NEWSLETTER OF THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE

Sports Medicine UPDATE

JULY/AUGUST 2012



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AOSSM

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SPORTS MEDICINE UPDATE is a bimonthly publication of the American Orthopaedic Society for Sports Medicine (AOSSM). The American Orthopaedic Society for Sports Medicine–a world leader in sports medicine education, research, communication, and fellowship–is a national organization of orthopaedic sports medicine specialists, including national and international sports medicine leaders. AOSSM works closely with many other sports medicine specialists and clinicians, including family physicians, emergency physicians, pediatricians, athletic trainers, and physical therapists, to improve the identification, prevention, treatment, and rehabilitation of sports injuries.

This newsletter is also available on the Society's website at www.sportsmed.org.

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Christopher D. Harner, MD

IT IS A PRIVILEGE TO ASSUME THE AOSSM PRESIDENCY at such an exciting time in our Society's history. AOSSM was founded in 1972. Thanks to the foresight and vision of those individuals who started the Society, our 40th anniversary milestone highlights the successes of our past, and underscores the opportunities before us.

One needs to look no further than our Annual Meeting in Baltimore to appreciate the Society's core commitment to quality education. The educational program that Darren Johnson, MD, and the Program Committee put together demonstrates the breadth and depth of educational content, including the latest scientific research, team physician symposia, live surgical demonstrations, a research workshop on the Maturing Athlete, and much more. The record attendance, record industry participation, and many family activities were a testament that the profession has grown from a small family to an extended family that now reaches far into the orthopaedic surgery and sports medicine communities.

In Baltimore, the AOSSM Medical Publishing Group (MPG) Board of Trustees also decided to launch a new journal, tentatively titled *Open Journal of Sports Medicine (OJSM)*. Aside from being AOSSM's third peer reviewed journal, *OJSM* is notable because it will be an open access journal for orthopaedic sports medicine, arthroscopy, and knee arthroplasty. The Society, along with others in the publishing industry, is augmenting its current well-received journals with a new publishing paradigm that provides authors with solid research and who are willing to subject their work to peer review, with a strong, reputable publishing platform that will be available to anyone and everyone with Internet access, free of charge. Equally exciting, the Society will be approaching orthopaedic sports medicine organizations from around the world to collaborate on this new, exciting publication. With the launch of *OJSM* scheduled for 2013, you will be hearing more about this new journal in the months to come.

Another critical issue that the Board is currently addressing is how to work with the American Academy of Orthopaedic Surgeons (AAOS) leadership on the Clinical Practice Guidelines (CPG). The initial CPG for rotator cuff concerned the Council of Delegates. We have had two meetings with the COD and are currently in the process of working with the AAOS to develop Appropriate Use Criterion as well as consider other modifications to the CPG for the surgical treatment of rotator cuff injuries. We are confident that with our leadership interacting with the AAOS, these issues will be appropriately addressed. Also at the COD meeting in July, there was a strong desire to enhance AOSSM's presence related to orthopaedic sports medicine advocacy. Our leadership will meet with the AAOS leadership to consider best options for our voice to be heard on billing/reimbursement, patient care, and malpractice issues.

On another front, AAOS, AOSSM, and other orthopaedic professional organizations are finalizing plans for building a new shared headquarters and learning center. When AOSSM was founded, nothing could have seemed more improbable to either the AOSSM founding fathers or the AAOS leadership. The prospect of AOSSM being in a financial position to participate in a project of this magnitude — let alone wanting to participate at this level — would have been viewed as inconceivable. Yet four decades later, this project brings together our separate organizations to better fulfill our respective long-term needs and interests in a way that serves the entire profession.

AOSSM stands at this exciting juncture largely because of the strong dedicated leadership we have enjoyed. The above events are a testament to Dr. Peter Indelicato's effective leadership this past year as AOSSM president, and they provide a significant framework for the Society's continued growth. My goal as president is to build upon these successes as we bring these projects to fruition. In addition, I am especially interested in helping the Society achieve its strategic objectives in education. The Society's strong commitment to education provides us with a unique opportunity to develop educational programs for Subspecialty Certification and Maintenance of Certification requirements for the American Board of Orthopaedic Surgery. The Society is also deeply involved and committed to Graduate Medical Education (GME). In addition to the highly successful Sports Medicine and Arthroscopy Match we now have 101 ACGME accredited fellowship programs in orthopaedic sports medicine. This amazing number is a reflection of the strong leadership and commitment that the AOSSM has for GME.

Thank you for the opportunity to serve you and the profession as the AOSSM's 41st president. It is a true honor to help chart this exciting course as we embark upon our next decades as a Society.





SHOULDER INJURIES IN PADDLESPORTS

KURT NILSSON, MD
KEVIN G. SHEA, MD
Intermountain Orthopaedics
Boise, Idaho

Paddlesports in the United States, which include canoeing, kayaking, and whitewater rafting, are popular recreational activities with numbers of participants steadily increasing at a rate of 2.8 percent per year over the last five years. The Outdoor Industry Association estimated that 17.8 million Americans ages 6 and older participated in kayaking, canoeing, and rafting in 2008.

Continued on page 3

Introduction

Paddlesports have evolved since the days of wooden dories used in river exploration and navigation in the mid-19th century. After World War II, surplus army rubber rafts and canvas covered kayaks were utilized to explore rivers in the United States. Modern kayaks can be inflatable or made from plastic or fiberglass resins. Canoes generally seat one or two paddlers and can be decked or open. Rafts can be decked catamarans, inflatable open rafts, or wooden, aluminum, fiberglass, or plastic drift boats. As materials and production expertise have evolved, lightweight, durable, and nimble plastic shell kayaks have been developed allowing running of rivers previously considered too dangerous in previous generations.

Historically, participants in kayaking were predominantly male, although in recent years there has been a demographic shift, with 44 percent of kayakers being female, 56 percent male.[1] Participants in rafting and canoeing tend to be 60 percent male and 40 percent female. Regular participants in paddlesports tend to be educated and have above-average incomes: over 50 percent are college graduates or have a graduate degree and more than 40 percent make more than $100,000 per year. More than 80 percent of paddlers are Caucasian.

In terms of injury demographics, a survey in 2000 identified the shoulder as the most common site for acute and chronic injuries in canoeists and kayakers,[1] and this has been corroborated in other self-reported injury questionnaires in recreational and experienced rafters, canoeists and kayakers.[2-4]

Comprehensive and accurate statistics regarding total number and type of injuries sustained from paddlesport participation is nearly impossible to attain secondary to the huge number of participants throughout the country and the lack of a mandatory reporting system in place. Injuries and fatalities are voluntarily reported to a database such as that managed by the American Whitewater Association (www.americanwhitewater.org), a non-profit advocacy group of paddlesport participants.



