

Sports Medicine

UPDATE

MAY/JUNE 2011



**STOP
Sports
Injuries
First Year**

**Annual
Meeting
Registration**

**Arnoczky
Donates
Images**

**ATV &
MOTOCROSS
SPORTS**



AOSSM

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MAY/JUNE 2011



2 Team Physician's Corner

ATV and Motocross Sports

- | | |
|--|--|
| <ul style="list-style-type: none"> 1 From the President 7 Research Roundup 8 STOP Sports Injuries Marks One Year 11 Annual Meeting Around the Corner 12 Names in the News 12 Dr. Brady Passes Away | <ul style="list-style-type: none"> 13 Society News 13 Membership News 14 Dr. Arnoczky Donates Images to Online Library 15 Coding Changes 16 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 Web site at www.sportsmed.org.

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Robert A. Stanton, MD

WHAT IS REQUIRED FOR AOSSM to continue as a world leader in orthopaedic sports medicine education, research, communication, and fellowship? That was the question before the AOSSM Board of Directors, our Medical Publishing Group Board of Trustees, and the AOSSM staff when we convened this spring to identify our strategic priorities for the next few years. I look forward to sharing those priorities with you when they are formally adopted by the Board at our Annual Meeting.

In the interim, I'd like to outline the values the AOSSM leadership identified as central to our growth as an organization and as a profession:

- **High Quality Patient Care** — This is the ultimate goal of our professional activities, and it must be the metric we use to measure our objectives and success.
- **Teamwork** — Promoting collegiality through professional and social interaction.
- **Integrity** — Advocating and emulating the highest ethical standards in all we do.
- **Transparency** — Encouraging an open, two-way dialogue in all our business transactions and educational offerings.
- **Scientific Excellence** — Being the number one source of sports medicine research and education.
- **Innovation** — Allows our profession and Society to push beyond the status quo in all of our endeavors.

These qualities are a part of AOSSM's culture, and they will be instrumental as we seek new opportunities and challenges for professional growth. For AOSSM leaders, stewardship is important for preserving both our resources and our Society's culture, which fundamentally are the key ingredients for strategic growth.

A vivid example of the importance of these values occurred in April with the conclusion of the third orthopaedic sports medicine and arthroscopy match. In many ways, fellowship selection had been the antithesis of the above qualities until the Match was revived in 2009. This year 97 percent of the programs and 97 percent of the fellowship positions were included in the Match. Of those, 89 percent of all positions and 80 percent of all programs fully matched. Seventy-three percent of applicants received their first or second choice for training programs. An audit of the match data for individual programs and for individual applicants provided indisputable evidence of the high level of compliance among

applicants and programs. While there always is some disappointment in the Match results, the process has provided the most effective, fair and constructive process for fellowship selection.

These qualities also will be in full measure at our upcoming Annual Meeting in San Diego. The Program Committee, led by Program Chair Marlene DeMaio, MD, has assembled a strong scientific program, which includes an abundance of papers, symposia, live surgical demonstrations, and instructional courses to enrich your educational experience. My long-time friend, Frank Deford also will be joining us as my presidential guest speaker. Frank is a writer for *Sports Illustrated* and a weekly commentator for *Morning Edition* on NPR. He is a prolific author and one of the most entertaining people I know. In keeping with our tradition of a family friendly environment, the meeting and San Diego will provide a delightful array of entertainment and activities for everyone. I am particularly proud to announce that the Family Olympics will return on Thursday afternoon. Saturday night during our annual party, families will have a chance to socialize and have some fun at the New Children's Museum. You will not want to miss this meeting!

Finally, in closing I realize this is my last column as AOSSM president. I want to express my appreciation for the privilege of serving as AOSSM's president this year. The Society has accomplished much because of the strong leadership that preceded me. Being a steward of this fine organization has been the highest honor of my professional career. I hope that the strategic direction established this year will provide a framework for continuity and growth under the fine leadership of Peter Indelicato, MD, as he assumes the presidency in July.

Thank you.





ATV AND MOTOCROSS SPORTS

AMY MCINTOSH, MD

Mayo Clinic
Rochester, Minnesota

KEVIN SHEA, MD

St. Luke's Intermountain Orthopedics
Boise, Idaho

All terrain vehicles (ATVs) and motocross motorcycle use continues to increase across the country. These high-velocity machines can weigh between 200 and 600 pounds. Even the smaller machines can exceed 40 miles per hour, and the larger machines can exceed 70 miles per hour. The last 20 years have shown significant increases in injury in young patients.

Continued on page 3

The early ATV designs were three-wheeled, but because of the tendency to turn over easily, these were taken off the market in the mid-1980s. Many of these vehicles still exist, and are used off-road. These were replaced by more stable designs, based upon four wheels, rather than three. The devices are commonly referred to as “quads.” Initially, these vehicles were developed for utility uses, such as farming, industry, etc. As their popularity grew, they were used increasingly for off-road travel, hunting, and racing, and generally operated at higher speeds. The initial designs were based upon small engines, less than 90 cc displacement. Today’s machines increasingly use larger engines, in some cases exceeding 700 cc.

Riding Characteristics: Motorcycle vs. ATV

The riding characteristics of motorcycles and ATVs are very different.¹ The motorcycle rides like a bike, and is less stable at lower speed, but stability may increase as the speed increases. In contrast, the ATV is more stable at slow speed, but is less stable if turned quickly at higher speed. Inexperienced riders may turn too quickly at higher speeds, which may result in a rollover accident.

