NEWSLETTER OF THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE

sportsmedicine UPDATE

FALL 2016



TEAM PHYSICIAN XS AND OS

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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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FROM THE PRESIDENT

"But it's not just about me. It has to be about the boat."
—Daniel James Brown, *The Boys in the Boat: Nine Americans and Their Epic Quest for Gold at the 1936 Berlin Olympics*

AOSSM Past President Jo Hannifin, MD, PhD, mentioned the book *The Boys in the Boat* by Daniel James Brown, in her presidential speech in 2014. It makes sense that Jo would love this book. It is a true story about a very special rowing team from the University of Washington that overcame tremendous odds to win Gold in the 1936 Olympics. Jo works with the current US Rowing Team, and the women's 8 boat won their third consecutive gold medal at the 2016 Olympics in Rio de Janeiro, Brazil. With all of the recent excitement of the Olympics I did start thinking about the importance of teams and how now more than ever we need to recognize and celebrate the value of working together.

Ours is a unique community, founded in the spirit of teamwork through team sports. I am always humbled and lifted up by the members of this organization—our past and present accomplishments, and our grasp on building for the future.

To this end, together our leadership, program committee, and faculty, led by Kurt Spindler, MD, and the AOSSM staff delivered a gold medal performance at the Annual Meeting in Colorado Springs, Colorado. The scores are in, and the feedback was overwhelmingly positive:

- 1,489 attendees (1,117 physicians)
- 614 abstract submissions (an all-time record)
- 126 exhibit booths
- 55 peer-reviewed posters
- 27 instructional courses
- 20 corporate sponsors
- 10 new interactive round-table sessions
- 4 live surgical demonstrations

We have always had all the elements for success in our purview and our community has consistently come together in the spirit of teamwork to achieve these results. So it is with great anticipation that I am looking forward to our collective efforts to deliver a medal worthy experience for members this year. Our fiscal year began August 1 and the Board dutifully approved a well-vetted financial plan, and our member leaders are off-and-running, working hand-in-hand with AOSSM staff to deliver an unprecedented year of initiatives, including:

Research

- Evaluating and updating our IKDC SKF at the University of Pittsburgh. Led by Dr. James Irrgang, this study will lead to the development of a computerized adaptive version.
- Further developing our Early Sports Specialization and Return to Play initiative. The Research Committee, led by our new chair Matthew Provencher, MD, will drive this program by hosting a research workshop at the Annual Meeting in Toronto next summer.
- Adding more grant programs. More to come soon on new ways for members to enhance their research funding through our grant programs, but for now current research grant deadlines are approaching with complete information available at www.sportsmed.org.

Publishing

- Expanding *AJSM* as it will grow from 12 to 14 issues next year. More issues, more manuscripts, more content for our members.
- *Sports Health* and our online journal *OJSM* continue to flourish.

Education

- Extending of our live surgical skills courses in the state-of-the art Orthopaedic Learning Center (OLC):
  —Osteotomy Around the Knee chaired by Elizabeth Arendt, MD, Alan Getgood, MD, and Robert LaPrade, MD, PhD; and
  —The Athlete's Hip: New Trends, Evaluation and Surgical Management, co-chaired by Brian D. Busconi, MD, and Marc R. Safran, MD
- Continuing our commitment to other high-profile educational initiatives such as the Board Review Course, Specialty Day, Advance Team Physician Course, and our newly launched Fellowship course. Not to mention our online offerings, including the AOSSM Self-Assessment Examinations which help members fulfill their MOC self-assessment and CME requirements.
- Planning for AOSSM 2017 in Toronto, Canada. This September, I went on a thorough site visit and began developing the game plan for another exhilarating and educational meeting. Our program planning meeting will take place in mid-November.

These are just some of the numerous initiatives we are working on for the next year. We have a lot on our proverbial plate, but together, through our collective energy and commitment to each other, I have no doubt we will deliver and achieve our goals throughout the year.



Annunziato Amendola, MD



ATHLETIC PUBALGIA: GROIN PAIN IN ATHLETES

BY LEE DIEHL, MD

The understanding of what causes athletic pubalgia continues to evolve. The term designates activity related to or limiting pain, primarily in the area of the anterior pelvis, which is outside of the actual hip joint. Athletic pubalgia incorporates a distinct composition of focal anatomic problems, including osteitis pubis and tendon pathology of the lower abdomen and upper thigh.



Successful surgical treatment, historically performed by general surgeons, has revolved around inguinal hernia repair procedures. This led to the common use of the term "sports hernia." Since no true structural herniation has been commonly identified, and this problem more practically represents a spectrum of stress related injury about the pelvis, the term "athletic pubalgia" has been suggested. This term can encompass multiple entities designated variously in past literature, including Gilmore's groin, hockey groin, athletic or sports hernia. Experience over the last couple decades has begun to unify this spectrum of pathology around a common theory of causation.

