NEWSLETTER OF THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE

Sports Medicine UPDATE

MAY/JUNE 2013



SOCIAL MEDIA IN SPORT

Research Grant Winners Announced

Washington Update

Registration Open for Annual Meeting

AOSSM

www.sportsmed.org



2 Team Physician's Corner

The Dangers of Social Media in Sport: The Role of the Team Doctor

1 From the President

8 Sports Injuries Campaign

10 Research News

11 CME Transcript Transfer

12 Society News

14 Washington Update

16 Fellowship Match Successful

17 Annual Meeting Preview

20 Upcoming Meetings and Courses

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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SPRING BRINGS NEW GROWTH and freshness to our environment. This year, a number of AOSSM programs and activities also are emerging with the season as a result of the Society's leadership.

May 1 was the official launch of the *Orthopaedic Journal of Sports Medicine (OJSM),* AOSSM's new open access journal for orthopaedic sports medicine, arthroscopy and knee arthroplasty (www.ojsm.org). The three inaugural articles published reflect the high quality, collaborative nature of this publishing endeavor and merit reading:

- *Tunnel Enlargement and Coalition after Anatomic Double-Bundle Anterior Cruciate Ligament Reconstruction with Hamstring Tendon Autografts: A Computed Tomography Study* by Yasuyi Kawaguchi MD, PhD, et al (Japan)
- *Predictors of Running-Related Injuries Among 930 Novice Runners: A 1-Year Prospective Follow-Up Study* by Rasmus Oestergaard Nielsen, MHSc, et al (Denmark)
- *Differences in Knee Kinematics Between Awake and Anesthetized Patients During the Lachman and Pivot-Shift Tests for Anterior Cruciate Ligament Deficiency* by Takehiko Matsushita, MD, PhD, et al (Japan)

Bruce Reider, MD, Editor-in-Chief, and his editorial team of Allen Anderson, MD, and Mark Steiner, MD, along with an editorial board from 30 countries on six continents are to be congratulated on this accomplishment. Through their work, the Medical Publishing Group (MPG) board successfully established an alternative publishing option for researchers and authors that provides both rigorous peer review and wide dissemination of their work world-wide. The open access model makes the content immediately available to clinicians and scientists online and without charge.

AOSSM sees this new paradigm as a complimentary publishing model to its other marquee titles, the *American Journal of Sports Medicine* and *Sports Health: A Multidisciplinary Approach.* As with *Sports Health, OJSM* is a collaborative endeavor that welcomes the participation of other orthopaedic sports medicine organizations. We're pleased that our counterpart in Brazil (Sociedade Brasileira de Artroscopia e Traumatologia do Esporte—SBRATE) has formally joined *OJSM* and we expect to be able to announce additional collaborators soon.

A second new member benefit is an arrangement between the Society and the American Academy of Orthopaedic Surgeons (AAOS) that allows members and other CME registrants to automatically upload their CME into the AAOS Learning Portfolio. While participants can continue to access and print their CME transcripts on the AOSSM website, this service allows them to consolidate their CME portfolio, thereby facilitating meeting their ABOS Maintenance of Certification requirements. Go to the AOSSM website (www.sportsmed.org) and sign up for this automatic, free service.

A third project that soon will be springing from the ground is the new orthopaedic office complex and Orthopaedic Learning Center (OLC) that AOSSM has joined as an equity partner. A project of this magnitude with many outside collaborators, takes significant planning and coordination. I am especially excited about the new OLC, which will allow for simultaneous courses, state of the art equipment and AV and flexible meeting space that will make the OLC a premier facility for conducting skills courses. It also will provide the Society with greater opportunities to integrate skills courses as part of our training for members and fellows. The design and approval phases are near complete, and we anticipate construction to begin later this summer.

Finally, as I approach the end of my time as AOSSM president, these programs—and many others that have taken hold this year—provide me with a sense of pride and satisfaction. They also provide fresh evidence that collaboration can afford our profession with many new opportunities that benefit us as individuals and organizations. I'm grateful for what the AOSSM and MPG boards have achieved this year, and I'm thankful for having the chance to help lead the way as your AOSSM president.





THE DANGERS OF SOCIAL MEDIA IN SPORT: THE ROLE OF THE TEAM DOCTOR

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Social media has become so pervasive in modern society that it is changing the way in which we interact with one another. Athletes have embraced this new form of communication in order to connect with their fans and enhance their personal brands. Yet, social media is not without its risks. Where injuries are concerned, an athlete can unwittingly divulge information that can not only affect his own value, but also compromise his confidentiality and that of the team. Through these disclosures, the reputation and standing of the team physician may also inadvertently be put at risk.

Continued on page 3

Purpose

The purpose of this article is to analyze the growing issue of social media in sports medicine. Examples of inappropriate communications are presented and guidelines to team physicians are offered.

Introduction

"The only thing worse than being talked about is not being talked about." –Oscar Wilde

Social media has become so pervasive in modern society that it is changing the way in which we interact with one another.[1] This form of ubiquitously accessible and contemporaneous communication has been embraced by professional athletes, who seek to enhance their personal brands. Social networking sites such as Facebook and Twitter allow these athletes to put their lives on show for everyone to see, and in doing so increase their accessibility to their fan base. However, with such instantaneous promulgation of information, it is common for inappropriate or injudicious messages to be picked up by the mainstream media and used to pillory these often times naïve individuals. The impact of one ill-considered post on the athlete's career can be monumental and life changing.

The growth in social media has been exponential. Facebook currently boasts over 1.2 billion members. Statistics reveal that 98 percent of 18–24 year olds use social networking on a regular basis, spending on average 15 hours and 33 minutes per month on Facebook. The average number of tweets per day already exceeds 190 million.[2] Although it is difficult to establish the precise number of athletes who use this medium, one can safely predict it represents the majority, because they typically fall within the above age range. Furthermore, there are Websites dedicated to finding and following professional athletes on social media networks.[3] The most prolific of which is Ronaldo, a Portuguese soccer player with Real Madrid, who has an amazing 67,084,801 followers on Facebook and Twitter.

The list of athletes who have found themselves at the center of major incidents is endless. So, why do they continue to make the same mistakes? Because ignoring social media is no longer an option; the lure of social media channels offer athletes the opportunity to significantly strengthen their marketability. But, more often than not, engaging in this form of communication represents a flagrant act of self-aggrandizement. This is never so true as when an athlete has been injured and faces the prospect of being out of the public eye for a period of time. The athlete understandably reaches out for sympathy and reassurance that he is still important and does so by sharing the details of his experience and torment. The deflation of sustaining the injury is temporarily alleviated by this newfound surge in attention.