Classes of whitewater rapids

GRADE		SKILL LEVEL
GRADE 1	Very small rough areas, might require slight maneuvering.	Very basic
GRADE 2	Some rough water, maybe some rocks, might require some maneuvering.	Basic paddling skill
GRADE 3	Whitewater, small waves, maybe a small drop, but no considerable danger. May require significant maneuvering.	Experienced paddling skills
GRADE 4	Whitewater, medium waves, maybe rocks, maybe a considerable drop, sharp maneuvers may be needed.	Whitewater experience
GRADE 5	Whitewater, large waves, large volume, possibility of large rocks and hazards, possibility of a large drop, requires precise maneuvering.	Advanced whitewater experience
GRADE 6	Class 6 rapids are considered to be so dangerous as to be effectively unnavigable on a reliably safe basis. Rafters can expect to encounter substantial whitewater, huge waves, huge rocks and hazards, and/or substantial drops that will impart severe impacts beyond the structural capacities and impact ratings of almost all rafting equipment. Traversing a Class 6 rapid has a dramatically increased likelihood of ending in serious injury or death compared to lesser classes.	Successful completion of a Class 6 rapid without serious injury or death is widely considered to be a matter of great luck or extreme skill

Source: International Scale of River Difficulty

Oars are used to propel and navigate each boat, necessitating force transfer from the core to upper extremities to the oar system. Some catamarans and drift boats rely on oar systems utilizing oar locks to stabilize the paddles. Canoeists generally use single-bladed oars while kayakers use double-bladed oars. Oars may be feathered or ergonomically angulated to maximize power transfer and/or minimize upper extremity stress. Size and maneuverability of the watercraft affects forces necessary to propel each boat. Short slender kayaks tend to be more easily maneuverable in the water than heavier and broader rubber rafts. In addition, water conditions can dramatically affect forces incurred at the shoulder, with different stresses sustained from single-bladed oar flatwater paddling in a raft than double-bladed oar whitewater paddling in a kayak.

Although each paddlesport requires unique physical skills and has characteristic demographics among participants, there are some common demands placed upon the shoulders of paddlesport participants. Essentially, the humeral head needs to be located in the glenoid in such a manner as to allow a fulcrum-like effect that permits force transmission from power muscles (such as the deltoid, pectoral, latissimus, and trapezius) connecting the trunk

Continued on page 4

to the upper extremity. This stability at the glenohumeral joint is dependent on static and dynamic restraints of glenohumeral translation, such as the glenoid labrum, capsule, ligaments, and rotator cuff, as well as efficient delivery of the glenoid into a biomechanically favorable position by the scapulothoracic articulation. Any link in this chain stabilizing the glenohumeral articulation and transmitting force can be injured during paddlesport participation. In certain paddlesports, such as marathon kayaking, overuse injuries leading to supraspinatus tendinopathy are common. In sprint-like sports, such as kayaking in difficult whitewater, traumatic instability and labral pathology are common. Dislocation is a common diagnosis (reported in 5–15 percent of injured kayakers[5]) and as such the American Whitewater safety card has historically contained information on how to manage shoulder dislocations on the river. Particularly problematic is the high bracing maneuver in kayakers, which places the shoulder in an abducted-externally rotated position in an attempt to prevent capsizing by sculling. This puts the glenohumeral joint at a vulnerable position for traumatic dislocation and, short of that, subluxation that can lead to labral tearing. Kayakers are therefore taught to paddle "in the box," that is, with the arms adducted and the elbow as close to the side as possible.

A distinction may be made between sea kayakers, and white-water kayaks. Acute traumatic shoulder injury in sea kayakers is probably less common, as these boats are typically used under conditions in which shoulder dislocation is much less likely. In contrast, white water kayakers are much more likely to suffer shoulder dislocations, especially under high class white water. Many white water kayak instructors will train new kayakers to avoid certain arm/shoulder positions to avoid dislocation during kayak roll-overs that may occur in white water.

While exercise and appropriate technique are taught as shoulder injury prevention tactics, there is essentially no published data validating or refuting this approach. That being said, many kayaking and boating enthusiasts, from instructors to physicians to competitors, promote comprehensive rotator cuff and scapulothoracic stabilizing and strengthening exercises as training for paddlesports, bringing the level of evidence to that of expert opinion.





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Stepping Up to the Plate for Injury Prevention



We had the pleasure of welcoming former MLB pitcher Tommy John to the AOSSM offices in early July. While perhaps most famous as namesake for the ligament surgery that extended his career, he is also a strong advocate for youth sports safety. Tommy entertained staff with stories from his past, while making it clear his passion for the world of sports is matched in full with his desire to keep young athletes safe. His strong stances on diversifying the youth sports experience and encouraging multi-sport participation are refreshing coming from an athlete who built a baseball career pushing through injuries on the mound. As a show of gratitude for his work to keep athletes safe, we are excited to welcome Tommy John to the STOP Sports Injuries Council of Champions — and applaud our current members who continue to push our injury prevention information to communities across the country.

Tweeting About Safer Youth Sports

The Campaign enjoyed continued success with our hydration-focused Tweet Chat in early July. The #SportsSafety chats, a new social media piece launched during April's Youth Sports Safety Month, provide a forum for health professionals, coaches, parents, and athletes to discuss hot issues affecting youth sports — and provide resources for addressing these issues. The tweet chat series will continue this August as we offer perspectives on the athletic trainer's role in youth sports injury prevention. Follow the campaign at www.twitter.com/SportsSafety or e-mail Joe Siebelts at joe@aossm.org for information on upcoming chats, or to learn more about this exciting initiative.

HELP US REACH OUR GOALS

As the campaign continues to grow, our need for support is higher than ever. While we move to secure resources for the campaign, your knowledge and connection in the orthopaedic sports medicine community is vital to our continued success. Any information we receive on your relationships with potential corporate sponsors, or patients with a desire to support our cause, might allow us to continue to develop additional programs and initiatives. Let us know who you know! E-mail Campaign Director Mike Konstant at mike@stopsportsinjuries.org to discuss potential opportunities. As always, your own financial contributions are appreciated. Donate to the campaign today at www.stopsportsinjuries.org/support-us/donate.aspx.

Outreach Updates

AOSSM Annual Meeting

Baltimore, Maryland



The STOP Sports Injuries Campaign was featured prominently again this July at the AOSSM Annual Meeting in Baltimore. A colorful booth backdrop featuring the campaign's sponsors, donors, and more than 400 official, collaborating organizations was an easy draw for attendees. While many stopped by to pick up folders of the campaign's materials and find out how to easily join the campaign by clicking on the "Join Our Team" button on the campaign's website, many other individuals stopped by to discuss ways to hold events in their communities and gain additional support for the campaign. A healthy dose of international doctors stopped by to learn their organizations could also join the campaign, marking an exciting new possibility for STOP Sports Injuries.