During sport there are large magnitude, rotational forces constantly occurring around the pelvis. Dr. W. C. Meyers has described the composite area of the anterior pelvis as the "pubic joint" and relating the required balance of the complex stabilizing function of all the attached muscles to the spectrum of pathologies seen in athletic pubalgia.[4] This concept helps providers to understand how the various structures must work together to provide core stabilization and function during intense sporting activities.

While the list of combinations of involved structures continues to grow with experience, surgical treatments have typically focused on weakness of the posterior wall in the inguinal canal, distal rectus insertion disruption—causing superior and medial displacement of the rectus muscle—thereby increasing tension at the pubic bone, perineural fibrosis of branches of the genitofemoral nerve and proximal adductor tendinosis.

Athletes describe recurring or chronic lower abdominal or groin pain, occasionally radiating to the proximal inner thigh or ischium. The pain is commonly made worse with sport specific activities and it may improve or resolve with rest—especially between seasons. However, the same activity limiting

symptoms often recur when they return to sport. While some athletes may be able to play through the discomfort, they are often less effective and others are simply unable to continue play.

Athletic pubalgia has been recognized in many common team sports, including soccer, ice and field hockey, rugby, football, baseball, and basketball, as well as tennis, martial arts, swimming, dance, and distance running.[3] While most commonly seen in males, the incidence is increasing in females likely paralleling their increased involvement in competitive athletics.

Typical exam findings include tenderness near the pubic ramus/ pubic tubercle, inferior margin of the rectus insertion, inguinal floor, and proximal adductor insertion. Pain is typically exacerbated or reproduced with performing an abdominal "crunch," or resisted sit-up, or resisted hip adduction.

Imaging, like physical exam, is used to help rule out hip joint or other pathology. Plain X-rays of the pelvis can rule out evidence of bony pathology or degenerative change. MRI is increasingly used, with recognition of a group of common findings including rectus abdominis insertional injury, adductor tendinopathy, and inflammatory signal in the bone of the anterior pelvis including osteitis pubis.[6]

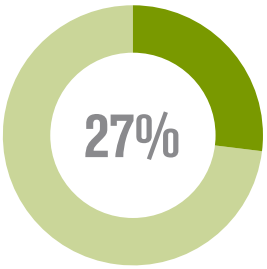
Non-operative treatment usually focuses on rest, followed by progressive strength and conditioning to "re-balance" pelvic stabilizers. Categories of operative treatment include hernia repair techniques with or without mesh reinforcement, tendon releases and neurotomy. While non-operative treatment has potential to help athletes return to sport, one study reported successful outcomes with surgical treatment of greater than 90% compared to only 27% with non-operative treatment.[5]

Athletic pubalgia can overlap with other pathology. Some feel this supports the "imbalance theory." They postulate for example that muscle stabilization compensating for intra-articular hip pathology, may lead to strain or symptomatic imbalance of the pubic joint. A study from the NFL has reported the association of rectus abdominis, proximal thigh adductor, and hip joint pathology termed the "sports hip triad."[1] Another study reported on the combined treatment of intra-articular hip pathology and extra-articular athletic pubalgia, in a subset of competitive athletes, which facilitated a high return to sporting activity.[2]

Return to Sport



with surgical treatment



with non-operative treatment

Summary

Accurate diagnosis of athletic pubalgia comes from an understanding of the pathology, a good patient history, focused exam, and appropriate imaging to narrow the differential diagnosis. Surgical treatment may be indicated taking into account, age, degree of functional disability, and desired level of competition. Athletic pubalgia is better recognized now than ever before and effective treatments are available to help keep athletes in the game.

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What's with the Cups?

By Christopher W.V. Schumacher, MD, Josh H. Fallin, ATC, Michael T. Freehill, MD

This summer in Rio, several Olympic athletes had well-defined purple circles across their backs, arms, and chests. A wider scope of attention and rampant speculation across American media and social media ensued.

These perfectly circular bruises were the result of a practice called "cupping," which is gaining popularity throughout the training and rehabilitation worlds. Perhaps it is more accurate to say that cupping is re-gaining popularity, as its origins can be traced back thousands of years.[1] Similar to acupuncture, cupping has long been utilized in traditional Chinese and Eastern medicine, but has only somewhat recently come into the conscious mainstream of treatment modalities in the United States. Cupping has not been extensively studied and currently there are more theories of its beneficial mechanism than literature proving its efficacy. However, limited evidence does exist suggesting cupping is a safe and maybe even effective adjunct in the practice of sports medicine.

For simplicity, this brief overview focuses on dry cupping, as opposed to wet cupping, which involves cutting the skin to cause bleeding.[2] Dry cupping therapy is a non-invasive treatment involving small cups (usual diameter approximately 50mm), typically made from glass, ceramic, or plastic which creates focal areas of suction over a desired musculoskeletal target region.[1,3]

Traditionally, the suction effect was created by heating the inside of the cups with various combustible materials and quickly placing them on the skin. Recent advances in mechanical methods such as balloons and pumps have been employed to create the desired suction effect, eliminating the most common complication risk of burns.[1] While cupping is proposed to alleviate musculoskeletal pain, theories of the mechanism vary widely.