Many riders are not aware of the significant difference in vehicle handling characteristics. During turns at higher speed, the motorcycle rider can lean into the turn, which allows for controlled turning at higher speed. In effect, the rider leans into the turn and lowers the center of gravity of the vehicle and brings the rider’s body weight to the inside of the arc of the turn. During a turn on an ATV, the rider cannot easily lean into the turn. Thus, the center of gravity of the vehicle remains relatively high and the rider cannot easily bring the mass of the body towards the inside of the turn. The risk of rollover during a turn on an ATV is much higher, especially at higher speeds. Turning at slow speed has a much lower risk of rollover.



The ATV is more stable at slow speed, but is less stable if turned quickly at higher speed. Inexperienced riders may turn too quickly at higher speeds, which may result in a rollover accident.

Another difference in riding characteristics between motorcycles and ATVs is the position of the vehicle and the rider during a crash. When the rider falls from a bicycle or motorcycle, the cycle and the rider usually go in opposite directions, and thus, the vehicle does not typically roll over on top of the fallen rider. In contrast, when the rider falls from an ATV, the ATV and the rider frequently go in same directions, and thus, the vehicle may roll over on top of the fallen rider. ATVs can weigh two or more times the weight of a motorcycle (300–600+ pounds). This heavier vehicle, if it rolls over the rider, can cause severe injury. A majority of ATV injuries happen from tipping or overturning or when the vehicle is operated with multiple riders.

Recent studies from emergency rooms demonstrated that ATV and motocross injuries may be increasing in the U.S. and other countries.²⁻⁷ In 2008, nearly 28 percent of all ATV-related injuries were to children younger than 16. There were an estimated 135,000 injuries for riders of

all ages for ATV use. Annually, 500–900 estimated deaths occur during operation of these vehicles,⁹ and 20–30 percent are patients under the age of 16. Other research has noted that multi-rider ATVs have a high risk of rollover injury.

Risk Factors

Risk factors for serious injury have been evaluated by several centers and in different countries. These risks factors include: male sex, alcohol use,⁸ and lack of helmet use.^{7,9} Orthopaedic injuries appear to be most common in young riders after accidents, followed in frequency by head injuries, and abdominal injuries.¹⁰ Orthopaedic injuries tend to be significant, with a high risk of amputations, open fractures, and pelvic and femur fractures.

The incidence of spine injury also appears to be increasing in these younger riders.¹¹ Several studies have analyzed the economic impact of these injuries as many of these injuries are severe and may involve permanent spinal cord injury and/or paralysis.¹²⁻¹⁴

Continued on page 4



Motocross riding is very popular in many regions of the country. Most motocross clubs emphasize safe riding practices and the use of appropriate safety equipment. Despite extensive training, experience, and the use of the best rider safety gear, recent research in motocross riding and racing shows a relatively high risk of serious injury.^{15,16}

In a retrospective youth motocross study conducted at the Mayo Clinic between 2000 and 2007, 249 unique patients aged 18 years and younger underwent 299 treatment episodes for injuries associated with motocross/motorbikes. Of the 299 injury episodes, 284 (95 percent) were orthopaedic injuries. The most common fractures were to the forearm, tibia, femur, and clavicle. Surgery was required in 91 of the 299 (30 percent) injury episodes (81 were orthopaedic or 89 percent; 4 general; 1 urology; and 4 facial reconstruction).¹⁵

Twenty-two percent of the youth riders (55 out of 249) in the study sustained traumatic brain injuries/concussions associated with a loss of consciousness despite the use of helmets.¹⁵ Due to the alarmingly high rate of concussions, a prospective study was performed at Springcreek race track in Millville, Minnesota, during the outdoor motocross racing season (April–October 2010). The study surveyed 127 motocross riders aged 12–18 years on injuries and concussion symptoms and followed them through the racing season for injuries that required emergency room evaluation. Fifty percent of riders surveyed experienced concussion symptoms. Thirty percent continued racing the same day with these symptoms and only 40 percent obtained a health care exam for symptoms. Multiple episodes of concussion symptoms were reported by 40 percent of riders. When riders were suspended from riding participation due to persistent concussion symptoms the mean length of time was 2.7 weeks (range 0–36 weeks).

Continued on page 5



Despite extensive training, experience, and the use of the best rider safety gear, recent research in motocross riding and racing shows a relatively high risk of serious injury.

Safety Rules

The Motocross Safety Council, www.mxsafty.org, has developed comprehensive safety programs for riders, families, and race officials to reduce the risk of injuries associated with motocross riding and racing.