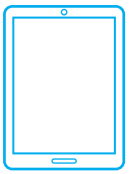
It is important to recognize that not only is the player's reputation at risk but so too is the standing and character of the team doctor.

Attracted by Tragedy

The ancient Greeks recognized the entertainment value of tragedy.[4] In tragedies, bad things happen, and, what is more, they often happen to good people. Thus, tragedies naturally evoke sympathetic suffering, pity, or fear. The paradox exists in that people yearn for information about tragedies because they are compelling, exciting, and noteworthy. The athlete can feed the frenzy by divulging every gory detail to an eager audience, but in doing so may shoot himself in the foot by revealing what should be confidential information. The ramifications of these imprudent disclosures can be quite costly for the athlete's career or future market value, particularly if they expose a potentially career threatening injury. Journalists now scour the social media superhighways for such sensational tales of misfortune to fill their pages in the mainstream media.

98%

of 18–24 year olds use social networking regularly



18–24 year olds spend an average of 15.5 hours per month on Facebook

When Twits Tweet

There are a myriad of examples of ill-advised posts on Twitter and throughout social media. Included below are examples of some of the more high profile incidents in the recent past both in the United States and Europe:

Example 1: Cyberchondria and Cyberdiagnosis

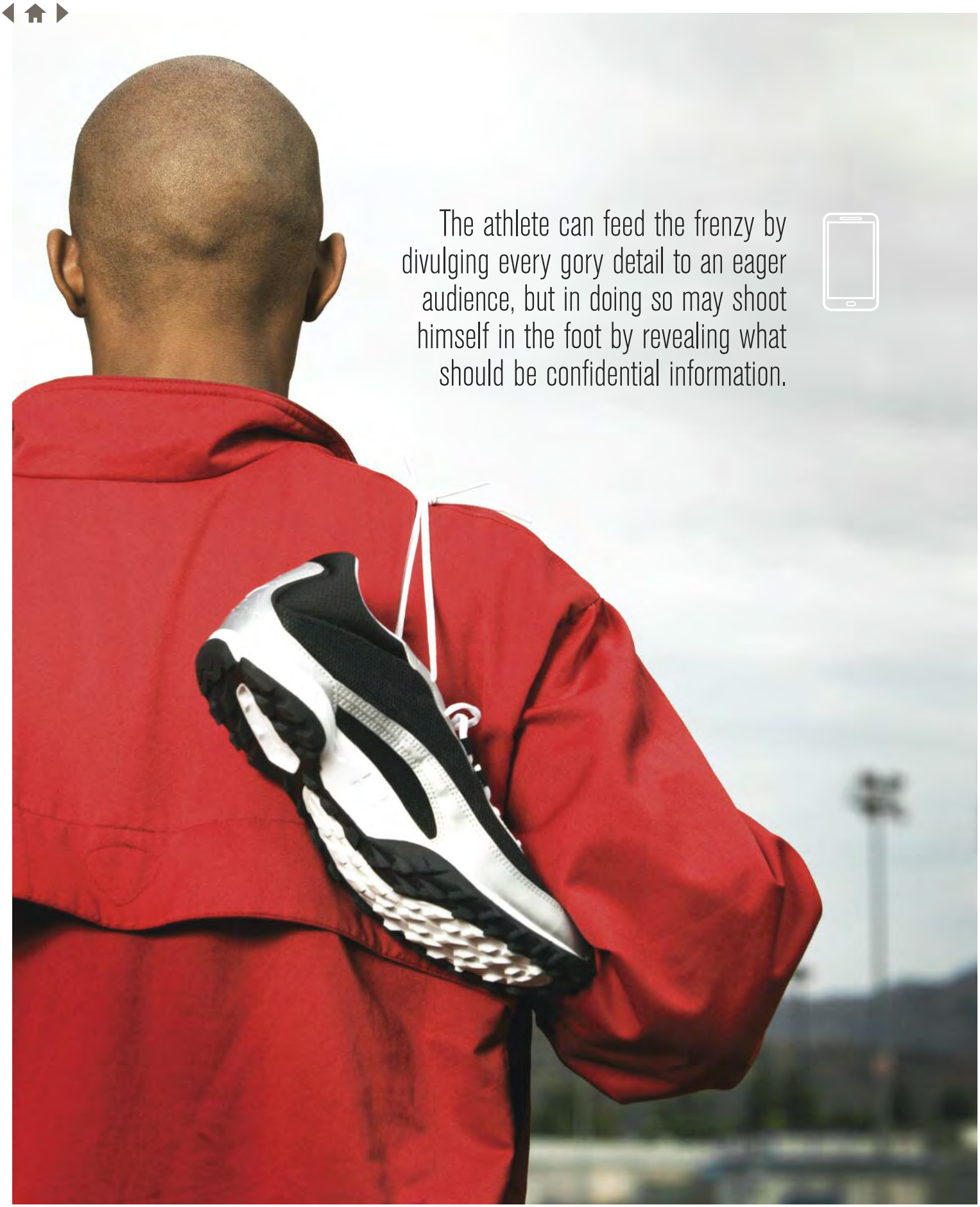
A high profile National Football League (NFL) player, who sustained a hamstring injury, posted a still image of his MRI on his Twitter account with the statement:



Figure 1

"This is an MRI of my hamstring, The white stuff surrounding the muscle is known in the medical world as anti-awesomeness."

Continued on page 4


The athlete can feed the frenzy by divulging every gory detail to an eager audience, but in doing so may shoot himself in the foot by revealing what should be confidential information.

The tweet was taken up by ESPN who sought the opinion of their medical expert and offered a prognosis for his return to play based on the MRI image, which read:

> *"The MRI scan . . . demonstrates considerable muscle damage with bleeding and swelling. Treatment is conservative. Rest, physical therapy with stretching and ultrasound, and anti-inflammatory medicine will be employed. The player will use a gradual strengthening program when he's ready. A return to the field would not be expected before three to four weeks. Premature exertion risks re-tear and longer convalescence."*

The NFL said in a statement that the player's actions were not covered by the league's Twitter policy and any discipline would be at the team's discretion. This was followed by a further declaration from the team's general manager in which he stated that the team was aware of the player's tweet and that, "It is a violation of team policy to disclose medical information via social media and he is aware of that. We will handle the situation internally."