NATA Annual Meeting

St. Louis, Missouri

Campaign Director, Mike Konstant was able to attend the National Athletic Trainers' Association's Annual Meeting in St. Louis in June, which provided a welcome opportunity to reach out to that community. We were able to reach a sizeable group of attendees with campaign materials and opportunities to take "The Pledge" to show a commitment to keeping young athletes in the game for life.

STOP Sports Injuries Hits the Trails



Campaign supporter Cape Fear Sports Enhancement in Wilmington, North Carolina, teamed up with the Campaign to help promote youth sports injury prevention in a new and innovative fashion. The sports medicine practice added the STOP Sports Injuries logo to their cycling jerseys, which are used by the group's staff and a significant number of clients participating in various racing events in the area. We are excited to see the campaign's message cross paths with new faces all across the Southern U.S.

AOSSM to Launch Research Mentoring Program

AOSSM is initiating a research mentoring program that will bring together individuals who have shown scientific promise at an early stage of their careers with senior clinician-scientists who have highly successful research programs. The primary goal of this program is to help younger members obtain grant funding from a large national organization such as the NIH. The program is designed for those who do not have a mentor at their own institution and who do not have an ongoing mentoring relationship. The official mentorship relationship will have a term of two years. It is hoped, however, that the individuals find the experience sufficiently enriching that they will continue longer-term contact, support, or collaboration.

Program components include:

- Development by the mentee of a research grant application to a federal funding agency by the end of the two-year program (required)
- Paid travel for two visits each year by the mentee to the mentor's site for 1–2 days
- Paid travel for one visit by the mentor to the mentee's institution (optional)
- Paid attendance at a grant-writing workshop
- $2000 annual stipend to mentors
- $500 travel stipend to attend AOSSM or AAOS Annual

Meetings to discuss the mentee's grant application and progress will also take place periodically.

Potential mentors and mentees will apply as pairs to participate in the program. The mentor and mentee will be considered jointly to be the applicant. We encourage potential mentees to contact senior researchers with outstanding research records (including but not restricted to those who have obtained NIH-level grants). The mentor should be at a different institution and does not need to be an orthopaedic surgeon.

The mentee must submit a CV and a personal statement that articulates his or her short- and long-term career goals, research experiences and interests, goals for the mentoring program, and an action plan with the mentor to achieve these goals. The mentor must submit a CV and a statement of his or her commitment to provide mentorship to the mentee. Applications will be reviewed by the Research Committee and up to five pairs will be selected for participation in the program. Please submit all application materials and any questions to Bart Mann (bart@aossm.org), AOSSM Director of Research. Applications will be accepted on a rolling basis.

ConMed Linvatec This program is made possible through a generous grant from ConMed Linvatec.



Help Us Learn More About Pitching Injuries in Kids



As you may be aware, AOSSM members are collaborating in a national multi-center project involving youth baseball pitchers between the ages of 9- and 18-years-old. Already, more than 800 young pitchers have been assessed with a goal of enrolling 2,000 subjects. With it being baseball season, this is the prime time to get involved. The studies recently received approval through a private, central Institutional Review Board (Western IRB) that will provide IRB review for anyone who does not have their own review board. You can now rapidly join the group without administrative hassle. More information and additional free resources to help promote the study to your patients is available. Visit www.sportsmed.org/Youth-Baseball-Studies. Please contact Director of Research, Bart Mann (bart@aossm.org), if you would like to get involved or if you have any questions.

RESEARCH AWARDS PRESENTED AT ANNUAL MEETING

In order to recognize and encourage cutting-edge research in key areas of orthopaedic sports medicine, the American Orthopaedic Society for Sports Medicine (AOSSM) presented ten research awards and seven grants during this year's Annual Meeting. AOSSM annually provides more than $350,000 to research initiatives and projects around the country. Highlights of this year's award recipients include:

2012 AOSSM/ConMed Linvatec Young Investigators Grants


Dr. Drakos


Dr. Heyworth

The Young Investigator Grants are designed to support young researchers who have not received prior funding. AOSSM selected two winners: Mark C. Drakos, MD, Feinstein Institute for Medical Research, for "Enhancement of Achilles Tendon Repair Viscoelasticity with Blockade of Matrix Metalloproteinase," which will examine possible healing options for Achilles tendon injuries, and Benton E. Heyworth, MD, Children's Hospital Boston, for "Trans-Articular Versus Retro-Articular Drilling of Stable Juvenile Osteochondritis Dissecans Lesions: A Multicenter Randomized Controlled Trial," a study designed to investigate different surgical outcomes for osteochondritis dissecans.

This program is made possible through a generous grant from

ConMed

2012 AOSSM Sandy Kirkley Clinical Research Outcome Grant



To honor the memory and spirit of Dr. Kirkley, AOSSM established a grant of $20,000 that provides start-up seed money, or supplemental funding for an outcome research project or pilot study. This year's recipient is Olufemi Ayeni, MD, MSc, FRCSC, McMaster University. His project, "Arthroscopic Treatment of Femoroacetabular Impingement: A Pilot Randomized Trial" will investigate the outcomes of arthroscopic surgery to treat hip problems caused by femoroacetabular impingement.

2012 AOSSM Innovative Outcomes Assessment Grant

New in 2011, this grant was initiated to support development of innovative approaches to measuring the effects of surgical procedures in orthopaedic sports medicine. This $25,000 grant is meant to advance the evaluation of clinical outcomes related to surgery by encouraging novel approaches, techniques, and/or methodology that will facilitate and enhance clinical research. Gregory D. Myer, PhD, Cincinnati Children's Hospital Medical Center, was selected as this year's recipient for his project "Optimization and External Validation of Non-Invasive Outcome Prediction Algorithm for Knee Osteochondritis Dissecans in Children."

2012 AOSSM/Sanofi Biosurgery Osteoarthritis Grant

The AOSSM/Sanofi Biosurgery Osteoarthritis Basic Science Grant was awarded to Heinz K. Hoenecke, MD, the Scripps Clinic, for his basic science research examining in vivo tissue regeneration with nanomagnets. C. Benjamin Ma, MD, University of California, San Francisco, received the Clinical Research Grant for his clinical research examining ACL injuries, gender, and cartilage degeneration. The AOSSM/Sanofi Biosurgery Osteoarthritis Grant funds investigations related to early osteoarthritis and/or prevention of OA progression. The Basic Science Grant provides $50,000 of support for one year and the Clinical Research Grant provides $150,000 over three years. Both are selected by a review panel from the AOSSM Research Committee.