The ATV Safety Institute, www.atvsafety.org, an industry sponsored organization formed in 1988, has a primary goal of promoting the safe and responsible use of ATVs. Several other organizations have also developed safety rules. A combined list includes the following injury prevention strategies:

- Always wear a Department of Transportation-compliant helmet, goggles, long sleeves, long pants, over-the-ankle boots, and gloves.
- Never ride on paved roads except to cross when done safely and permitted by law — another vehicle could hit you. ATVs are designed to be operated off-highway.
- Never ride under the influence of alcohol or drugs.
- Supervise riders younger than 16; ATVs are not toys.
- Ride only on designated trails and at a safe speed.
- Take a hands-on ATV RiderCourseSM; and the free online e-course. Visit www.atvsafety.org or call 800/887-2887.
- Mandatory safety training should be provided at the time of vehicle purchase to all riders. This education should be tailored to youth riders and their parents and guardians, to make them aware of the risks and responsibilities of riding.
- Young riders should not use adult size ATVs and should only operate vehicles matched to their weight and developmental abilities.
- Young riders should always be supervised.
- Only operate these vehicles in the daylight.
- Encourage community motorcycle and ATV clubs to develop educational programs that place a strong emphasis on education about rider safety. These programs should stress the severity of risks to younger and less experienced riders.
- Multi-rider ATV vehicles may be especially dangerous, due to the tendency to roll over and cause serious injury to the riders.
- Educate parents and their children about the risks of trick riding. The professional riders who attempt these stunts have years of specialized training. The risk of serious injury, paralysis, and death can be very high with special jumps and stunt riding.
- Any rider experiencing concussion symptoms should be evaluated by a medical provider and complete a comprehensive, sport-specific concussion management program based on best-practice guidelines prior to return to riding and racing. The American Academy of Pediatrics has recommended that children under the age of 16 should not ride or operate ATVs and motorbikes. While this recommendation may result in a reduction in injuries, many communities will not accept such age restrictions on riders. Therefore, the authors feel that a primary emphasis upon education to riders about these safety issues is very important. Off-road ATV and motocross use are common family activities in many regions of the country, but this sport does have a high risk of serious injury. These vehicles should only be used with appropriate training, experience, and supervision of younger riders.

Continued on page 6



Resources

Data on Injuries

1. Consumer Product Safety Commission, www.cpsc.gov/library/foia/foia11/os/atv2009.pdf
2. American Academy of Pediatrics, www.aap.org/advocacy/releases/ATVdeath12610.pdf
3. American Academy of Orthopedic Surgeons, www.aaos.org/about/papers/position/1101.asp

Youth Safety Programs

1. 4-H ATV Safety, www.atv-youth.org
2. ATV Safety Institute, www.atvsafety.org/asi.cfm
3. Motocross Safety Institute, www.mxsafty.org
4. U.S. Government Site on ATV Safety, www.atvsafety.gov

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RESEARCH ROUNDUP

AOSSM/GENZYME OSTEOARTHRITIS GRANT WINNER NAMED



Lee D. Kaplan, MD, of the University of Miami, has won the inaugural AOSSM/Genzyme Osteoarthritis Basic Science Research Grant for his project: "Articular Cartilage Epigenetics Following Impact Injury." Epigenetics refers to the change in phenotypic gene expression

that is caused by mechanisms unrelated to the underlying DNA sequence, such as the biomechanical stimuli that occur during injury. A two-part in-vitro human model will be used to investigate articular cartilage response immediately following an impact injury under cyclic mechanical loading conditions and correlate to the genetic and epigenetic markers of the tissue region. It is hypothesized that there are differences in genetic markers in each region of knee articular cartilage and that those differences affect the regions' responses to injury. Through analysis and comparison between experimental and control groups, specific interventional targets will be defined facilitating the development of specialized regional knee treatments.

Dr. Kaplan is an associate professor in the Departments of Orthopaedics and Biomedical Engineering at the University of Miami where he serves as a team physician. He is also the medical director for the Florida Marlins baseball team. His research interests focus on sports-related cartilage injuries.

The AOSSM/Genzyme Osteoarthritis Grants fund investigations related to early osteoarthritis and/or prevention of OA progression. Two separate grants are offered. One provides \$50,000 per year renewable, subject to annual progress review, for three years (\$150,000 total) to support a clinical research study. The second is a one-year award of \$50,000 to support a lab/basic science project. The deadline for applications is August 1, 2011. Please visit www.sportsmed.org, and click the "Research" tab for more information about these and other AOSSM grants.



Multitude of AOSSM Grant Resources Available

AOSSM now offers five different grants programs:

AOSSM/Genzyme Osteoarthritis (OA)

Research Grants: \$50,000 basic science grant and \$150,000 clinical research grant for studies that relate to early osteoarthritis or prevention of progression of OA.

Deadline for applications is August 1, 2011.

AOSSM/Smith & Nephew Innovative

Outcomes Assessment Grant: \$25,000 grant to support novel approaches to measuring the effects of surgical procedures in orthopaedic sports medicine.

Deadline for applications is April 18, 2012.

AOSSM/MTF Career Development Award:

\$50,000 per year in salary support from investigators who have obtained a career development (K) award from NIH.

Deadline for submission is July 1.

AOSSM/ConMed Linvatec Young Investigator

Grants: \$40,000 grants for studies conducted by individuals in the early stages of their careers.

Deadline for submissions is August 15.


AOSSM/BioMimetic Therapeutics Sandy

Kirkley Clinical Outcome Research Grant: \$20,000 to support pilot or small-scale clinical outcome research projects.

Deadline for submissions is August 15.

Visit www.sportsmed.org and click on the "Research" tab for more information about each grant and for instructions on how to apply. Information on additional grant-related resources is also available or you can contact Bart Mann, Director of Research, at bart@aossm.org.

STOP Sports Injuries Campaign



As the STOP Sports Injuries campaign marks its one year anniversary, we are proud of our successes and look forward to all of the opportunities in the future. A few highlights of the past year:

- More than 130 organizations have partnered with the STOP Sports Injuries campaign (see list to the right).
- More than 1,000 individuals have pledged to advocate for sports safety.
- Campaign public service announcements have reached more than 138 million viewers to date—equivalent to almost \$3 million of airtime.
- 31 different tip sheets on sports specific injuries, concussion, heat illness, overuse, and how to talk to athletes about injury have been created.
- We have nearly 2,000 fans on Facebook and more than 1,000 on Twitter.