Not content with the conclusion of the issue, the player returned to Twitter with the following statement, "If I had a 'significant injury' why post it? I'll be fine, it was just meant to make fun of the whole situation. Humor is lost nowadays."

Example 2: "A slip of the hand"

The next case involves the disclosure of information about an injury suffered by a National Basketball Association (NBA) basketball player involved in the playoffs at a critical point in the series. Frustrated by the team's loss in game two of the series, the player allegedly lashed out in anger after the game and punched a glass panel containing a fire extinguisher. In doing so, he sustained a significant laceration to his hand, thereby jeopardizing his participation in the rest of the games (Figure 2). Not satisfied with simply informing the world media of his plight, the player also posted a post-operative

$$ The business of sport has become a massive industry worldwide. Athletes assume a central role in this industry and are a constant attraction for the media.



Figure 2

image of the severe laceration, along with the following text:

"A millimeter away from my nerve. Thanks to the Most High I'm still able to heal and recover."

Aside from revealing the injury and its severity to his opponents, he went a long way to unveiling his mindset in the aftermath of the game. The player was contrite, and returned to the social media to offer the following lament:

"I am so mad at myself right now," read a post. "I want to apologize to the fans and my team, not proud of my actions. headed home for a new start."

A later post read: "We all have done things out of anger that we regret. That makes us human. Bad timing on my part. Sorry guys. This too shall pass."

Surprisingly, the player only missed the following game and much to everyone's amazement, returned in the fourth game to play a starring role, albeit with a bandaged hand. His team was eliminated in the next game, losing the series 4–1.

Example 3: TMI (Too Much Information)

To Europe for the next illustration of how tweets not only affect the player but can implicate the tweeter's doctor. A high profile rugby player sustained an injury to his thumb, rupturing a tendon. The player required surgery to repair the damage. In detailing his ordeal, the player posted an intraoperative image of the surgery. The following text accompanied the pictures:



Figure 3A



Figure 3B

"WARNING!! Not for the squeamish guys. Surgeon sent me some pics from the op. Before. And After"

These explicit images only belong in the patient's records and should not be for public consumption. Not only are they wholly inappropriate to be broadcast, but

Continued on page 6



by association they also call into question the surgeon's role and judgment.

Implications

The business of sport has become a massive industry worldwide. Athletes assume a central role in this industry and are a constant attraction for the media.[5] However, by enjoying such an exalted status, the safe holding and dissemination of athletes' confidential medical information has never been more difficult to control.[6] But, the media will only print what people want to read. Never before has there been such an obsession with sports personalities by the public, which ensures that medical details of those individuals have prominence throughout all media outlets.[6]

Athletes need to be aware of the privilege of confidentiality and the importance it entails. By naïvely publicizing their injuries without due consideration, athletes run the risk of not only potentially breaching the code of conduct of their organizations, but more importantly, affecting their value or ability to attain future contracts. The consequences of revealing an injury go beyond just the availability of the player, and may have significant implications on maintaining the team's confidentiality.

Video analysis of teams and players is widespread in most sports. Sophisticated algorithmic programs are used to study the patterns, tactics, and tendencies of players and teams to choose certain options during a game. As a result, analysts are able to reasonably predict how teams and players will play, or what decision they are likely to make in a given scenario. By revealing information on certain injuries, the advantage may be handed to the opposition regarding choosing their tactics or lineups. One could also take a more cynical view that it may also give rise to teams focusing on particular players, knowing they are injured and probably not playing to full capacity. An even more sinister approach has occasionally been adopted whereby injured players are targeted to try to put them out of the game. In fact, to avoid this happening, a U.S. collegiate football team is known to routinely strap not only the injured limb but also the contralateral side.

"Never let the facts get in the way of a good story." –Mark Twain

A further factor in this form of immediate propagation of information is that the message being delivered is often inaccurate. Non-medical individuals may struggle with medical terminology, which admittedly can be confusing, and frequently report erroneous diagnoses. Added to this, because of the instantaneous nature of social media, athletes commonly just state the differential diagnoses before a definitive diagnosis is made. No sooner have these details been posted than they are in the mainstream press. The veracity of this information is seldom corroborated and consequently incorrect information is further disseminated. The athlete's brand may become tarnished if they are thought to have a career threatening injury, even if that fact is not true.

Another concerning consequence of misinformation occurs when a player's exhortations misrepresent the actions of the treating physician. The fallout can raise serious questions about the doctor's professionalism or ethical conduct. The doctor-patient relationship goes two ways. By players divulging information about treatment, physicians should be aware that their practices are open to scrutiny.

Similarly, it is a salutary lesson for team doctors to realize that everything must be above board because the course of treatment they chose may be disclosed by the players they are caring for. It is incumbent upon sports doctors to make themselves aware of the up-to-date guidelines set out by the governing body responsible for their sport. If doctors are covering different sports they should also be cognizant of the fact that there are different guiding principles.

An example of this comes from a communication on Twitter posted by a Gaelic football player in Ireland. The player unfortunately sustained a fractured toe prior to the final. In his tweet following the game, he acknowledged the role the doctor played in assuring his availability to play by giving him a pain killing injection into the toe. Neither the World Anti-Doping Agency (WADA) nor the Gaelic Athletic Association (GAA) guidelines prohibit the administration of local anesthetics and the doctor's actions were beyond reproach. However, had this been a rugby player these actions would have been in breach of the doping guidelines, as administration of local anesthetics on the day of the game is forbidden.[7, 8, 9] This case illustrates that the doctor and his methods are now identifiable and open to misinterpretation. Taken further, this information, if misconstrued, could possibly lead to a complaint to the medical registration authorities or to WADA.

Guidelines

"Common sense is not so common." –Voltaire

All athletes are, and obviously should be, free to share their personal ideas and opinions. They should feel encouraged to connect with their fans and form a strong social media profile. Fans want their athletes to be real and uncensored. However, when issues like injuries are the focus, a modicum of restraint is required. The following guidelines have been provided to support the team physician on how to advise athletes on what information to reveal about injuries in social network communications.