This program is made possible through a generous grant from

SANOFI BIOSURGERY

Aircast Award for Basic Science



The AOSSM Fellowship Committee voted the winning paper: "Simple Guidelines for Anatomic Femoral Tunnel Placement in ACL Reconstruction" by Alexander D. Davis, MD, Access Sports Medicine, Exeter, New Hampshire, Charles Brown, Jr., MD, Charles Brown Orthopaedic Clinic, Wellesley, Massachusetts, and Mark E. Steiner, MD, New England Baptist Hospital, in Wellesley, Massachusetts.

Aircast Award for Clinical Science



Voted by the AOSSM Fellowship Committee, this year's winning paper is: "Biceps Tenotomy Versus Tenodesis in the Younger Active Patient Under Age 55: Is There a Difference in Strength and Outcomes?" by Jamie Friedman, BS, Jennifer L. FitzPatrick, MD, Lucas S.

Continued on page 8–

Rylander, MD, Christine Bennett, MS, Armando F. Vidal, MD, and Eric C. McCarty, MD, in a combined effort of CU Sports Medicine in Boulder, Colorado, and the Orthopedic Center of Illinois in Springfield, Illinois.

Cabaud Memorial Award

Given to the best paper researching hard or soft tissue biology, this award is selected by the AOSSM Awards Subcommittee with awardees receiving $2,000. This year's winning paper is: "The Effect of Mechanical Loading on Tendon to Bone Healing" by Carolyn M. Hettrich MD, MPH, Selom Y. Gasinu, MD, Brandon S. Beamer, MD, Mark E. Stasiak, BS, Patrick Birmingham, MD, Alice J. S. Fox, MSc, Xiang-Hua Deng, MD, Olivia Ying, DPT, and Scott A. Rodeo, MD.

Excellence in Research Award

This award is selected by the AOSSM Awards Subcommittee with principal investigators receiving $2,000. This year's winning paper was from the University of Michigan and titled "A Comparison of Tissue Engineered Scaffold-Less Bone-Ligament-Bone Constructs and Patellar Tendon Autografts Used for Anterior Cruciate Ligament Replacement in Sheep." Study authors included: Jinjin Ma, PhD, Michael J. Smietana, MS, Ilea T. Swinehart, BS, Tatiana Y. Kostrominova, PhD, Deneen M. Wellik, PhD, Edward M. Wojtys, MD, Lisa M. Larkin, PhD, and Ellen M. Arruda, PhD.

O'Donoghue Sports Injury Research Award



This award is given annually to the best overall paper that deals with clinical based research or human in vivo research. In 2012 it is given to authors: Steven J. Svoboda, MD, Brett D. Owens, MD, Travis Harvey, PhD, Patrick Tarwater, PhD, William Brechue, PhD, and Kenneth L. Cameron, PhD, MPH, ATC, for their paper "The Association Between Serum Biomarkers of Cartilage Turnover and Subsequent Anterior Cruciate Ligament Rupture." The awardee is selected by the AOSSM Awards Subcommittee with recipients receiving $2,000.

Hughston Award



This year's recipients of the Hughston Award are Jan Harald Røtterud, MD, Einar A. Siversten, MD, PhD, Magnus Forssblad, MD, PhD, Lars Engebresten, MD, PhD, and Asbjørn Arøen, MD, PhD, for their paper "Effect of Gender and Sports on the Risk of Full-Thickness Articular Cartilage Lesions in Anterior Cruciate Ligament-Injured Knees: A Nationwide Cohort Study from Sweden and Norway of 15,783 Patients." The award is given to the most outstanding paper published in the *American Journal of Sports Medicine* and is chosen by a panel of *AJSM* editors and reviewers and receives $5,000.

AJSM Systematic Review Award

The winning paper is chosen by a panel of *AJSM* editors and reviewers and receives $5,000. Authors Samuel C. Wordeman, BS, Carmen E. Quatman, MD, PhD, Christopher C. Kaeding MD, and Timothy E. Hewett, PhD, FACSM, received this year's award for their paper "In Vivo Evidence for Tibial Plateau Slope as a Risk Factor for Anterior Cruciate Ligament Injury: A Systematic Review and Meta Analysis."

T. David Sisk Award for Best Original Research Paper

The winners were selected from the best papers in original research submitted to *Sports Health: A Multidisciplinary Approach.* The award will include a $2,500 cash prize and a plaque. This year's winner is "Infrapatellar Straps Decrease Patellar Tendon Strain at the Site of the Jumper's Knee Lesion: A Computational Analysis Based on Radiographic Measurements" by authors Michael Lavagnino, PhD, Steven Arnoczky, DVM, Julie Dodds, MD, and Niell Elvin, PhD.

T. David Sisk Award for Best Review Paper

The winners were selected from the best review papers submitted to *Sports Health: A Multidisciplinary Approach.* The award will include a $2,500 cash prize and a plaque. This year's recipient is "Osteoarthritis after Anterior Cruciate Ligament Reconstruction: The Importance of Regaining and Maintaining Full Range of Motion" from authors K. Donald Shelbourne, MD, Heather Freeman, MPT, and Tinker Gray, MA.

T. David Sisk Award for Best International Paper

The winners were selected from the best international papers submitted to *Sports Health: A Multidisciplinary Approach.* The award will include a $2,500 cash prize and plaque. This year's winner is "Platelet-Rich Plasma Treatment in Symptomatic Patients with Knee Osteoarthritis: Preliminary Results in a Group of Active Patients" by Alberto Gobbi, MD, Georgios Karnatzikos, Vivek Mahajan, MD, and Somanna Malchira.

For more information on AOSSM research projects and awards please visit www.sportsmed.org and click on the "Research" tab.

Brett Owens, MD, Appointed Associate Editor for AJSM Electronic Media



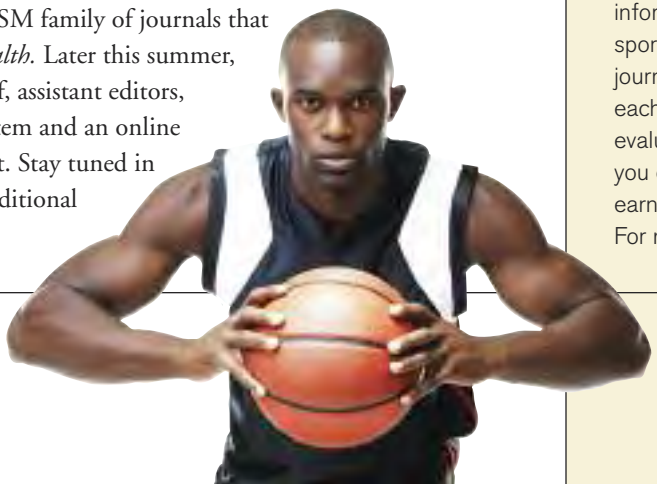
Earlier in 2012, the AOSSM Medical Publishing Group hosted focus groups with residents from the Chicagoland area. From these results it was noted that podcasts and other types of electronic media outlets need to be implemented for the journals. Preliminarily, the types of podcasts being considered included interviews with an author (15 minutes, initially one per month) and a 5-minute preview of select papers from each issue. These podcasts will be available on the *AJSM* website and as links sent to subscribers. In the future, this could be expanded to include other types of podcasts or online features.