If you are not a collaborating supporter and would like more information on how to become involved, e-mail Mike Konstant, STOP Sports Injuries Campaign Director, at michael@stopsportsinjuries.org, or visit www.STOPSportsInjuries.org and click on “Join Our Team.”

Sports Organizations

American Association of Cheerleading Coaches and Administrators
Memphis, TN

Association of Independent Camps
Munford, AL

Coach Deck
San Diego, CA

Dixie Softball, Inc.
Birmingham, AL

Metro Phase I
North York, Ontario, Canada

National Collegiate Acrobatics & Tumbling Association
Vancouver, WA

ProPitch LLC
Grain Valley, MO

US Lacrosse
Baltimore, MD

USA Football
Vienna, VA

Youth Football Coaches Association
Stratford, CT

Sports Medicine Practices

Access Sports Medicine
Exeter, NH

Active Care
San Francisco, CA

Advanced Therapy Solutions
Spartanburg, SC

Azzatori Chiropractic
Doylestown, PA

AthELITE ORTHOpedics and Sports Medicine
Bloomington, IN

Athletic Orthopedics and Knee Center
Houston, TX

Athletic Republic
Frontenac, MO

Athleticare
Las Vegas, NV

AthletiCo Physical & Occupational Therapy
Oak Brook, IL

B.A.S.E. Sports Conditioning
Plainview, NY

Baptist Sports Medicine
Nashville, TN

Black Diamond Physical Therapy
Portland, OR

Borgess Bone & Joint Institute
Kalamazoo, MI

Breland Physical Therapy & Sports Rehab Clinic
Burkburnett, TX

Bucks Physical Therapy Sports Rehabilitation & Aquatics
Richboro, PA

Capital Sports Injury Center
Silver Spring, MD

Carondelet Orthopaedic Surgeons
Overland Park, KS

Center for Advanced Orthopaedics and Sports Medicine, PC
Torrington, CT

Center for Sports Medicine & Orthopaedics
Chattanooga, TN

Columbia University Center for Shoulder, Elbow & Sports Medicine
New York, NY

Craig Ranch Orthopaedics
Frisco, TX

David Geier, MD
Charleston, SC

Desert Orthopaedic Center
Las Vegas, NV

DeYale Sports Centre
Accra, Ghana

DiCesaro Spine and Sport
Oakdale, PA

East Texas Orthopaedic Clinic
Longview, TX

Excelsior Orthopaedics
Amherst, NY

FITS Toronto
Toronto, Ontario, Canada

Florida Orthopaedic Specialists
Port St. Lucie, FL

Forever Fit Physical Therapy & Wellness LLC
Burtionsville, MD

Gaston Rehab Associates
Gastonia, NC

Georgia Sports Medicine & Orthopaedic Surgery
Duluth, GA

Genesis Orthopedics & Sports Medicine
Charles, IL

Greater Hartford Orthopaedic Group
Hartford, CT

Harborview Sports Medicine and Physical Therapy
Baltimore, MD

Continued on page 9

Marks One Year

Heartland Orthopedic Specialists

Alexandria, MN

Henry Performance Lab

Lafayette, LA

High Performance Sports Medicine

Beverly, MA

Hopedale Sports Medicine Foundation

Hopedale, IL

Impact Physical Therapy

Lynwood, WA

Leonardo Physical Therapy

Wilmington, MA

Momentum Physical Therapy

Milford, MA

Morgan Kalman Clinic

Wilmington, DE

Nebraska Orthopaedic & Sports Medicine

Lincoln, NE

Northeast Orthopaedics

Albany, NY

Northtown Orthopaedics

Amherst, NY

OAA Orthopaedic Specialists Sports Medicine Institute

Allentown, PA

Oregon Health and Science University Sports Medicine and Rehabilitation

Portland, OR

Orthopaedic Associates of New Orleans

New Orleans, LA

Orthopaedic Specialty Group

Fairfield, CT

Orthopaedics of Southern Indiana

Bloomington, IN

Oxford Orthopaedics and Sports Medicine

Oxford, MS

Panorama Orthopaedics

Golden, CO

Petty Orthopaedics and Sports Medicine

Nashville, TN

Premier Physical Therapy

North Charleston, SC

Preferred Sports Provider Network

Phoenix, AZ

Rebound

Vancouver, WA

Reconstructive Orth. Center-Houston

Houston, TX

Richmond Bone & Joint Clinic

Sugar Land, TX

Riverside Gloucester Center for Orthopaedic Surgery

Gloucester, VA

Rock Valley Physical Therapy

Peoria, IL

Roseville Orthopaedic Surgery and Sports Medicine

Roseville, CA

San Antonio Orthopaedic Group

San Antonio, TX

Santa Monica Orthopaedic & Sports Medicine Research Foundation

Santa Monica, CA

Shtickit.com

Eldersburg, MD

The Shoulder Center of Kentucky (Lexington Clinic)