The mechanical effects of cupping are straightforward and have been demonstrated in soft tissue models. The negative pressure created inside the cup is transmitted through the skin and subcutaneous tissues down to the muscle layer as a tensile force under the center of the cup and as a compressive force under the rim of the cup.[4] The force transmitted to the soft tissues increases with larger cup diameters, higher pressure, and longer duration of treatment. The resulting physiological effects are less understood and have explanations ranging from vasoconstriction with neurotransmitter release to the alteration of life forces and the flow of energy.

Regardless of mechanism, a few studies have found cupping to be effective, especially for musculoskeletal pain.[5] Randomized control trials by Kim et al and Markowski et al compared cupping to other treatment modalities, such as heating pad therapy, for patients with



Cupping is performed on an athlete to help aid injury healing.

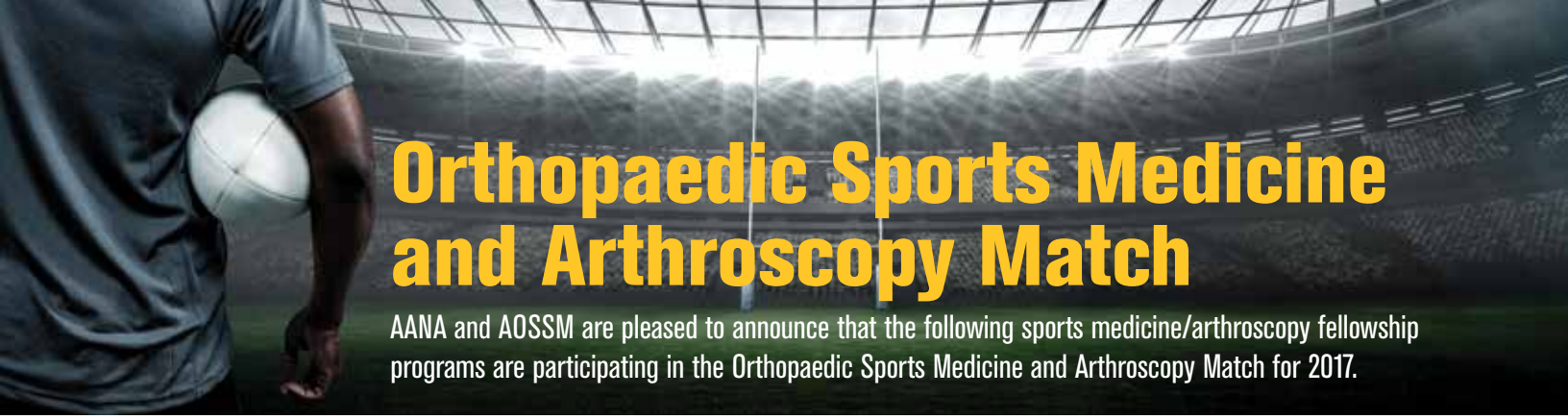
chronic neck or back pain. Although limited in subject number, initial results demonstrate improved patient reported pain and function scores.[6,7]

In addition, complications of cupping therapy are uncommon with the most frequently reported being superficial skin burns and blistering. While there are case reports of severe blistering and even arterial dissection, the complication rate appears low when performed by an experienced practitioner.[8]

In summary, cupping appears to be an exciting, potentially beneficial treatment modality, with gaining subjective success, and a relatively low-risk profile for musculoskeletal pain. More investigation and literature support is needed, but dry cupping appears to be a useful adjunct to the practice of non-operative sports medicine.

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Orthopaedic Sports Medicine and Arthroscopy Match

AANA and AOSSM are pleased to announce that the following sports medicine/arthroscopy fellowship programs are participating in the Orthopaedic Sports Medicine and Arthroscopy Match for 2017.

Allegheny General Hospital Program
Sam Akhavan, MD
Pittsburgh, PA

American Sports Medicine Institute (St. Vincent's) Program
Jeffrey R. Dugas, MD
Birmingham, AL

Andrews Research and Education Foundation
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Aria Health Program
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Keith R. Swanson, MD
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Baylor College of Medicine Program
David M. Green, MD
Houston, TX

Beacon Orthopaedic Research & Education Foundation, Inc. Program
Timothy E. Kremchek, MD
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Boston University Medical Center Program
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Brigham & Women's Hospital, Harvard Medical School Program
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Brown University Program
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Children's Hospital (Boston) Program
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Come Grow with STOP Sports Injuries

Did you know more than 1,000 organizations currently collaborate with STOP Sports Injuries? The program was founded on the idea that grassroots efforts could help spread awareness and information about preventing overuse and trauma injuries in young athletes—and that certainly seems to be the case. This number includes over 800 sports medicine practices, which hold local events and share our injury prevention information with patients. If you have not already signed up, be sure to visit www.STOPSportsInjuries.org and click "Get Involved" to learn more.