In order to accommodate this work, *AJSM* Editor-in-Chief, Bruce Reider, MD, with the approval of the Medical Board of Trustees, appointed Brett Owens, MD, West Point, as its first Associate Editor for Electronic Media. Congratulations to Brett!

> "I am excited to take on this unique and exciting ***AJSM*** position and look forward to increasing the journal's outreach and expansion into electronic media."

Boards Approve Launch of New Open Access Journal

In July 2011, AOSSM Medical Publishing Board of Trustees (MPBOT) and the AOSSM Board of Directors established strategic priorities for the Society, including exploring options for augmenting publishing activities and new product development. With this in mind, the MPBOT enlisted the assistance of Morna Conway, PhD, to conduct an environmental assessment of the medical publishing industry. Her report titled "Options for Augmenting Publishing Activities" analyzed the various evolving trends in the digital age, as well as the prominence of those trends in the orthopaedic sports medicine space. After significant discussion, analysis and development of a preliminary business plan, both Boards approved the launch of a new Society open access journal tentatively titled, *Open Journal of Sports Medicine.* The new journal will become available in early 2013 and provide additional options for publishing manuscripts within the AOSSM family of journals that include *AJSM* and *Sports Health.* Later this summer, selection of an editor-in-chief, assistant editors, manuscript management system and an online platform will begin in earnest. Stay tuned in the upcoming months for additional information and updates.



New Tools to View *AJSM* and *Sports Health*



AOSSM and our journal publisher, Sage, have developed a new widget for our websites which provides a live feed of both *AJSM*'s and *Sports Health*'s current, most read, and OnlineFirst articles. New articles are automatically visible on the widget as soon as they are published online—no action is required to ensure new articles show up. You can get the widget by visiting either the *AJSM* (www.ajsm.org) or *Sports Health* (www.sportshealthjournal.org) and clicking on the "Get Widget" button on the bottom of the page. If you have questions, contact Melissa Stevens at Melissa.stevens@sagepub.com.

Need a Review? Purchase 2012 Self Assessment Today



Looking for a great review of sports medicine? The 2012 Self Assessment contains 125 new questions designed to guide your review of diagnosing, treating, and rehabilitating common orthopaedic sports medicine injuries and conditions. Each question contains commentary and references to support your learning. Complete the exam and earn 12 AMA PRA Category 1™ credits. Self Assessment can count toward your ABOS MOC Part 2 requirement, too.

Earn CME Through Current Concepts in *AJSM*

Where can you find the most up-to-date information on critical clinical topics in sports medicine? Current Concepts, the journal-based CME activity, is available each month in *AJSM*. Reflect and evaluate research-based information you can use in your practice while you earn AMA PRA Category 1™ credit. For more information visit www.ajsm.org.



Did You Miss the AOSSM 2012 Annual Meeting? Go Online!

Why take notes at a meeting when you can review the presentation online? AOSSM records presentations at Specialty Day, Annual Meeting and our other sport specific courses. Annual Meeting. You can purchase an annual subscription or single meeting access. Online Meetings are a great way to review presentations or share new research with colleagues and fellows. Log in at www.sportsmed.org/onlinemeetings to see the PowerPoint slides and hear the speakers' presentations.

Get Your Patients Educated and *In Motion*



In Motion is now available to be personalized with your practice name and logo. For just $300, you will receive four personalized issues (Spring, Summer, Fall, Winter) and the high and low resolution PDFs to send to patients' inboxes, post on your website, or print and place in your waiting room. For more information, contact Lisa Weisenberger, Director of Communications at lisa@aossm.org.

Have You Become an AOSSM Fan Yet?

AOSSM, *AJSM,* and *Sports Health* are all on Facebook and Twitter. Learn about the latest news and articles from *AJSM* and *Sports Health.* Stay up to date on Society happenings and deadlines at AOSSM. Join the conversation and become a Fan or follower:

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Names in the News

Past President, Freddie Fu, MD, was recently honored with the Post Gazette Dapper Dan Leadership Award. He was also notified that next year's Dapper Dan Award will now be called the Dr. Freddie Fu Sports Leadership Award. Congrats Dr. Fu!

In Memoriam

Craig Ferrell, MD, May 29, 2012

2013 AOSSM Membership Dues

2013 AOSSM membership dues were sent out the first week of August via e-mail. Due to the increasing cost of postage, the Society has decided to send dues notices out via e-mail. Remember that dues are to be paid within 30 days of receiving your notice. Please contact the Society if you have recently changed your e-mail or wish to have it sent to a different address. Any questions can be sent to Debbie Czech, Manager, Member Services at debbie@aossm.org.

Got News We Could Use? *Sports Medicine Update* Wants to Hear from You!

Have you received a prestigious award recently? A new academic appointment? Been named a team physician? AOSSM wants to hear from you! *Sports Medicine Update* welcomes all members' news items. Send information to Lisa Weisenberger, AOSSM Director of Communications, at lisa@aossm.org, fax to 847/292-4905, or contact the Society office at 847/292-4900. High resolution (300 dpi) photos are always welcomed.



2012 AOSSM-ESSKA Traveling Fellows Make New Relationships Overseas

By Brett Owens, MD

Our fellowship began with a lunch at the AAOS meeting in San Francisco, where we discussed the likenesses and differences of our practices, and mutual acquaintances. Our godfather was Bill Grana, MD, past president of the AOSSM and editor-in-chief of OKO and the AAOS Orthoportal, from the University of Arizona in Tucson. The fellows were Geoff Baer, MD, University of Wisconsin, Madison, Rob Brophy, MD, Washington University, St. Louis, and Brett Owens, MD, Keller Army Hospital, West Point, New York.