Lexington, KY

Shoulder Works c/o Orthopaedic International

Kirkland, WA

Sports Medicine Association of San Antonio

San Antonio, TX

Stony Brook Orthopaedics

Stony Brook, NY

Tahoe Center for Orthopedics

South Lake Tahoe, CA

Texas Physical Therapy Specialists

Spring Branch, TX

The Training Room

Cherry Hill, NJ

Tuckahoe Orthopaedics

Richmond, VA

University Orth Center PA

Hackensack, NJ

USC Sports Medicine

Columbia, SC

Valley Orthopedics

Phoenix, AZ

Virtua Center for Sports Medicine

Voorhees, NJ

Washington University Orthopedics

St. Louis, MO

Western Orthopaedics & Sports Medicine

Grand Junction, CO

Western PA Orthopaedics

Johnstown, PA

Weston Orthopaedic & Sports Medicine Clinic

Weston, WV

Young Orthopaedics and Sports Medicine

Jacksonville, FL

Medical Institutions

American Sports Medicine Institute

Birmingham, AL

Andrews Sports Medicine and Orthopaedic Center

Birmingham, AL

Andrews Institute/Andrews Paulos Research & Education Institute

Gulf Breeze, FL

Baptist Sports Medicine

Nashville, TN

Children's Hospital of Wisconsin

Milwaukee, WI

Center for Sports Medicine at Children's Mercy Hospital

Overland Park, KS

The Cleveland Clinic Foundation

Cleveland, OH

Columbia Memorial Bone & Joint Center

Hudson, NY

CORE Physicians of Exeter Hospital

Exeter, NH

Connecticut Children's Medical Center

Farmington, CT

Exeter Hospital

Exeter, NH

Good Shepherd Medical Center

Longview, TX

Harkness Center for Dance Injuries, NYU Hospital for Joint Diseases

New York, NY

Henry Ford Health System

Detroit, MI

Hospital for Special Surgery

New York, NY

Kaiser Permanente

Walnut Creek, CA

MUSC Sports Medicine

Charleston, SC

Nathan Littauer Hospital and Nursing Home

Gloversville, NY

Nebraska Orthopaedic Hospital

Omaha, NE

Ohio State University Medical Center

Columbus, OH

Penn State Hershey Medical Center

Hershey, PA

St. Vincent Hospital

Birmingham, AL

UK HealthCare Orthopaedic Surgery & Sports Medicine

Lexington, KY

University of Michigan Bone and Joint Injury Prevention and Rehabilitation Center

Ann Arbor, MI

Child Safety Organizations

National Cheer Safety Foundation

North Hollywood, CA

National Alliance for Youth Sports

Palm Beach, FL

Neurospine Institute Foundation, Inc.

Orlando, FL

Newcastle Youth Sports Association

Newcastle, OK

Safe Kids USA

Washington DC

The Training Room

East, Cherry Hill, NJ

Health Organizations

Academy for Sports Dentistry

Farmersville, Illinois

American Academy of Orthopaedic Surgeons

Rosemont, IL

American Academy of Pediatrics

Elk Grove Village, IL

American Medical Society for Sports Medicine

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California Athletic Trainers' Association

Chino Hills, CA

National Athletic Trainers Association

Dallas, TX

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Rutgers University, Youth Sports Research Council

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National Athletic Trainers Association

Dallas, TX

National Strength and Conditioning Association

Colorado Springs, CO

Pediatric Orthopaedic Society of North America

Rosemont, IL

Safe Kids USA

Washington DC

Sports Physical Therapy Section

Indianapolis, IN

Continued on page 10

Spreading the Injury Prevention Message

STOP Sports Injuries Continued –

NCAA Youth Clinics

The campaign recently partnered with the National Collegiate Athletic Association (NCAA) on their 2011 Youth Clinics. The NCAA Youth Clinics are a community outreach program that connects children, ages 8–16, and ties into the weekend activities of NCAA Championships in the Men's Division I Basketball, Women's Division I Basketball, Women's Division I Softball World Series, and Men's Division I Baseball World Series. These events used STOP Sports Injuries campaign materials to educate young athletes, parents, and coaches on the causes of injury and prevention strategies. During the men's and women's basketball championships in Indianapolis and Houston the clinics hosted nearly 1,000 youth athletes and their parents. Members of the STOP Sports Injuries steering committee and local AOSM members helped staff the panels for parents to learn more about injury prevention.

Sports Injury Prevention in Farmington, Connecticut

STOP Sports Injuries supporter Elite Sports Medicine in Farmington, Connecticut, and corporate sponsor DePuy-Mitek hosted the *Sports Injury Prevention Conference* in early March.

The event drew more than 100 coaches, parents, and athletic directors preparing for the spring sports season. Topics ranged from proper nutrition to concussion recognition and management, as well as strategies for implementing prevention through programs like the STOP Sports Injuries campaign.

Staying in the Game in Vail, Colorado

Society member Dr. Peter Millett from the Steadman Clinic, along with the Vail Valley Medical Center, hosted the event "Staying in the Game for Life" in early April. Dr. Millett shared the importance of preventing overuse and traumatic injuries in young athletes with coaches and parents. More than 120 people were in attendance.

Penn State Ortho Hits It Out of the Park

AOSM member, Dr. Dov Bader of Penn State Orthopaedics and Sports Medicine helped organize an injury prevention event for coaches of the State College, Pennsylvania, major and minor baseball and softball teams. The event made use of STOP Sports Injuries campaign materials to help coaches reduce injury numbers in their young baseball and softball athletes.