Continued on page 7

TOP 10

TWITTER TIPS FOR TEAM PHYSICIANS

1. **Brief** athletes at the beginning of the season to outline the protocol for release of information on injuries
2. **Remind** athletes following an injury not to divulge any information until a firm diagnosis has been made
3. **Discuss** with athletes disclosures and their rights to confidentiality
4. **Inform** the coach and other relevant officials about the disclosure
5. **Keep disclosures to the minimum** necessary:
   –What happened? problem, diagnosis
   –What is happening or going to happen? current and future management plan
   –How bad is it? a realistic return to play time
6. **Avoid** medical jargon–keep the message simple
7. **Do not post** images of injuries or surgeries
8. **Provide** a brief and succinct update on progress
9. **Avoid** answering direct questions about the injury
10. **Do not mention** the treating doctor, surgeon, or medical personnel by name; keep it anonymous



Conclusion

Social media is here to stay. Used properly it provides a fantastic platform for athletes to connect with their fans, offering them an insight into their lives. But, used incorrectly it can cause significant problems for naïve and vulnerable athletes. Team doctors need to take a proactive role in educating themselves about social media. In addition, it is vital that they provide guidance and direction to athletes when injured to avoid further adversity.

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Do you have questions?
We are glad to help and are always looking for new ideas. You can contact Joe Siebelts at joe@aossm.org or 847/292.4900.

How Can You Keep Sports Safe This Summer?

This past April, the STOP Sports Injuries Campaign celebrated National Youth Sports Safety Month. While the excitement surrounding these events winds down, efforts for raising sports safety awareness continues into the summer months, and throughout the year. We often hear the question, **"How can I get involved?".** Here are few different avenues to participate:

SIGN UP your practice or institution as an official collaborating organization.

There is no cost to join and your support helps build recognition for the campaign's safety materials. Join today at www.stopsportsinjuries.org.

SHARE our sports safety tip sheets in your office.

Our wide range of sports and issue-specific resources can be helpful for parents, coaches and young athletes trying to stay active and healthy. The warm summer months are a perfect time to share our tip sheet covering hydration! You can also include your organization's logo on the top of the sheets to show your continued support for safe sports.

HOLD a sports safety event in your community.

Do you regularly see and treat patients who have suffered sports injuries? The opportunity to educate the athletic community in your town on avoiding sports injuries could prevent another young athlete from losing playing time.

FOLLOW AND SHARE on social media channels.

Do you have a Facebook or Twitter account? Be sure to follow www.facebook.com/STOPSportsInjuries and www.twitter.com/SportsSafety for the latest campaign updates—and to share our helpful sports safety information.

RELATE a personal story about an athlete, parent, or coach that conveys a compelling message about youth sports injuries or prevention.

The most powerful messages are often those that come from experience. Sharing these stories with the STOP Sports Injuries audience can help make the youth sports community a safer place.

DONATE

Donations of any size provide the means for development and production of new and updated resources to raise awareness and help prevent youth sports injuries.

New Collaborating Organizations

Medical Institutions

ActivePT, Corp.
Rochester, MN

New England Baptist Hospital Program
Boston, MA

Providence Sports Care Center
Portland, OR

Samaritan Lebanon Community Hospital
Lebanon, OR

Susan B. Allen Memorial Hospital
El Dorado, KS

Professional Health Organizations

Connecticut State Medical Society
New Haven, CT

Sports Medicine Practices

American Health Network
Westfield, IN

Atlantic Physical Therapy Rehab and Sports Medicine
Berlin, MD

Capitol Physical Therapy
Citrus Heights, CA

Central Physical Therapy
Baton Rouge, LA

Evolve Physical Therapy & Sports Rehabilitation
New York, NY

Fagan Sports Medicine
Homewood, AL

Lakewood Orthopaedics & Sports Medicine
Cedar Hill, TX

Mercy Clinic East
Williams Bay, WI

Middlesex Orthopedic Surgeons, PC
Middletown, CT

Milford Physiotherapy
Auckland, New Zealand

Myrtle Beach Physical Therapy
Myrtle Beach, SC

Neurosurgery, Orthopaedics & Spine Specialists, PC
Waterbury, CT

Olympic Physical Therapy & Sports Medicine Inc.
Bristol, RI

On the Move Physical Therapy
San Carlos, CA

PCX Sports Performance
Webster, NY

Prince Chiropractic Wellness Center
Edmond, OK

ProHEALTH Physical Therapy
Lake Success, NY

SPORTCHIRO+
Edwardsville, IL

Sports and Physical Therapy Associates
Westborough, MA

TKJ Sports
San Rafael, CA

Wake Orthopaedics
Cary, NC



Sports and Recreation Organizations

ADAPT Training
Beaverton, OR

Baseball Australia
Queensland, Australia

Baseball NSW
Rooty Hill, New South Wales

Cleveland Clinic/ Lorain High Shool
Lorain, OH

Cornerstone Track and Athletic Association, Inc.
Covington, GA

Firelands High School
Lorain, OH

GRC Sports
Broken Arrow, OK

Jacksonville State University/ StrategicSolutions
Jacksonville, AL

National Training Center
Riverview, FL

Northwestern University
Evanston, IL

On the Ball Sports
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Revolution Athletic Performance and Sports Health Sciences
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Waverly Community Schools Athletic Training Department
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STOP Sports Injuries thanks the following companies for their support of the campaign:

Arthrex

DePuy Synthes
MITEK SPORTS MEDICINE
COMPANIES OF Johnson&Johnson

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Young Investigator Grant Awarded



Dr. Ermias Abebe, currently a resident at the University of Pittsburgh Medical Center (UPMC), is the winner of the 2013 AOSSM Young Investigator Grant for his study, "The Effects of ACL Deficiency on Meniscal Strain and Cartilage Deformation." Dr. Abebe and his colleagues will evaluate the impact of ACL rupture on meniscal function by measuring meniscal hoop strains and cartilage deformation in intact and ACL deficient knees. Measurements will be performed with a unique method that combines implanted radiopaque markers, dynamic stereo X-ray (DSX), and CT/MRI to evaluate meniscus and cartilage function accurately under physiological loading without significant disruption of soft tissue structures.

The central hypothesis of this study is that the intact meniscus reduces cartilage stress and deformation by supporting load via hoop stresses but that this mechanism is disrupted following ACL injury, thus jeopardizing cartilage health. The results from this study will help elucidate the role of the meniscus in the pathway from ACL injury to OA and could be fundamental for developing and evaluating optimal treatments that preserve long-term knee joint health.

Originally from Addis Ababa, Ethiopia, Dr. Abebe and his family, immigrated to Springfield, Virginia, in 1995. He earned a full scholarship to the University of Virginia and completed his bachelor's degree in engineering science with a concentration in biomedical engineering in 2004. From 2007–2010, he worked full-time developing an MRI based 3-D modeling technique for identifying anterior cruciate ligament (ACL) insertions. Using this in vivo model, Dr. Abebe published articles on the effect of ACL femoral tunnel placement on kinematics, graft function, and cartilage deformation. In 2011 he received his medical degree from Duke University and went to UPMC for his residency. At UPMC he is working in the laboratory of Drs. Scott Tashman and Christopher Harner using tantalum beads markers implanted in ACL grafts at time of surgery to quantify the effect of graft selection on in vivo graft elongation and knee kinematics.