Welcome to Our New Collaborating Organizations!

Thank you to the newest STOP Sports Injuries collaborating organizations for their commitment to keeping young athletes safe. Interested in having your practice or institution listed in the next *SMU?* Head over to www.STOPSportsInjuries.org and click "Join Our Team" to submit an application!

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Frederick, Maryland

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North Platte, Nebraska

Inspire Physical Therapy, Pediatric Orthopedics and Sports Medicine
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Zachary, Louisiana

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The Spine and Health Center of Montvale
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Exciting Changes for *AJSM*

We are excited to announce that the *American Journal of Sports Medicine (AJSM)* will be increasing its publication to 14 issues in 2017. Currently published monthly (12 issues/year), the two additional issues will be mailed in March and July; watch for them in your mailbox. The journal has seen a steady increase in submissions over the past couple of years, and we want to remain at the forefront of publishing the industry-shaping research our members and colleagues are performing. The additional issues will allow for a 5 percent increase in pages published, with the added benefit of making each issue more manageable in size. This increase will occur at no cost to members, as your subscription to the journal is part of your AOSSM membership. Questions? Contact Colleen Briars at colleen@aossm.org.

Become a Traveling Fellow



Applications are currently being accepted for the 2017 AOSSM Traveling Fellowship Tours. Tentative tour dates for the APKASS (Asia) tour will be April 6–29, 2017. Tentative tour dates for the SLARD (Latin America) tour will be July 28–August 20, 2017. During the tour fellows will have the opportunity to view surgical procedures, visit surgical and rehabilitation facilities, attend local sports events, and connect socially and professionally with regional experts in sports medicine. Deadline for fellowship applications is October 15, 2016. Apply at www.sportsmed.org or contact Debbie Czech, Manager of Member Services, at debbie@aossm.org for more information.

AOSSM gratefully acknowledges DJO Global for their continued support of the Traveling Fellowship program.



Keep Your Patients *In Motion*

In Motion is available to be personalized with your own 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, put on your website, or print out and place in your waiting room. For more information, contact Lisa Weisenberger, Director of Communications, at lisa@aossm.org.

Be a Part of the Sports Medicine Conversation

Join our youth sports injury prevention TweetChats held monthly the second Wednesday of the month at 9 PM ET/8 PM CT at #SportSafety. *AOSSM, AJSM, Sports Health,* and *OJSM* are also all on social media. Learn about the latest news and articles and stay up to date on Society happenings and deadlines.

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Join an AOSSM Committee

Committee applications will be available at www.sportsmed.org in late October. Committees make a vital contribution to the Society and your participation is encouraged. Deadline for submission of applications is February 15, 2017. You will be notified regarding your participation by May 31. Please contact Camille Petrick at camille@aossm.org with any questions.

Submit a Name for the AOSSM Hall of Fame

Do you have a mentor or know of another outstanding member of the sports medicine community who should be part of the AOSSM Hall of Fame? Applications to submit a nomination will be available in late October at www.sportsmed.org. The Hall of Fame honors members of the orthopaedic sports medicine community who have contributed significantly to the specialty and set themselves apart. Being inducted into the Hall of Fame is one of the highest honors given to a Society member. Deadline for submissions is January 25, 2017. Questions? Contact Camille Petrick, Managing Director, at camille@aossm.org.

Don't Miss Out on Your AOSSM Benefits

Have you paid your AOSSM dues? Any member who has not made their dues payment by November 15 will lose their AOSSM benefits, including access to *AJSM* and *Sports Health.* To pay or check your status, login at www.sportsmed.org. If you did not receive a dues payment notice or have questions, please e-mail 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, Director of Communications, at lisa@aossm.org. High resolution (300 dpi) photos are always welcomed.

AOSSM Past President William C. Allen, MD, Passes Away

Tribute contributed by James P. Stannard, MD



AOSSM Past President, William C. Allen, MD, Professor Emeritus at the University of Missouri Department of Orthopaedic Surgery, passed away on Monday, September 12, 2016 surrounded by family. Dr. Allen graduated from the University of Chicago School of Medicine, was a resident at Stanford University, completed a biomechanics fellowship at Case Western Reserve University, and served in the US Army Medical Corps. He was board certified by the American Board of Orthopaedic Surgery in 1968.

Coming from the University of Florida in Gainesville, where he served as the director of the residency program, Dr. Allen joined the faculty at the University of Missouri (MU) in late 1976 as Chief of the Division of Orthopaedic Surgery. He was a much respected, greatly admired, and critical figure in the foundation and history of the University of Missouri Department of Orthopaedics where he served as Chair for 22 years. His focus included biomaterials, biomechanics of the musculoskeletal system, intra-articular meniscal suture techniques, joint replacement, and sports medicine. Dr. Allen was a co-founder of the University of Missouri Orthopedic Association in 1980 which supports resident research and education and humanitarian activities.