Smith & Nephew moves to Champion Level Sponsorship

Corporate sponsor, Smith & Nephew, recently agreed to increase their participation in the campaign and now are a Champion level sponsor. Their support will further allow the campaign to grow and thrive in local communities across the country.



Safe Kids USA Events Nationwide

Safe Kids USA, a founding supporter of the STOP Sports Injuries campaign, continues to hold youth sports safety clinics at different chapters across the country. These events, including nearly 90 clinics this spring, use STOP Sports Injuries campaign materials to educate young athletes, parents, and coaches on the causes of injury and prevention strategies to help kids stay in the game.

As the STOP Sports Injuries campaign continues to grow, more and more youth sports safety events are popping up across the country. If you are hosting an event, e-mail the highlights and any photos to Joe Siebels at joe@aossm.org for the next issue of SMU!

>>Visit the STOP Sports Injuries event calendar to see if a youth sports safety clinic is being held in your area!



Annual Meeting Just Around the Corner

In the third of a series of articles on this year's Annual Meeting, we answer your most frequently asked questions.

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

All members of AOSSM do not pay a registration fee to attend the Annual Meeting unless they stay at a non-designated hotel or register past the advanced registration deadline of June 6. Faculty registration is also waived.

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 (\$300), military (\$300), and allied health (\$300). Non-member physicians pay \$700.

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

Prior to June 6 you can contact the AOSSM office at 847/292-4900 and we will make the changes for you. After that date, please visit the onsite registration desk beginning Wednesday, July 6, at 2 p.m. Instructional courses are subject to availability.

I registered online but did not receive a confirmation e-mail. What do I need to do?

It is possible the confirmation e-mail 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 e-mail through the registration page. Questions or problems? Contact the Society office at 847/292-4900.

Where and when are the live surgical demonstrations?

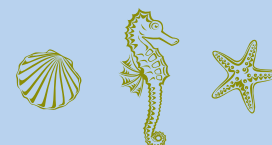
These demonstrations will be Thursday, July 7, from 1:00–5:30 p.m., in the Douglas Pavilion D, Manchester Grand Hyatt. This workshop promises to provide an exceptional educational experience with some of the top sports medicine professionals in the world. Demonstrations will be focused on the upper extremity. Be sure to register for this event ahead of time as space is limited. For more details visit www.sportsmed.org and click on the "Education" tab to download the Preliminary Program.

How do I secure my hotel room?

A block of hotel rooms has been reserved at the Manchester Grand Hyatt. Visit www.sportsmed.org or call the hotel at 888/421-1442. Rates are \$229 and guaranteed until June 4 or based on availability.

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

No refunds will be issued for instructional courses or social functions. Meeting registration refund requests must be sent to the Society office prior to June 6. After that date, no refunds are issued.



Attendee lodging and registration for the 2011 AOSSM Annual Meeting is now open. Register at www.sportsmed.org. Advance registration ends June 6.

Check Out the 2011 AOSSM Annual Meeting App

Be sure to download the AOSSM 2011 Annual Meeting App for the iPhone, Droid, and Google platforms that will be available in mid-June. It will include meeting information, restaurant and hotel guides, social events, and much more.

NAMES IN THE NEWS



BERGFELD RECEIVES LIFETIME ACHIEVEMENT AWARD

The Greater Cleveland Sports Commission honored past AOSSM President, John Bergfeld, MD, with the 2010 Lifetime Achievement Award. The award is given to the person who through his persona and career dedication and achievements has advanced sports in Cleveland. Congratulations!

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.



AOSSM Member, Thomas A. Brady, MD, Passes Away

Dr. Thomas A Brady, a longtime AOSSM member and Brady Award namesake, passed away April 7, 2011, at the age of 95.

Dr. Brady was the father of sports medicine in central Indiana. He spent his evenings and weekends attending sporting events and treating athletes on the sidelines. He always held a special place for high school athletes, knowing that proper treatment of their injuries could mean the possibility of attending college on an athletic scholarship. For this reason, he made himself available to see any injured athlete on a moment's notice. Despite a busy, private orthopaedic practice, Dr. Brady would attend two or three football games every Friday night, traveling around the city to make sure all athletes had good care.

In the early 1980s, he set up a walk-in clinic in the basement of Methodist Hospital. This clinic endured until it became the Methodist Sports Medicine Center with his unofficial retirement from active practice.

Upon his retirement, Dr. Brady was an orthopaedic consultant to 16 public, five Catholic, and one private high school in Indianapolis, as well as an orthopaedic consultant for the teams at DePauw University and Indiana Central College (now the University of Indianapolis). As a result of his dedication to injured athletes and availability to them, he became widely interested in research and developed many innovative techniques for safely returning injured athletes back to sports sooner than previously thought possible.

Dr. Brady dedicated his years following retirement to his dear wife, Jane, who preceded him in death. He is survived by his son, Tom, daughter, Jane, and their families.



AOSSM 2010-2011 Board Members at Spring Meeting in Savannah, Georgia

Top Row from Left to Right: Mark Steiner, Ned Amendola, Robert Arciero, Andrew J. Cosgarea, Patti Kolowich, Jo Hannafin, Connie Chu, Bruce Reider, Min Kocher, David McAllister. Front Row from Left to Right: James Andrews, Christopher Harner, Robert Stanton, Peter Indelicato, Freddie Fu



Review Annual Meeting and Specialty Day Presentations Now

Did you know you can access presentations from the AOSSM Annual Meeting, Specialty Day, and sport specific meetings by purchasing a yearly meeting subscription with your dues renewal or you can pay for each meeting individually? For more information visit www.sportsmed.org and click on the "Educational" tab.