Schroeder Wins Sandy Kirkley Clinical Outcomes Grant



E. Todd Schroeder, PhD, FACSM, has been selected as the recipient for the 2013 Sandy Kirkley Clinical Outcome Research Grant. Dr. Schroeder will study the use of intramuscular testosterone, which has been shown to increase muscle mass and strength independent of exercise following ACL injury. The purpose of this study is to determine if 8 weeks of testosterone first administered 2 weeks prior to surgery can improve muscle mass, strength, and physical function in men following ACL reconstruction with standard-of-care rehabilitation compared to men who receive placebo and standard-of-care rehabilitation. Men, 21–35 years of age, scheduled for ACL reconstructive surgery will be randomized to one of two groups, testosterone administration or placebo. Primary outcomes include relative change in lean mass from 2 weeks prior to surgery to 1 day prior to surgery, and 6 and 12 weeks following surgery between the two groups. A secondary outcome will be to investigate the relative change in gene and protein expression of myogenic regulators obtained from muscle biopsy. Targeting muscle atrophy and associated disorders of joint and bone following surgery may greatly improve long-term clinical outcomes and quality of life.

Dr. Schroeder received his undergraduate degree in physiology at UC Davis, his master's degree in sports medicine at the University of the Pacific, and his PhD in biokinesiology at the University of Southern California. After completing a three-year postdoctoral fellowship in the USC Keck School of Medicine he accepted a full-time faculty position in 2003 in the USC Division of Biokinesiology and Physical Therapy. Dr. Schroeder is the Director of the USC Clinical Exercise Research Center. He has more than 50 peer reviewed publications on the effects of exercise and hormones in health and disease. He is trained as an exercise physiologist and certified strength and conditioning specialist and has developed health and wellness programs for obese children, professional athletes, and older adults. Dr. Schroeder is a Fellow of the American College of Sports Medicine.



AOSSM CME Transcript Transfer Available

Now all of your AOSSM and AAOS CME certificates are available in one location. The AOSSM and AAOS are collaborating on transferring AOSSM CME credit to the AAOS Learning portfolio. This portfolio helps you track all the CME credits you've earned.

If you would like AOSSM to forward your CME credit to your AAOS Learning Portfolio, please log in to www.sportsmed.org and select the "Get My CME Transcript" option in the dropdown menu, under "My AOSSM." When your AOSSM CME Transcript opens, click the "Transfer My CME Credit" link. You'll be prompted to log in to the AAOS site using your AAOS member ID and password. Once you've successfully logged in, you'll receive a confirmation message.

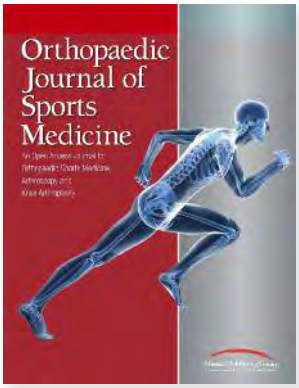
When you opt in to the CME transfer, AOSSM will begin sending the AAOS your CME credits for the last 3 years. This time span matches the ABOS reporting timeline. Each time you complete an AOSSM CME activity, your credit will automatically be transferred to your AAOS Learning Portfolio. Even after this transfer takes place, individuals will continue to have full access to transcripts through AOSSM's website.

Contact Susan Brown-Zahn, Director of Education, at susan@aossm.org.



Would You Like New Patients to Find You More Easily? Update Your AOSSM Profile.

Be sure to update your demographic information and areas of expertise online by logging into "My AOSSM" and going to the "Edit My Profile" link. By updating your information, the public will be able to more easily search for and see appropriate doctors on our "Find A Doctor" listing.



OJSM Launched

The Orthopaedic Journal of Sports Medicine: An Open Access Journal for Orthopaedic Sports Medicine, Arthroscopy and Knee Arthroplasty (OJSM) is now online and accepting submissions! Visit www.ojsm.org to read the latest published manuscripts and submit your paper today. Learn more about this exciting new platform which will allow *OJSM* to provide compelling research in the fields of orthopaedic sports medicine, arthroscopic surgery, relevant translational research, sports traumatology/epidemiology, and knee arthroplasty while at the same time maintaining AOSSM's high peer review standards

Dr. Bruce Reider, current editor-in-chief of *AJSM,* is also serving as editor-in-chief of *OJSM.* Associate editors for the publication will be Drs. Allen Anderson and Mark Steiner.



Put a Spring in Your Patients' Steps–Send Them *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 a patient's inbox, 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.

Are You a Fan or A Follower?

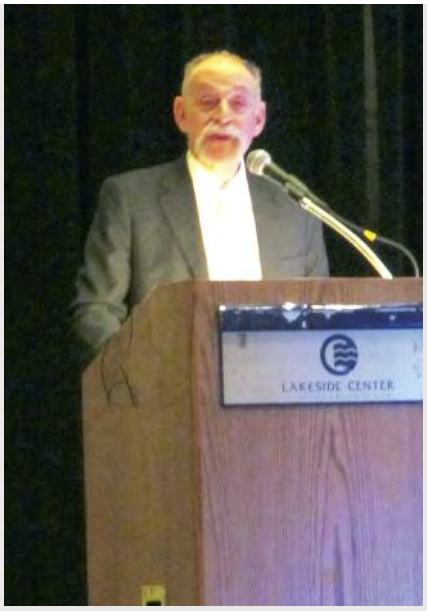
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Specialty Day Brings Together Latest in Sports Medicine

More than 900 people attended AOSSM's Specialty Day presentations in Chicago and the joint session with AANA. Bruce Reider, MD, *AJSM* editor-in-chief, and Kennedy Lecturer recipient, captivated the audience with his talk "Excelsior." Other highlights included discussions on hip surgery outcomes and the latest developments on ACL and UCL repairs and treatment. See you next year for Specialty Day on Saturday, March 15 in New Orleans.