During his tenure, he was a founding member of the American Orthopaedic Society for Sports Medicine (AOSSM) and served as President of the AOSSM in 1984–1985. He hosted an international sports medicine symposium in 1985 at MU featuring the AOSSM European Traveling Sports Medicine Fellows. The AOSSM honored Dr. Allen as the Godfather of the AOSSM Pacific Rim Traveling Fellows in 1997 and as Mr. Sports Medicine in 2004. He was also one of the organizers of the Mid-America Orthopaedic Association and served as president of the MAOA from 1991–1992. He was affectionately called the "Czar of Education" by the MAOA board members because of his love of education and of teaching residents.

Dr. Allen has been honored with numerous awards and honorary memberships through the years, and he generously established an annual lectureship in 1996. Dr. Jimi Cook, MU's department's research director, has been graciously endowed by Dr. Allen since 2004 and is the William & Kathryn Allen Distinguished Professor in Orthopaedic Surgery.

Dr. Allen was devoted to his family and is survived by his wife, Kathryn, and their three children, Elizabeth (Ricardo Restrepo), Matthew (Sarah Vernon, MD), and Benjamin (Marguerite "Peggy" Fitch, PhD), and two grandchildren, Lucia and Wynne.

Dr. Allen will be greatly missed and will be remembered for his leadership, exemplary service, and dedication to patient care.

NAMES IN THE NEWS

Bach and Verma Assume New Roles at Midwest Orthopaedics

Congratulations to Past President Bernie Bach, MD, on his new role as Professor Emeritus at Midwest Orthopaedics at Rush University Medical Center. Bach has held the position of Division Director for 30 years and Fellowship Director for 28 years. During Dr. Bach's tenure, the Division grew exponentially from one individual in 1986 to nine orthopaedic sports attendings and six primary care sports medicine attendings currently. Dr. Bach will still continue to actively provide mentorship and leadership at Midwest Orthopaedics along with clinical practice. AOSSM member, Nikhil Verma, MD, will be the new Director of the Division of Sports Medicine and Director of the Sports Medicine Fellowship.

Nitz Inducted into Hall of Fame

Congratulations to Dr. Paul Nitz for being inducted into the Central State University Athletic Hall of Fame. Nitz has been serving Central State University near Dayton, Ohio, since 1992 as the athletic department's primary team physician. While being asked year after year to serve teams on the professional and NCAA division I level, Dr. Nitz has remained dedicated to catering to the needs of athletes at Central State University. In addition to his duties as the physician, Dr. Nitz has been instrumental in a number of athletic initiatives including the success of the Marauders' fall football camp and integral improvements to athletic facilities.



Getelman Recognized As Healthcare Champion

Southern California sports medicine physician and AOSSM member, Dr. Mark Getelman has been named "2016 Champions in Healthcare Specialist Physician" by the *Pacific Coast Business Times.* Dr. Getelman received this honor for his experience, expertise, and history in forging successful partnerships to make healthcare accessible and to improve patient outcomes in the Tri County region including Ventura, Santa Barbara, and San Louis Obispo Counties.

AOSSM Hosts Successful Fellows Course



Seventy-six orthopaedic sports medicine fellows, representing 37 fellowship programs, convened in July at the OLC in Rosemont, Illinois, for the inaugural *AOSSM Kickoff to Your Orthopaedic Sports Medicine Training Year course.* Led by co-chairs Stephen F. Brockmeier, MD, Jeffrey R. Dugas, MD, and Kurt P. Spindler, MD, the course served as a welcome to the sports medicine fellowship year with an intense overview of what the fellows will see in the ensuing year in the form of lectures and hands-on lab sessions.

One of the goals was to provide standardized information to all fellows and to educate them on team coverage specifics at the advanced level expected of a fellow or independent practitioner. More than 24 faculty covered key topics such as sideline emergencies, cervical and lumbar spine injuries, and imaging/arthroscopy of the shoulder and knee along with providing an educational platform to learn the principles of success for team coverage. The hands-on lab portion of the course covered meniscus tear, ACL repair, labrum and cuff. Sideline Guidelines, the free iOS app, was considered to be the syllabus for the course. It is an educational and evidence-based app with more than 250 figures and references that connect directly to PubMed.

A huge thank you not only to the course chairs but also to Steven B. Cohen, MD, AOSSM Education Committee Chair, and David R. Diduch, MD, AOSSM Fellowship Committee Chair, for their unwavering dedication to ensuring the success of this course. This group did an amazing job of developing the agenda and identifying faculty in a just a few short months.

This course would not have been possible without the generous support and commitment of our AOSSM corporate partners, including DePuy Synthes Mitek Sports Medicine, RTI Surgical, Stryker, and Vericel. Special thanks to Smith & Nephew, not only for their support of the course, but also for providing an additional lab experience for the fellows.