Barcelona, Spain

We began our trip in Barcelona, Spain, with a Barcelona Football Club match. We sat in a luxury box and ate tapas while watching Leo Messi score 2 goals! Our hosts in Barcelona were led by Prof. Juan Carlos Monllau and his partner Dr. Pablo Gelber. We toured Gaudi's amazing Sagrada Familia Basilica and had an academic session. That evening Dr. Gelber treated us to Argentinian meats until we could take no more. The next day we accompanied our hosts to the Hospital Sant Pau where we watched Dr. Monllau perform a DFO without fluoroscopy and an AM bundle ACL augmentation while Dr. Gelber performed a PCL reconstruction and a tibial tubercle osteotomy with MPFL reconstruction. We broke for lunch then went to their private hospital (Institut Universitare Dexeus) for more surgery in the afternoon. Dr. Monllau breezed through a multi-ligament reconstruction and a lateral meniscus transplant while Dr. Marc Tey performed a hip arthroscopy. We dined on local Catalonian specialties that evening. The next day we had an arthroscopic cadaver lab where we were able to share our favorite techniques with residents. We had a fantastic dinner that night overlooking the city.

Our last day in Barcelona was a special treat. We went to the town of Vilafranca for a private tour of the Torres Winery (including an unforgettable visit with Miguel Torres himself) and a wonderful wine-tasting lunch where we discussed Murphy's Law among other things. We enjoyed this beautiful clear day, unaware that we would not see the sun again for a few weeks.

Amsterdam, Netherlands

Despite a few travel snags, we boarded a plane for Amsterdam. We met up with the SLARD group for a dinner with Dr. Gino Kerkhoffs and the research team from the University of Amsterdam. The next day, we started with a tour of the Van Gogh Museum. After a tour of the Academic Medical Center and academic session with our host Prof. Niek Van Dyke and the entire department, we enjoyed dinner in old town Amsterdam. Our second day brought surgery with Drs. Kerkhoffs and Van Dyke, including an arthroscopic ankle fusion and multiple posterior ankle arthroscopies. Due to rain we cancelled our bike tour of the tulips and windmills but it did not dampen our appetites at dinner. Before boarding our plane, we toured the canals of Amsterdam and said goodbye to Holland.

Luxembourg City, Luxembourg

We were met at the airport by Prof. Romain Seil who brought us directly to dinner followed by a great jazz concert in Luxembourg. Our lodging was at the amazing Chateau de Schengen, on the border of Luxembourg, France, and Germany.







Continued on page 12



Traveling Fellows Continued –

Our first full day was spent in the operating room with Drs. Seil and Pape performing proximal tibial osteotomies. We toured the research facilities and "tested" Prof. Seil's rotational laxity device. We lunched with the ESSKA staff and were picked up by Prof. Dieter Kohn and Dr. Olaf Lorbach for a drive on the autobahn to University of Saarland and the German Olympic training center. After watching swimming technique training, exercise performance testing, and badminton, we had dinner with Prof. Kohn and his residents at the Wohlfohl Hotel. After a refreshing morning run in the woods of Raben Forrest, we watched a shoulder decompression with Dr. Lorbach and hip arthroscopy with Dr. Steimer. We enjoyed an excellent academic session with Prof. Henning Madry and went go-cart racing in Saarbrucken (where the American guests were strategically assigned the slower carts). We had a great homemade dinner at the home of Prof. Kohn and his wife, Ursula. We returned to the Chateau de Schengen the next morning for a combined academic session that was standing room only.

We embarked on a driving tour to Luxembourg with an unplanned sidetrip to Bastogne, Belgium, to visit the Battle of the Bulge Memorial, complete with snow to make the experience more authentic. We had a great dinner in Luxembourg and enjoyed drinks and dessert at the home of Romain and Katia Seil.

Paris, France

We boarded a high speed train to Paris and were met at the station by Prof. Patrick Dijan. We embarked on a boat tour of Paris on the Seine river. We had an elegant dinner starting with champagne and finishing with decadent desserts. The next day Prof. Phillip Hardy took us to the Ambroise Pare Hospital, where we witnessed resident morning report in French, followed by an all-inside hamstring ACL reconstruction, an elbow arthroscopy, and an arthroscopic rotator cuff repair with biceps tenotomy. Dr. Hardy declared, "If I do not cut the biceps, I have to give back my French passport." We went across town to the private clinic of Dr. Dijan where we witnessed an arthroscopic lysis of adhesions, ACL reconstructions with BTB and hamstring autografts, and a meniscus partial replacement with scaffold. We had dinner with the group and went to a late showing at Lido where one of the fellows performed on stage.

The next morning came we were off to the Andre Mignot Hospital in Versailles, where we were hosted by Prof. Phillippe Beaufils. We observed an arthroscopic lateral epicondylitis release, endoscopic ulnar nerve release, and reverse total shoulder arthroplasty with Dr. Desmoineaux as well as a PLC reconstruction and a trochleaplasty with tibial tubercle osteotomy by Dr. Beaufils. We then had an afternoon academic session followed by a brief tour of the palace at Versailles and another amazing dinner on the Seine with a picture perfect view of the Eiffel Tower.

Lyon, France

After successful shopping in Paris, we boarded a train for Lyon. We were met by Drs. David Dejour and Elvire Servien and went out for a light dinner and drinks with them and their fellows. We started the next day at Centre Albert Trillat, including a two incision ACL reconstructions with BTB autograft surgeries by Dr. Servien, followed by a tour of old town Lyon and some Lyonnaisse fare. The next day we went to Clinique Emilie de Vialar for surgery with Dr. Dejour — a double bundle hamstring ACL reconstruction with a single graft, an ACL double bundle recon with BTB and gracilis grafts, a tibial tubercle distalization and MPFL reconstruction, and a trochleoplasty and MPFL recon. We had an afternoon scientific session at Centre Orthopedique Paul Santy where we met Prof. Pierre Chambat followed by a wonderful dinner at the restaurant of the famed Chef Paul Bocuse, which included a personal greeting from the chef himself and a tour of the kitchen and wine cellar.

Lake Como, Italy

We traveled to picturesque Lake Como, Italy, for the Magellan Meeting, where we met up with old and new friends. Dr. Grana's wife, Susan, met us there and quickly assumed her role as "Godmother" looking out for us all. We managed to capture a day of sunshine for a visit to nearby Bellagio as well as a boat tour of the lake. The Magellan meeting had a wonderful program of highly interactive talks and debates as well as great social events, including a Gala Ball and a boat tour of the lake and dinner on "the cursed island."

Geneva, Switzerland

After a harrowing drive from Lake Como to Lugano we flew to Geneva for our last stop — the ESSKA conference. The conference agenda was exceptional and we were able to meet up with old and new friends from the tour, including an opportunity to interact with Drs. Feagin and Mueller who had conceived the traveling fellowship idea. It was the perfect last stop to a great tour.

As we boarded our planes to return home we were able to reflect on this amazing journey. It was four weeks of surgical and scientific learning, international travel, photographs, laughter, and friendship. We would like to thank AOSSM, ESSKA, our hosts and our godfather, as well as DJO Global, for making this once in a lifetime experience possible.