NAMES IN THE NEWS



Hannafin Honored with Castle Connolly Award

Congratulations to incoming AOSSM President, Jo Hannafin, MD, PhD, for her recent selection as a Castle Connolly physician of the year for clinical excellence. She was one of only three physicians in the country to receive this prestigious award and the first orthopaedist. The National Physician of the Year Awards recognize both physicians and leaders in health care whose dedication, talents, and skills have improved the lives of countless people throughout the world. To see a video of the award visit www.castleconnollyawards.com/hannafin.html.

Medallion Presented to Fu

Freddie Fu, MD, past AOSSM President, recently was honored with the University of Pittsburgh 225th Year Anniversary Medallion during an alumni event in Hong Kong. The medallions were created to honor individual alumni whose achievements have brought honor to the university and whose efforts have contributed to Pitt's progress.

Brown Inducted into Maine Sports Hall of Fame

Congratulations to Doug Brown, MD, Medical Publishing Board Chair and past AOSSM President for being inducted into the Maine Sports Hall of Fame for his contributions to improving the medical care of Maine athletes.

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.



WASHINGTON UPDATE

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

After weeks of speculation as to its content, the White House finally released their 2014 budget. Among other things, the budget calls for $80 billion in discretionary funds for the Department of Health and Human Services, almost $4 billion more than HHS got last year. It requests $31 billion for NIH, and an increase of $800 million for the FDA. It also takes aim at ancillary services. Other items of note with the budget:

- The budget would require $57 billion in higher Medicare premiums ($50 billion of which would come from means testing), cut $306 billion in projected Medicare payments to providers and squeeze $19 billion out of Medicaid.
- Budget encourages more appropriate use of ancillary services by only allowing providers who meet certain accountability standards to self-refer radiation therapy, therapy services, and advanced imaging services. The budget would also "require prior authorization for advanced imaging." Pre-authorization is expected to save $400 million over ten years, while the restriction on ancillary services is expected to save $6.05 billion. Expect to hear a lot more about this, not just from AAOS, but the medical community at large, especially as the "certain accountability standards" get defined.

Continued on page 15



- **Independent Payment Advisory Board**
  In what most if not all players in health care would view as a disappointment, the budget also "would lower the target rate from the GDP per capita growth rate plus one percentage point to plus 0.5 percentage point." Along with most of the surgical community, AAOS is currently supporting a bipartisan IPAB repeal bill, H.R. 351.

Tavenner Time

- **A Permanent CMS Head**
  On Tuesday, the Senate Finance Committee took up the nomination of Acting CMS Administrator Marilynn Tavenner to be a full-fledged Administrator. Tavenner would be the first confirmed CMS head since 2004, and all indications are that she will indeed pass the Senate.
- **Fee-for-Service on Borrowed Time**
  During the confirmation hearing, Senate Finance Chairman Max Baucus (D-MT) asked Ms. Tavenner whether "some sort of deadline should be set to facilitate the replacement of the fee-for-service model." Tavenner replied that she believed no deadline or target should be set, but that she "agree[s] we need to move away from fee-for-service."

Other News

- **Medicaid Expansion**
  On Monday, March 18 the House Energy and Commerce Committee Health Subcommittee held a hearing on "Saving Seniors and Our Most Vulnerable from an Entitlement Crisis." The hearing discussed the financial future of Medicare and Medicaid, and the subsequent necessity for reform. Prior to the hearing, the Energy and Commerce committee released a short paper outlining the reasons for Medicaid reform. A summary of the six major reasons for reform can be found at http://energycommerce.house.gov/press-release/medicaid-check-reasons-reform.
- **MedPAC SGR Reform**
  MedPAC recently released a report emphasizing the various financial pitfalls of the SGR formula. Subsequently, the report calls for a repeal of SGR and reform. They state that now is the time for this repeal for five reasons: it is urgent and system will only get worse; ensuring access is the most important thing and this may be compromised by SGR; the physician fee schedule needs immediate fixing; there needs to be a new payment model and delivery system; and the new system needs to be financially sustainable. The report details some of the financial ramifications of the SGR and shows how repeal would benefit most physicians and payments. The Committee for a Responsible Federal Budget published an article with links to the MedPAC report which can be found at http://crfb.org/blogs/medpac-time-now-sgr-repeal.
- **2013 Budgets Finally Final**
  Averting a government shutdown, the House, Senate, and President came to an agreement to extend the FY 2012 budget through the end of the 2013 fiscal year. The bill incorporates spending caps, setting FY 2013 non-emergency discretionary spending authority at $984 billion after the sequester is taken in to account, down from $1.043 trillion in FY 2012.
- **Medicare Payment Based on Region**
  On Friday, March 22 an Institute of Medicine panel issued a report, finding that adjusting Medicare payments hospitals, doctors, and providers based on region poses many potential issues. According to the report, this practice would likely result in "unfair payment" and punish good physicians who happen to practice in troublesome regions. Many policy makers advocate for a payment scheme that rewards quality and efficiency, and according to IOM, the "hospital-referral regions" scheme could result in the just the opposite.
- **Hospitals Question Fairness of New Affordable Care Act Regulation**
  Under the ACA, hospitals face large penalties for readmitting patients they have already treated, on the theory that many readmissions result from poor follow-up care. Per CMS, nearly two-thirds of hospitals receiving traditional Medicare payments are expected to pay penalties totaling about $300 million in 2013 because too many of their patients were readmitted within 30 days of discharge. Hospitals and some health policy experts claim that these penalties unfairly target hospitals that treat the sickest patients or the patients facing the greatest socioeconomic challenges.

Fellowship Sports Medicine Match Successful

In early April the Match results were released. Our analysis of the aggregate data, as well as our examination of the individual rankings of each program and each applicant suggests that the Match was again conducted with a high level of integrity, consistent with its rules.



PROGRAM PARTICIPATION

- 100% of the 91 programs participating in the 2012–13 Match were accounted for in the Match.
- 224 positions were in the match.
- 220 were accredited positions.
- 4 were non-accredited positions.
- 88% of all positions (196) matched (compared to 88% or 198 positions last year).
- 82% of all programs (74) fully matched (compared to 79% or 77 programs last year).
- 23% of all programs (21) got their #1 ranked applicant (compared to 27% or 26 programs last year).
- 14% of all programs (13) got their #2 ranked applicant as their first match position (compared to 13% or 12 programs last year); and additional 5 programs got their #2 as second match (compared to 8 last year).
- 38% of all programs (34) got their #1 or #2 ranked applicants (compared to 40% last year).