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For more information on next year's Fellows Course, contact Meredith Herzog at meredith@aossm.org.



L to R: Steven B. Cohen, MD; Jeffrey R. Dugas, MD; Stephen F. Brockmeier, MD; David R. Diduch, MD; Kurt P. Spindler, MD

Another Touchdown for the AOSSM/AAOS Orthopaedic Sports Medicine Review Course

Under the expert direction of co-chairs Thomas J. Gill IV, MD, and Christopher C. Kaeding, MD, AOSSM and AAOS completed another successful *Orthopaedic Sports Medicine Review course* in Chicago August 12–14, 2016. More than 170 participants spent two and a half days hearing presentations from 17 faculty covering the sports medicine content areas included on the subspecialty certification exam and the recertification exam.

This course is not only an excellent way to prepare for your exams but it also provides a tremendous overview of the field of orthopaedic sports medicine. In addition, most attendees receive a complimentary copy of the recent AOSSM self-assessment exam with their registration.

This course would not have been possible without the generous support and commitment of our AOSSM corporate partner, Arthrex, Inc. We sincerely thank them for their support.

For those interested in viewing the recordings from the course, they are available for purchase. Visit www.sportsmed.org or call the AOSSM office at 847/292-4900.



Don't forget to register at www.sportsmed.org for the Advanced Team Physician Course, December 8–11 at Coronado Island, California.



WHAT INSPIRES MEMBERS TO

SUPPORT AOSSM

each year?

Most AOSSM members experience enormous gratification from their practices each day. To be able to serve in a pivotal role to help patients return to the game and/or their everyday lives is incredibly rewarding.

It's important that we all keep in mind that the clinical and surgical solutions we employ daily, have emanated from rigorous research initiatives that yielded good science, the results of which have led to countless advancements in the profession.

Although research is time-intensive, and requires significant financial resources, it's integral to the continued growth and integrity of our profession, and essential for us to continue to meet the increasing needs and challenges of our expanding patient population.

Giving back through an AOSSM donation allows you to invest in upcoming research that will positively impact your practice and the lives of those you treat.

Be a part of our team. Step up to make an investment this year, knowing that 100% of your contribution will be used to fund priority AOSSM research projects. Make your donation using the envelope in this issue of *SMU* or by visiting www.sportsmed.org and clicking on the Support AOSSM link.



Patti Kolowich, MD, an active AOSSM member and longtime donor, shares her insights on investing in AOSSM research, and how these strategic investments make a profound impact in advancing the profession and enhancing patient care.

"Like you, I take great pride and satisfaction in the advances in treatment of our patients derived from AOSSM-funded research. Please make a tax-deductible contribution to AOSSM's 2016 Individual Giving Campaign to foster research designed to answer important clinical questions.

Your donation, along with that of your colleagues, allows the Society to support rigorous science to broaden the base of orthopaedic sports medicine knowledge.

The Research Mentoring Program, Young Investigator Grants, Sandy Kirkley Clinical Outcome Research Grants, and HA Predictor Study reflect just a few of the initiatives that have been funded through the years, thanks to support from members like you.

These projects, along with many others, contribute to the Society's continued success in developing and strengthening our professional growth to ensure we are well equipped to serve the increasing and diverse needs of our patients."

AOSSM gratefully acknowledges and thanks the following members for their 2015 donations–either directly or via OREF–in support of AOSSM Research!

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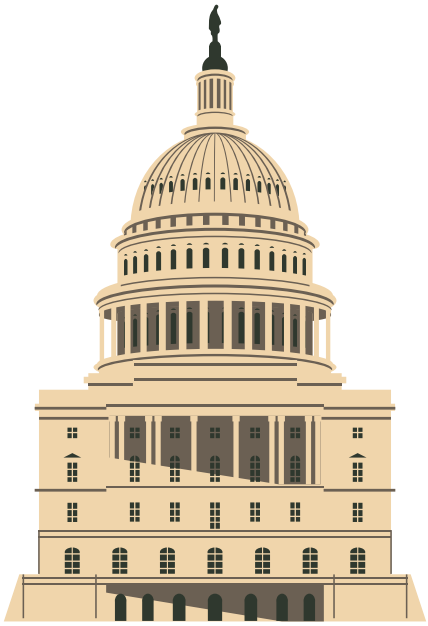
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The American Orthopaedic Society for Sports Medicine

Washington Update

By Julie Williams, AAOS Senior Manager of Government Relations



Sports Medicine Licensure Bill Passes House

On September 12, the House passed H.R. 921, the Sports Medicine Licensure Clarity Act introduced by Reps. Brett Guthrie (R-KY) and Cedric Richmond (D-LA). The bill will clarify medical liability rules to ensure team providers are properly covered by their insurance while traveling with athletic teams in another state. From high school to college to professional levels, it is important that the men and women who are trained to protect and care for athletes and who best know the players' medical histories are able to engage in the treatment of injured athletes.