AOSSM thanks DJO Global for the ongoing support of the Traveling Fellowship program.



Orthopaedic Updates from Washington

By Jamie Gregorian, Esq., AAOS Senior Manager, Specialty Society Affairs and Research Advocacy

As one might expect, the big news out of Washington this past month was the decision to mostly uphold the Patient Protection and Affordable Care Act (PPACA). Chief Justice John Roberts joined with the four liberal justices to find the individual mandate constitutional under Congress' taxing authority. Other health care news includes a reauthorization of the user fee acts, new attempts to repeal PPACA, potential reductions in the orthopaedic fee schedule, and a proposed FDA rule that most medical devices distributed in the United States carry a unique device identifier (UDI).

Affordable Care Act Upheld

In a 5-4 vote that initially caused enough confusion that CNN and Fox reported the ruling incorrectly, the Supreme Court upheld the individual mandate and with it, most of PPACA as constitutional. Writing for the majority, Chief Justice John Roberts held that Congress' taxing authority is broad enough to assess penalties for those who can acquire health insurance and choose not to. The other conservative justices held that not only is the mandate unconstitutional, but so too is the entire law. While Chief Justice Roberts joined his fellow conservatives in the holding that the Commerce Clause did not cover the individual mandate, he broke with them on taxing authority. *(San Francisco Chronicle*, SCOTUSBlog, *New York Times)*

Medicaid Provision Held Unconstitutional

While holding the broader law constitutional, the Supreme Court did hold "that the federal government could not expel states from Medicaid if they refused to go along with the expanded eligibility for the federal-state health program that is part of the health-care law." *(Wall Street Journal)*

The Roberts Switch

In the wake of the surprise breakdown of the Supreme Court Justices on the question of PPACA's constitutionality, CBS News reported that "Chief Justice John Roberts initially sided with the Supreme Court's four conservative justices to strike down" PPACA, "but later changed his position and formed an alliance with liberals to uphold the bulk of the law." CBS went on to report that after this switch, "Roberts then withstood a month-long, desperate campaign to bring him back to his original position," by Justice Anthony Kennedy who was believed by many to be the justice most likely to defect and vote to uphold PPACA. (CBS News)

Another Repeal Vote

With PPACA upheld, the House has scheduled a repeal vote for the second week of July. This will mark the 31st attempt to repeal PPACA. The vote should pass the House, but is not expected to go any further. (CBS News)

User Fee Acts Pass Congress

Prior to leaving town for the Fourth of July recess, Congress passed the User Fee Acts bill that contained both the Medical Device User Fee Act and the Prescription Drug User Fee Act. The bill awaits President Obama's signature, which he is expected to give. *(Washington Post)*

Physician Fee Schedule Proposed Rule

A proposed fee schedule that the Centers for Medicare and Medicaid Services (CMS) released on Friday, July 6, would increase Medicare reimbursements for primary care physicians in 2013, but reduce them for specialists, including orthopaedic surgeons. This is a separate change from the potential 27 percent SGR cliff that doctors face on January 1, 2013.

Under the CMS proposal, Medicare pay would increase by 7 percent for family physicians, 5 percent for internists, and 4 percent for geriatricians. However, CMS said that if it has to pay for these increases, it must also lower payments for other doctors. The biggest cut would be absorbed by radiation oncologists, who would see a 14 percent reduction in their reimbursements. Orthopaedic surgeons would see reimbursements decrease by 1 percent.

This proposal was published in the Federal Register on July 20. From that point, CMS will accept comments on the proposal until September 4, before issuing a final fee schedule by November 1. (Medscape, preliminary PDF of the proposed rule)

Unique Device Identifier

The Food and Drug Administration (FDA) has released a proposed rule that most medical devices distributed in the United States carry a unique device identifier, or UDI. Congress passed legislation in 2007 directing the FDA to develop regulations establishing a unique device identification system for medical devices. A UDI is a unique numeric or alphanumeric code that includes a device identifier, which is specific to a device model, and a production identifier, which includes the current production information for that specific device, such as the lot or batch number, the serial number, and/or expiration date. (FDA, PDF of Proposed Rule)



HOME RUNS HIT THROUGHOUT ANNUAL MEETING IN BALTIMORE







The AOSSM 2012 Annual Meeting was our biggest attendance ever with more than 1,500 attendees joining colleagues and their families for four days of sports medicine education and fun in Baltimore.

The meeting began on Wednesday afternoon with the pre-conference workshop in collaboration with SPTS on bringing the team approach to sports medicine. Speakers highlighted management strategies for shoulder dislocations, meniscus and articular cartilage lesions, overhead throwing, and hip issues.

The meeting began in earnest early Thursday morning with nine instructional courses on a variety of topics from elbow arthroscopy tricks to athletic neurotrauma. AOSSM President, Peter Indelicato, MD, and Program Chair, Darren Johnson, MD, welcomed everyone to the official start of the meeting and began the morning's session with an update on issues surrounding the team physician. A variety of other topics were presented, including the economics of sports medicine, shoulder instability, and return to dance.

Continued on page 15

During the business meeting on Thursday, new members were accepted and several individuals were confirmed as new additions to the Board of Directors, including:

- Robert Arciero, MD, Vice President
- Darren Johnson, MD, Member-at-Large-over 45
- Jon Sekiya, MD-Member-At-Large-Under 45

Neal ElAttrache, MD, was added as a member to the Membership Committee.

Christopher Kaeding, MD, Mininder Kocher, MD, Brett Owens, MD, David McAllister, MD, and John Tokish, MD, were also selected to be nominees to the Nominating Committee.

Bernard Bach, Jr., MD, and Dean Taylor, MD, were also added to the Medical Publishing Board of Trustees.

The new revisions to the Society's bylaws were also approved by membership.

One of the biggest highlights of the day was the afternoon live surgical demonstrations on the knee. Nearly 300 people attended the workshop and were able to learn new surgical skills and tips from top professionals, including Jack Andrish, MD, Bernard Bach, Jr., MD, Charles Bush-Joseph, MD, Freddie Fu, MD, John Fulkerson, MD, Christopher Harner, MD, Robert LaPrade, MD, PhD, Mark Miller, MD, Claude Moorman, MD, Richard Parker, MD, William Post, MD, and Robert Schenck, MD. AOSSM thanks Biomet and Smith & Nephew for their financial and in-kind support of the workshop. In addition, we wish to thank Arthrex, ConMed Linvatec, and Stryker for their in-kind support of the workshop.

The first day concluded with the annual Welcome Reception on Eutaw Street at Camden Yards, supported by Breg, Inc. The event was a huge success with attendees having the opportunity to take a tour of the Oriole dugout, see some batting practice, and catch up with old and new friends.