APPLICANT PARTICIPATION

- 275 applicants registered for the Match (compared to 253 last year).
- 44 withdrew or did not submit a rank order list (compared to 28 last year).
- 231 residents submitted rank order lists (compared to 225 last year).
  - –196 (88%) applicants matched (compared to 198 or 88% last year).
  - –35 (15%) applicants did not match (compared to 27 or 12% applicants last year).
- 42% of applicants (98) got their #1 ranked program (compared to 46% last year).
- 21% of applicants (49) got their #2 ranked programs (compared to 16% last year).
- 64% of applicants (147) got their #1 or #2 ranked programs (compared to 62% last year).



TAKE IN ALL THE SIGHTS, SOUNDS & FUN IN *Chicago*

In the third of a series of articles on this year's Annual Meeting in Chicago, we provide a focused look at all of the social activities and frequently asked questions. Attendee lodging and registration for the AOSSM 2013 Annual Meeting is now open. Register online at www.sportsmed.org/AnnualMeeting2013. Advance registration ends June 14, 2013.

HOUSING LIMITED

Attendee lodging for the AOSSM 2013 Annual Meeting is becoming limited. We encourage you to make your reservations as soon as possible. Please call 800/233-4100 or 312/329-7000 and specify that you are attending the AOSSM Annual Meeting. Rates vary and are guaranteed until June 8 or based on availability.

Chicago is one of the best cities in America—any time of year, but the summer brings even more excitement to visitors of all ages, especially those coming for the AOSSM Annual Meeting. Check out all the exciting social activities we have in store for attendees:

Welcome Reception

Thursday, July 11, 6:30-8:00 p.m.
Supported by BREG, Inc.
Cost: Free

Join us on the outdoor patio by the Chicago River and in the Exhibit Hall for this year's Welcome Reception. Everyone is welcome to attend and enjoy meeting up with colleagues both old and new while enjoying family-friendly activities and food.

Private Architectural Cruise

Friday, July 12, 10:00 a.m.–Noon
Cost: $95

The cool mist off the lake, the magnificence of the city skyline and the tranquility of lapping waves set the mood for a wistful private AOSSM morning cruise on the Chicago River. Visitors and Chicagoans alike say that the best way to really see the city's profile is on architectural cruise. The tour provides an overview of historic and modern architectural styles, plus many stories about the people who designed and built the city. An architectural docent will provide live narration featuring an overview of architecture and history. Guests will find out little known facts about the history of Chicago's buildings, without the omission of the juicier details-scandal, corruption, conflict: all the material that makes for great entertainment. This cruise is limited to 40 people and all ages are welcome.

Family-Friendly Fireworks Dinner Cruise on the Odyssey

Saturday, July 13, 6:30–10:30 p.m.
Supported by DJO Global
Cost: Free

Come aboard the Odyssey for the AOSSM private party cruise down beautiful Lake Michigan. You'll have front row seats for amazing city scenery and the best views of the fireworks taking place at 10:00 p.m. In addition, you'll have your pick of entertainment on the various ship decks, including a DJ, live band, and a strolling magician. In addition, you can have a keepsake of the evening's memories via our photo booth. A buffet dinner and full bar will be offered throughout the evening. The Odyssey will cruise for approximately 1.5 hours and return to dock prior to the fireworks for those that want to exit the boat earlier. Pick up and drop off is at Navy Pier, approximately a 10-minute walk from the Sheraton Chicago. Tickets are limited so register in advance and only register if in fact you know you are able to attend. Additional tickets will be available on site, space permitting. Please indicate the number of adults and children on the registration form.



CHECK OUT THE AOSSM 2013 ANNUAL MEETING APP

Be sure to bookmark the online AOSSM Annual Meeting App that will be available in mid-June. It will include meeting information, exhibitor map, social events and much more.

Annual Meeting Frequently Asked Questions

If I am a presenter or member of the faculty, is my registration waived?

Faculty do not pay the registration fee. All other AOSSM members will pay $100 registration fee to attend the Annual Meeting this year to defray increased costs.

If I am a member of an AOSSM partner society, do I receive a discount for my registration fees?

AOSSM offers discounted fees for resident/fellows ($350), military ($300), and allied health ($350). Nonmember physicians pay $750.

I have already registered for the meeting but would like to change my instructional courses and workshops. How do I do this?

You can adjust your instructional courses online or on-site at the registration desk beginning on Wednesday, July 11, at 2 p.m. Instructional courses are subject to availability.

I registered online but didn't receive a confirmation email. What do I need to do?

It is possible the confirmation email was blocked by a spam filter. Be sure to check your e-mail's junk folder. It is also possible that the e-mail address on file is not accurate. Verify your e-mail by logging into the registration page. If the e-mail is correct and your registration has been processed, you can request an additional receipt email through the registration page. If you have questions or problems, contact the Society office at 847/292-4900.

Where and when are the Live Surgical Demonstrations being held?

The Live Surgical Demonstrations will be on Thursday, July 11, 1:00–5:15 p.m., in Ballrooms I and II of the Sheraton Hotel. This workshop promises to provide an exceptional educational experience with some of the top sports medicine surgeons in the world. The demonstrations will be focused on the shoulder and elbow. Be sure to register for this event ahead of time as space is limited. On-site registration will also be available.



Do I need to pay to attend the Industry Sponsored Symposia on Friday?

You can choose to attend any of the five industry sponsored symposia. These symposia are free and will have limited seating so be sure to register ahead of time. No CME credit will be awarded for participation.

How do I secure my hotel room for the meeting?