2010 Athletic Health Handbook Updates Available

The 2010 Team Physician Corner articles from SMU are now available for insertion into your *Athletic Health Handbook*. Log in to your "My AOSSM" page at www.sportsmed.org and click on the "Resources" tab to download. If you haven't ordered your copy of the *Athletic Health Handbook* we still have copies available for just \$10. Order this valuable resource today!



Personalize In Motion

AOSSM now offers members the ability to add their practice name and logo to the electronic version of *In Motion* for just \$300 for all four issues, which includes the high-resolution and low-resolution PDFs to print the newsletter yourself, e-mail to patients, or post on your Web site. Personalizing *In Motion* gives your patients the necessary sports medicine resources at a low price. Get this exciting newsletter into your patients' hands today by e-mailing Lisa Weisenberger at lisa@aossm.org for more information.

MEMBERSHIP NEWS

Don't Forget to Meet Your Attendance Requirements!

Just a reminder that Active and Candidate members must attend one meeting every four years in order to fulfill AOSSM's membership requirements. Meetings that count include: Annual Meeting, Surgical Skills, and Board Review. Can't remember the last meeting you attended? This information is just a click away. Log on to the Society's Web site at www.sportsmed.org and visit the "My AOSSM" page. You can also call the Society office at 847/292-4900 to check on your past meeting attendance or send Debbie Turkowski, Manager of Member Services, an e-mail at Debbie@aossm.org.

Dr. Arnoczky Donates Images to Online Library

Renowned sports medicine researcher, Dr. Steven Arnoczky, has generously donated some of his research images to the AOSSM Online Library for members to use in their presentations. To view the images, visit the Online Library at www.sportsmedlibrary.org and search for Arnoczky in the image library. Below, we profile Dr. Arnoczky and his involvement in the Society.

How long have you been a member of AOSSM?

I became an affiliate member in 1982. The same year, I received the O'Donoghue Award at the Annual Meeting in Lake of the Ozarks.

Why did you get involved with AOSSM?

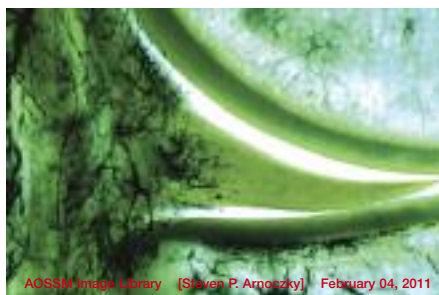
The late Dr. John Marshall, who was instrumental in developing the early sports medicine service at the Hospital for Special Surgery (HSS) in New York City, was an important mentor to me and first got me involved with basic science research. Sports medicine surgeons were just beginning to understand the complexities of the knee and there was no shortage of research projects involving the sports related injuries of the knee and their treatment. We started out expanding on Dr. Marshall's classic anatomic studies to investigate the biology of ACL reconstructions using autografts and allografts. I always joke that our research mantra under Dr. Marshall's leadership was "All knees, all ACLs, all the time."

After Dr. Marshall's untimely death in 1980, I was fortunate enough to continue working at HSS with Dr. Russ Warren in the area of sports-related research and began publishing and presenting our work in this area. At these meetings I was able to meet leaders in sports medicine research like Dr. Bill Clancy, Dr. Robert Leach, Dr. Ken DeHaven, Dr. John Feagin, and the late Dr. Ed Cabaud, who along with Dr. Warren not only provided great encouragement and mentorship but also supported my involvement in AOSSM. So, from the very beginning of my research career I have been involved in sports-related orthopaedic research.



Why did you decide to allow the Online Library to use your images?

I enjoy teaching and especially enjoy creating lectures that are not only informative but have clinical relevance. Much of our early research was anatomical and thus, lent itself to imagery. One of the most famous images from our research came from our investigations on meniscal blood supply (see photo below). This work



occurred at a time when meniscal repair was just in its infancy and it provided much of the biological rationale for this mode of treatment. When surgeons asked if they could have a copy of the slide for their lectures, I was, of course, very honored. Soon that slide was shown

around the world and helped an untold number of surgeons understand the basic science behind meniscal repair. It has been said that this slide is the "most famous image in orthopaedics." If this is true, I think it was a mixture of the timeliness of the research, the clinical relevance of the research, and the artistic imagery the vascular injection technique (Spalteholz technique) provides that made it so popular. Since that image, I have always been willing to share images from my research library. About a year ago, my very first post-doctoral research fellow, Jo Hannafin, MD, PhD, called and asked if I would consider donating these images to the AOSSM Online Library. I thought it was an inspired idea and felt that the AOSSM Online Library would be a fitting home for my images.

Why do you think the Online Library is an important resource for our members?

I would hope that the AOSSM Online Library can provide the educational materials that not only enhance training

Continued on page 15 —

CODING CORNER

Coding and Reimbursement Changes on the Horizon

By William R. Beach, MD, Chair, Health Policy and Ethics Committee

Significant changes in coding and reimbursement are underway for 2012. The congressionally mandated five year review by the Center for Medicare and Medicaid Services (CMS) has required sports medicine arthroscopic surgeons to resurvey medial or lateral meniscectomy (29881) and meniscectomy medial and lateral (29880). Physician surveys showed significantly less time than had been previously assigned to these procedures. While no final valuation has been assigned to 29880 and 29881, prepare for potential decreases in reimbursement regarding those procedures. Similar activity may also be underway for arthroscopic acromioplasty (29826).