Thanks to the efforts of many AOSSM members and the support of the AAOS, American Medical Society for Sports Medicine (AMSSM), the American Medical Association (AMA), the American Academy of Neurology (AAN), American College of Surgeons (ACS), the National Athletic Trainers' Association (NATA), as well as sports industry groups and professional sporting leagues the bill is moving on to the next step in the process with S. 689 being introduced by Senators John Thune (R-SD) and Amy Klobuchar (D-MN).

Please take a minute and help us cross the finish line on this bill by contacting your senator to encourage their support in passing this important legislation. Visit advocacy.aaos.org to find your Senator's name and contact information.

AAOS Sends Letter to CMS Requesting Finalizing the 90-Day Reporting Period for Meaningful Use

In a letter to Acting Administrator of CMS Andy Slavitt, AAOS along with 20 other organizations, requested the agency expedite a 90-day reporting period over a full-year for 2016 for the meaningful use program. Following months of pressure from health care providers, CMS announced the change in a July proposed rule. The proposed change recommended the EHR reporting period for any hospitals or eligible provider be any continuous 90-day period between January 1, 2016 and December 31, 2016. In order to ensure eligible professionals (EPs) and eligible hospitals (EHs) are able to take advantage of the flexibility associated with the shortened reporting period, it is imperative CMS finalize the rule and make the necessary changes to prepare for the first Medicare Access and CHIP Reauthorization (MACRA) program year.

MDUFA Reauthorization Update

Over the past year, the Federal Drug Administration (FDA) has hosted numerous meetings regarding the reauthorization of the Medical Device User Fee Act (MDUFA). Under the user fee system, medical device companies pay fees to FDA when they register their establishments and list their devices with the agency and when they submit applications or notifications to market a new medical device in the U.S. On August 22, 2016, the FDA and representatives from the medical device industry and laboratory community reached an agreement on proposed recommendations. Under the new draft agreement, the FDA would be authorized to collect $999.5 million in user fees starting in October 2017, a 68 percent increase from the last reauthorization in 2012.

1-Year Grace Period for ICD-10 Codes to End

October 1, 2016 marks the end of a 1-year grace period that the CMS established for new ICD-10 diagnostic codes and will no longer accept unspecified ICD-10 codes on Medicare fee-for-service (FFS) claims when a specific one is warranted by the medical record. Other major health insurers that also followed Medicare's lead on leniency in coding are expected to get tougher, as well. There is a worry that the end of the grace period could result in a wave of claims being rejected by Medicare and private insurers. Dr. Pfeifer, MD, who sits on the coding and reimbursement committee of the AAOS was recently quoted in Medscape Medical News saying, "The most important thing is what you do for your patient. The second most important thing is documenting what you do. The third most important thing is sending a bill out the door that gets you paid for your work."

Surgeon General Writes to Physicians on Opioid Abuse

U.S. Surgeon General Vivek Murthy launched the nationwide campaign

"Turn the Tide Rx" in an effort to end the opioid epidemic. Surgeon General Murthy has called on physicians to take a pledge to: 1) educate themselves to treat pain safely and effectively, 2) screen patients for opioid use disorder and provide or connect them with evidence-based treatment, and 3) shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing. The opioid epidemic has been the subject of much debate in Washington, D.C. and beyond. However, this recent action from Dr. Murthy is the first time in history a surgeon general has sent a letter directly to American physicians.

Open Payments Data Update

2015 Open Payments data is public, but you can still review and dispute records in the Open Payments system until December 31. Physicians should check their data every year—even if they don't believe there has been data reported on them. Drug or device companies can submit older data from previous years. Although the data is old, should it be the first time it has been published, they still have until the end of the year to review and dispute information if necessary. If there's anything inaccurate, it is encouraged to dispute it quickly. This will let the drug and device companies know there is disagreement with their records and gives them a chance to resolve the dispute.

If help is needed with the data review and dispute process, or if there are any questions about how Open Payments works, e-mail the CMS Open Payments Help Desk at openpayments@cms.hhs.gov. Find step-by-step guidelines, including the review and dispute guide, and more information at www.cms.gov/openpayments.



For complete grant guidelines and application instructions please visit www.sportsmed.org or e-mail Kevin Boyer, Research Director, at kevin@aossm.org.

AOSSM Research Grants Deadline Approaching

Three AOSSM grants fund up to $120,000 to support research in orthopaedic sports medicine:

The Steven P. Arnoczky Young Investigator Grant provides up to $50,000 aimed at providing "seed money," or start-up funds, for pilot projects. The grant is available to early career orthopaedic surgeons, fellows, or residents with interest in sports medicine research.

Application deadline: December 1, 2016

The Sandy Kirkley Clinical Outcomes Research Grant provides up to $20,000 for start-up, "seed," or supplemental funding for an outcome research project or pilot study.