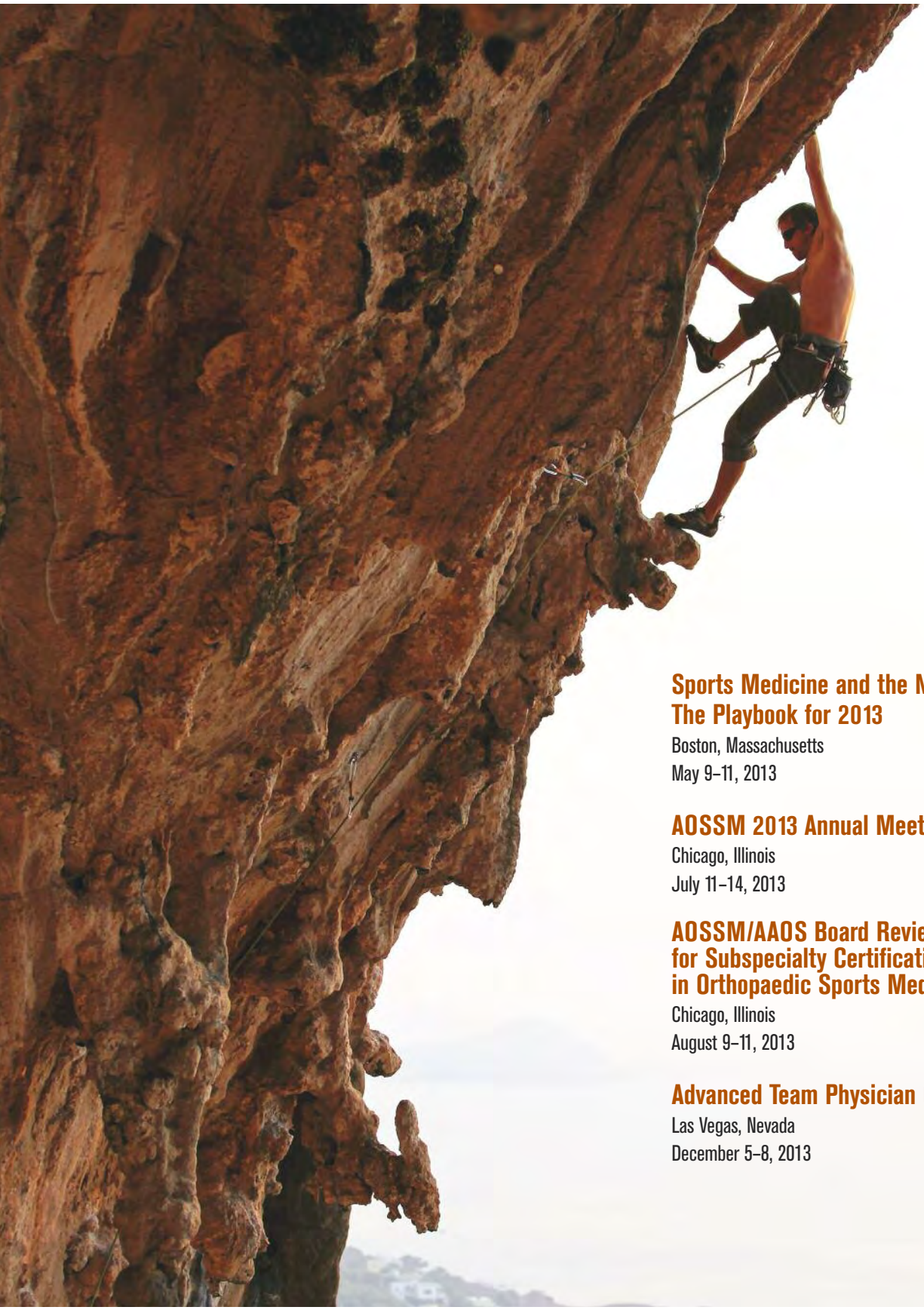
A block of hotel rooms has been reserved at the Sheraton Hotel and Towers. Please call 800/233-4100 or 312/329-7000 and specify that you are attending the AOSSM Annual Meeting. Rates vary and are guaranteed until June 8 or based on availability.

Can I obtain a refund for registration, instructional courses, or social functions?

Refund requests must be sent to the Society office prior to June 14. After that date, no refunds are issued.

Upcoming Meetings & Courses

For more information and to register, visit www.sportsmed.org/meetings.



Sports Medicine and the NFL: The Playbook for 2013

Boston, Massachusetts
May 9–11, 2013

AOSSM 2013 Annual Meeting

Chicago, Illinois
July 11–14, 2013

AOSSM/AAOS Board Review for Subspecialty Certification in Orthopaedic Sports Medicine

Chicago, Illinois
August 9–11, 2013

Advanced Team Physician Course

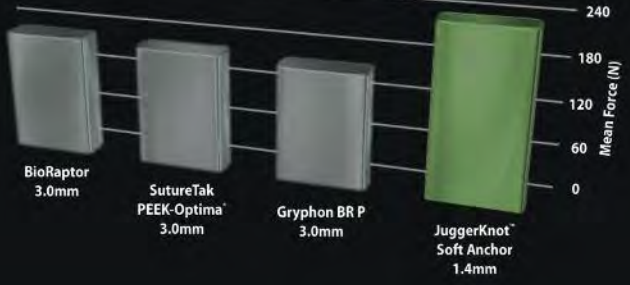
Las Vegas, Nevada
December 5–8, 2013

It's small. It's strong.[1,2] And it's all suture.

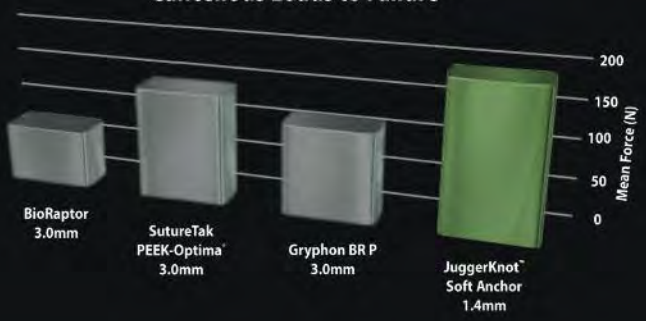
Size is **not** indicative of strength! Ants can carry more than 50 times their body weight. The 1.4mm JuggerKnot™ Soft Anchor has been shown to be stronger than comparable 3mm anchors.[1,2] The JuggerKnot™ Soft Anchor represents the next generation of suture anchor technology. This 1.4mm anchor is completely suture-based and the first of its kind.



Cortical Loads to Failure[1,2]



Cancellous Loads to Failure[1,2]



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1. Barber FA, Herber MA, Beavis RC, and Oro FB; "Suture Anchor Materials, Eyelets, and Designs: Update: 2008." Arthroscopy Vol. 24, No. 8 pp 859–867, 2008
2. Barber FA, Herbert MA, Hapa O, Rapley JH, Barber CA, Bynum JA, Hrnack SA.; "Suture Anchor Update 2010." Arthroscopy 2010; In Press.

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Orthopaedic Journal of Sports Medicine

Editor-in-Chief: Bruce Reider, MD • Associate Editors: Allen F. Anderson, MD and Mark E. Steiner, MD



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The ***Orthopaedic Journal of Sports Medicine (OJSM)*** is a new global, peer-reviewed, open access journal that combines the interests of researchers and clinical practitioners across orthopaedic sports medicine, arthroscopy, and knee arthroplasty. Topics include original research in the areas of:

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- Relevant translational research
- Sports traumatology/epidemiology
- Knee arthroplasty

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