While great effort has been expended to gain procedures for hip arthroscopy, femoroacetabular impingement, many insurers continue to label these procedures as experimental and investigational. While there are no current remedies for that denial we suggest that you consider sending the insurer a copy of the American Academy of Orthopaedic Surgeons (AAOS) Position Statement on experimental and investigational procedures. Clearly if there is a category I CPT code, the American Medical Association (AMA) expects that those procedures are not experimental

and investigational. Another potential remedy which can be utilized to avoid denial is to obtain pre-certification on those cases expected to utilize the three new hip arthroscopy codes. Please contact the AOSSM Health Policy and Ethics Committee if you are experiencing denials with category I CPT codes.

Lastly, CMS continues to redefine and reevaluate its payment error rate which for 2010 has been estimated at \$48 billion. Because of this staggering payment error rate, expect increased intensity in the Recovery Audit

CMS continues to redefine and reevaluate its payment error rate which for 2010 has been estimated at \$48 billion.

Contractors (RAC), Zone Program Integrity Contractors (ZPIC), and Comprehensive Error Rate Testing (CERT). These programs will continue to require compliant coding and accurate billing. As physicians, we can expect increasing scrutiny in 2011 and 2012. If this is new or unfamiliar information, come learn more at the instructional course lecture on coding at the Annual Meeting in San Diego.

Online Library Continued –

programs at all levels of medical education (medical students, residents, and fellows) but also help the membership educate the general public on the science behind the surgery they perform.

Where were most of your images created?

Most of the images involving knee and shoulder anatomy as well as the basic science of ligament repair and reconstructions, and meniscal repair and replacement were

created at HSS with Dr. Russ Warren and the many excellent sports fellows who came through that fellowship (and are now, themselves, leaders in the AOSSM).

What has been your most rewarding research to conduct?

I was very fortunate to be at the HSS for the first 17 years of my research career. During that time I was able to witness how the dedicated sports medicine surgeons

were able to apply our basic scientific findings directly into the clinical setting. Whether it was vascular enhancement techniques for meniscal repair, allograft replacement of the anterior cruciate ligament and meniscus, or understanding the functional anatomy of the inferior glenohumeral ligament complex, I am very proud of all the research we have done and the contributions we have been able to make to the AOSSM.

Upcoming Meetings and Courses

AOSSM 2011 Annual Meeting

July 7–10, 2011
San Diego, California

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

August 5–7, 2011
Chicago, Illinois

Advanced Team Physician Course

December 1–4, 2011
San Diego, California

Keep Your Edge: Hockey Sports Medicine in 2012

August 24–26, 2012
Toronto, Canada



Check Out the New Format and Bonus Features for Board Review Course

If you are going to be sitting for your boards, the 2011 AOSSM/AAOS Review for Subspecialty Certification in Sports Medicine course, August 5–7, in Chicago, is the ideal course to prepare. The three-day course with renowned faculty provides a comprehensive approach for obtaining the ABOS subspecialty certification in orthopaedic sports medicine. Presenters review in-depth the key sports medicine topics. New this year, attendees will receive post-meeting online access to PowerPoint presentations, videos, and faculty commentaries, along with online access to AOSSM's Self Assessment 2011 (a \$165 value).

For more information and to register, visit www.sportsmed.org and click on the “Education and Meetings” tab.

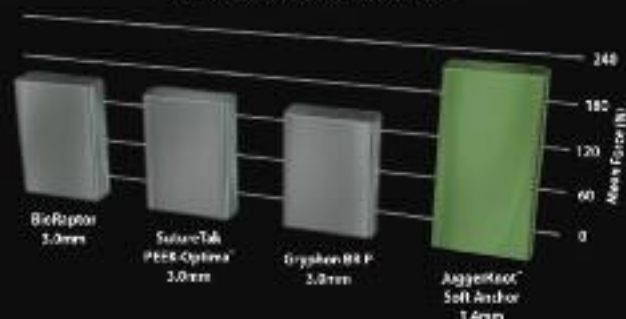
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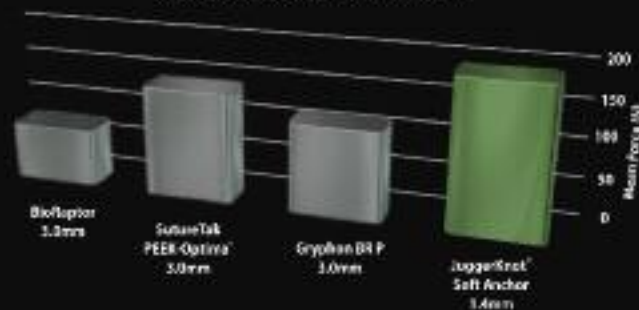


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1. Barber FA, Herber MA, Beavis PC, and Oro FB. "Suture Anchor Materials, Eyelets, and Designs Update 2008" Arthroscopy Vol. 24, No. 8 pp 899-907, 2008

2. Barber FA, Herbert WA, Hapa O, Rapley JH, Barber CA, Olyum JA, Hrnack SA. "Suture Anchor Update 2010" Arthroscopy 2010; In Press

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