He earned his medical doctorate at the University of Colorado, followed by a 1-year fellowship at the University of Edinburgh in Scotland. He returned to the University of Colorado as an assistant professor before being recruited as the Chief of the Division of Orthopaedic Surgery at the University of New Mexico in Albuquerque.

He was a member of numerous orthopaedic groups including the American Orthopaedic Society for Sports Medicine, American Academy of Orthopaedic Surgeons, ABJS, and the Western Orthopaedic Society, which named him President. Dr. Weaver was instrumental in starting the Western Slope (western Colorado) chapter of the Western Orthopaedics Society.

“He started the Western Slope chapter because it was difficult for us to get to meetings in Denver,” Dr. Derkash said. “Jim believed that if orthopaedic surgeons from western Colorado knew each other, it would improve patient care because we could refer to each other and have a better working relationship with one another. He was right, and we still meet twice a year.”

Beyond orthopaedics, Dr. Weaver loved fishing, his golden retrievers (Fig. 2), horses, and the “western way of life.” In fact, when Dr. Weaver was at Harvard, he connected with a group of surveyors tasked with mapping the high peaks of the Colorado Rockies.

Fig. 2 Outside of orthopaedics, Dr. Weaver (right) loved his family (his wife Kathie is on the left), fishing, his golden retrievers, horses, and the “western way of life.” (Published with permission from Kathie Weaver).
“He made a lot of money for college from horse packing these surveyors riding around the high mountain country,” Dr. Dunn said. “For people who don’t know—the ability to pack horses and have them carry heavy equipment and manage it is a real talent. Anyone can get on a horse and ride it, but not a lot of people can take a horse, pack it with gear, and have that gear stay in place for hours. And he would do this for eight to 10 horses strung together. He was an excellent horseman.”

Dr. Derkash, his friend for 30 years, agreed: “He was basically a cowboy.”

Dr. Weaver is survived by his wife of 41 years, Kathie, daughter Sally and two grandsons, Jess and James. He is predeceased by his son, Jess, Saville, Jess Jr, Jill, and niece Priscilla Freeman.

He is also survived by his brother-in-law Albert Freeman (Deanna), brother in-law Edward Freeman (Barbara), sister-in-law Colleen Selby (Richard), nephew Christopher Freeman (Landyn), niece Heather Borch-Christensen (Lars), and grand-nieces Elle and Cele Borch-Christensen [1].

References