Application deadline: December 1, 2016

The AOSSM/Sanofi Osteoarthritis Grant provides up to $50,000 for investigations related to early osteoarthritis (OA) and/or prevention of OA progression through a clinical research study or a lab/basic science project. Proposals do not need to relate specifically to sports injuries and applications with broad applicability to OA in the general population are encouraged.

Application deadline: January 1, 2017

Submit Your Manuscript for an AOSSM Research Award

The AOSSM Research Committee selects three manuscripts of original research in these categories:

The Excellence in Research Award is given to the best manuscript concerning any topic in sports medicine research with a primary author under the age of 40 at the time of the AOSSM Annual Meeting.

The Cabaud Memorial Award is given to the best manuscript submitted concerning hard or soft tissue biology, in-vitro research, laboratory or "bench-type" research, or in-vivo animal research.

The O'Donoghue Award is given to the best manuscript submitted concerning clinical based research or human in-vivo research.

All manuscripts submitted by October 10, 2016 are considered for the 2017 Research Awards. Winners receive a $2,000 honorarium and an invitation to present their research at the 2017 Annual Meeting in Toronto.

For complete Research Awards policies and submission instructions, visit our website at www.sportsmed.org or e-mail Kevin Boyer, AOSSM Research Director, at kevin@aossm.org.

UPCOMING MEETINGS & COURSES

For information and to register, visit www.sportsmed.org.



2016 Advanced Team Physician Course (ATPC)
(REGISTRATION OPEN)
December 8–11, 2016
Coronado, California

The Athlete's Hip: New Trends, Evaluation and Surgical Management
(REGISTRATION OPEN)
February 10–12, 2017
Rosemont, Illinois

18th Annual AAOS/AOSSM Sports Medicine Course
(REGISTRATION OPEN)
February 8–12, 2017
Steamboat Springs, Colorado

Specialty Day
March 18, 2017
San Diego, California

2017 AOSSM Annual Meeting
July 20–23, 2017
Toronto, Canada

The Cutting Edge 2017: Arthroscopic and Open Shoulder Techniques in the Athlete's Shoulder
October 13–14, 2017
Rosemont, Illinois

You can **imitate** all you want,
but you'll **never be me**.



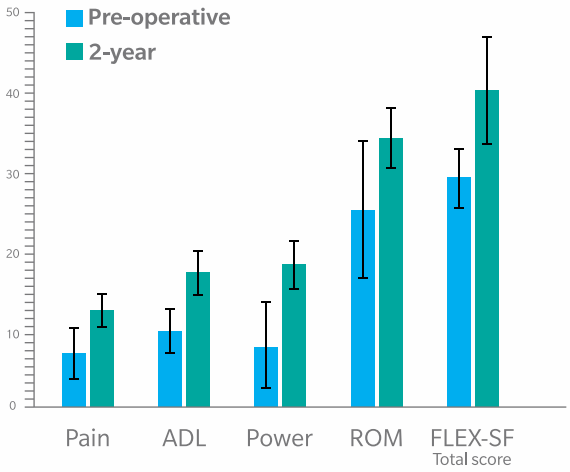
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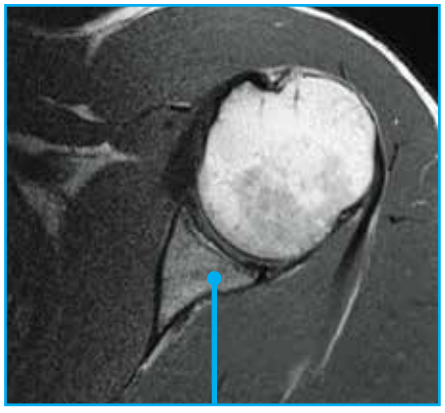
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Constant Score and FLEX-SF Outcomes[1]



FLEX-SF = Flexilevel scale of shouder function; SD = Standard deviation; ROM = Range of motion; ADL = Activities of daily living



Ossified anchor tract at two years.

1. Agrawal, V, MD; Pietrzak, WS, Ph.D. Triple labrum tears repaired with JuggerKnot™ soft anchor: Technique and results. *Int J of Shoulder Surg* 2015;9:81-9.

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SPORTS MEDICINE UPDATE
AOSSM
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SURGICAL SKILLS COURSE

The Athlete's Hip: New Trends, Evaluation and Surgical Management

February 10–12, 2017

Orthopaedic Learning Center
Rosemont, IL

Course Chairs, **Brian Busconi MD and Marc Safran MD** have developed a course to provide you with the latest trends and research in hip surgical management and practice.

With nine hours of intensive, surgical skills lab instruction along with informative didactic presentations, you will gain a greater comprehension of normal and pathological states of the athlete's hip.



Registration deadline is January 20, 2017

For a complete agenda or to register, visit **www.sportsmed.org.**

AOSSM
Surgical Skills Courses

Orthopaedic Learning Center, Rosemont, IL

The American Orthopaedic Society for Sports Medicine

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