Friday's session began with the presentation of the George D. Rovere Award to past AOSSM President, Bernard Bach, Jr., MD. The rest of the day's presentations focused on the knee (ACL and meniscus) and rotator cuff injuries.

In addition, AOSSM inducted Champ Baker, Jr., MD, and Stanley James, MD, into the Hall of Fame. Dr. Indelicato's presidential address highlighted his career and how the support of family plays a crucial role in the success of a sports medicine physician. The Young Sports Medicine Workshop also took place on Friday afternoon with more than 75 in attendance to discuss the best ways to get a practice started. AOSSM thanks Smith & Nephew for their support of this workshop. Additionally, more than 250 individuals took advantage of the industry-sponsored symposiums on Friday afternoon.

Other activities attendees took advantage of in Baltimore were the easy access to an Orioles versus Tigers baseball game and short walk to the water taxis to Fells Point for gelato and mussels, plus much more. More than 70 decided to take in a round of golf

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AOSSM thanks Biomet and Smith & Nephew for their financial support of the Live Surgical Skills Demonstration workshop.

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Comments please.

The Society strives to provide you with the best educational experience possible. You should have received an e-mail from the Society asking for your comments on the meeting and how we can improve for next year. Please be sure to take a few minutes to fill out this evaluation, so we can continue to make our meetings the best in sports medicine. You should also be receiving an e-mail from the Society regarding your CME credit by the middle of August. Thank you!

at the Mountain Beach Golf Club for the 23rd Annual Golf Tournament, sponsored by DJO Global. The tournament raised more than $8,000 for sports medicine education and research.

After a relaxing Friday afternoon, attendees flocked back into the Baltimore Convention Center on Saturday morning for engaging discussions and presentations on a variety of hip injury issues and articular cartilage and osteoarthritis. Also, AOSSM Past President, Kenneth DeHaven, MD, received the Thomas A. Brady Award. One of the biggest highlights of the meeting occurred on Saturday, with Presidential Guest Speaker and ESPN college football analyst, Lee Corso, discussing the ups and downs of his coaching career and life. His talk and interactions with audience members about who's going to be the best in college football this year were entertaining and enlightening to all those in attendance.

Following the speech, Michael Axe, MD, of First State Orthopaedics in Newark, Delaware, received the Robert E. Leach, MD, Mr. Sports Medicine Award, one of the Society's highest honors, for his outstanding career in sports medicine. Dr. Indelicato then presented the presidential medallion and pin to incoming President, Christopher Harner, MD, and his wife, Cindy, signifying Dr. Harner's induction as the 2012–2013 AOSSM President.

Awards were also given for outstanding posters to the following individuals:

- **First Prize ($750)** — "First Time Patellofemoral Dislocation in Pediatric and Adolescent Patients," Laura W. Lewallen, MD, Amy L. McIntosh, MD, Diane L. Dahm, MD
- **Second Prize ($500)** — "Platelet-Rich Plasma as a Treatment for Patellar Tendinopathy: A Double-Blind Randomized Controlled Trial," Jason L. Dragoo, MD, Amy S. Wasterlain, BA, Hillary J. Braun, BA
- **Third Prize ($250)** — "Magnetic Resonance Imaging Findings in Shoulders of Asymptomatic Major League Baseball Pitchers," Bryson P. Lesniak, MD, Jean Jose, DO, Zakariah Mahmood, MD, Michael Baraga, MD, Marvin K. Smith, MS, Sean Cunningham, ATC, Lee D. Kaplan, MD

The day ended with a fun-filled event at the B&O Railroad Museum. This outstanding event, supported by Biomimetic Therapeutics, was an experience for kids of all ages, including a climbing wall, carousel, bouncy houses, rides for kids, and the ability to go inside and checkout historic trains. Everyone got to have some ice cream and other treats and put on their dancing shoes under the stars.

The meeting concluded on Sunday with the presentation of the Systematic Review Awards and the T. David Sisk Awards (see details on research awards). In addition, papers were presented on complex knee ligaments issues, chronic tendinopathy, and the role of MRIs in sports medicine.

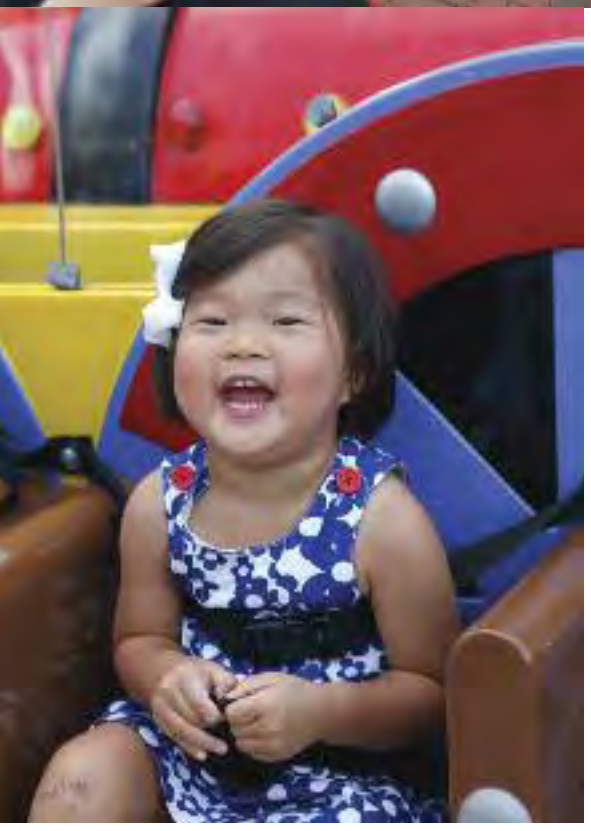
AOSSM would like to thank all of our sponsors and exhibitors for their ongoing Annual Meeting support. The next AOSSM Annual Meeting will be in Chicago, July 11–14, 2013. See you in the Windy City next summer!

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BALTIMORE FUN











MEMORIES

Photos from the Annual Meeting will be available at **www.photographyg.com.** Select the link on the bottom of the page to View Your Event. You will create a new account or if you viewed pictures from the 2011 Annual Meeting you can simply sign in. Many photos of the scientific sessions, award presentations, and family fun are there for your enjoyment and to purchase.





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THANK YOU TO THE FOLLOWING AOSSM MEMBERS FOR THEIR SERVICE TO THE SOCIETY'S COMMITTEES IN 2011–2012.

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1. Barber FA, Herbert MA, Beavis RC, and Oro TB: "Suture Anchor Materials, Eyelets, and Designs: Update 2008." Arthroscopy Vol. 24, No. 8 pp 859-867, 2008
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