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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.

TO CONTACT THE SOCIETY: American Orthopaedic Society for Sports Medicine, 9400 W. Higgins Road, Suite 300, Rosemont, IL 60018, Phone: 847/292-4900, Fax: 847/292-4905.
FROM THE PRESIDENT

AOSSM is working to develop and improve programs to meet our practice and professional needs in an evolving health care environment. Research, education, publishing, and communications are the pillars of our professional success, and I want to profile programs and activities in each of these areas that are intended to serve our rapidly changing needs.

A major push with health care reform has been developing metrics by which physicians can measure and demonstrate performance. AOSSM’s IKDC form has long been recognized as a leading outcomes instrument for documenting knee function. The form has been validated and translated into 19 different languages, but its length and complexity has limited its use primarily to research. Recently, the Society was awarded a matching $50,000 grant from AAOS’ Quality and Patient Safety Action Fund to refine the IKDC and develop a computer adaptive test (CAT) version that would be compatible with the Patient Reported Outcomes Measurement Information System (PROMIS). Our mission is to provide a valuable, free tool that can potentially assist in meeting our documentation requirements.

Another requirement for maintaining ABOS certification, as well as to meet other licensure and practice privilege requirements is self-assessment. Depending on your place in the certification cycle, you may need more than 20 credits. While AOSSM has been quietly turning out a new self-assessment exam each year, most members are unaware that each exam remains available for three years after its publication. That means at any given time, a member can purchase three Self-Assessment Exams (SAE) that will provide 36 CME credits. Right now, SAE 2013, SAE 2014, and SAE 2015 are available on the AOSSM website at www.sportsmed.org, and come early spring, we will launch SAE 2016. When it comes to fulfilling our self-assessment requirements, AOSSM is truly a one-stop shop.

Speaking of websites, www.sportsmed.org is an invaluable portal that can provide access to not only the Self-Assessment Exam, but also to many other AOSSM programs and products. We have developed a single sign-on that provides your membership profile, allows you to transmit your CME to the AAOS Learning Portfolio—and ultimately the ABOS—and to access all three AOSSM journals: American Journal of Sports Medicine, Sports Health: A Multidisciplinary Approach, and Orthopaedic Journal of Sports Medicine. AOSSM also recently upgraded its platform to include a responsive design that allows on-the-go access from any device—phone, tablet, or computer.

Staying abreast of the latest peer reviewed research is critical for you as a leading orthopaedic sports medicine specialist. AOSSM publications are rapidly expanding so we can provide you with the results of quality research from around the world. Our flagship journal, AJSM, has long been recognized as the most influential journal in orthopaedic sports medicine. Similarly, our multidisciplinary journal, Sports Health, is fast becoming a leading sports medicine journal for all disciplines. Last year, OJSM, our latest venture in the form of an open access publication, published 100 manuscripts from leading researchers. Providing this quantity and quality of peer reviewed literature not only enables us to confidently remain on the cutting edge of the profession, but it also provides researchers with thousands of building blocks on which our profession can expand.

Finally, all of these facets of the orthopaedic sports medicine community—research, education, communication, and publishing—are uniquely exhibited each year at the AOSSM Annual Meeting. This July in Colorado Springs, the leading researchers and educators in our profession will gather to share knowledge that will help us thrive in our changing practice environment. Much of that research will ultimately be published in our journals, and the presentations will later be available online, but the benefit we can’t get retrospectively is the fellowship that comes from learning and interacting with our colleagues from around the world. This fellowship is a unique quality to AOSSM and to our profession, and the benefit is available essentially for the price of membership. My program chair, Kurt Spindler, has put together an incredible program, and The Broadmoor and the Rockies provide an unparalleled setting for our meeting. If you haven’t received our preliminary program yet, go to our website, download it, and register today.

As you can see, AOSSM is uniquely positioned to serve your professional needs. I invite you to take full advantage of what we have to offer, as well as contribute your skills and services to the Society so we can continue leading the orthopaedic and sports medicine professions together.

Allen Anderson, MD
The Effect of the Opioid Epidemic on Athletes

BY MICHAEL KHAZZAM, MD
Sports participation comes with inherent risk of injury to athletes greater than the general population. Management of associated pain related to these injuries is critical to the healthcare provider to maintain the well being of the athlete. At times, athletes who have difficulty managing painful injuries may turn toward the use or misuse of opioid/narcotic medications to aid in their continued athletic performance.

Opioid drug use, misuse, and abuse has been increasing at an alarming rate over the past several decades, so much so that it is now considered an epidemic. Orthopaedic surgeons are one of the highest prescribers of narcotic pain medications amongst physicians. Misuse of prescription opioids can lead to medical, physical, and psychiatric health problems. The U.S. Food and Drug Administration (FDA) reported a 100% increase in narcotic pain prescriptions during the past five years. With increased opioid use comes increased incidence of addiction and overdose related death. Even further at risk are athletes who frequently are required to be involved in activities that can result in injury and pain that may necessitate the use of prescription medications. Team physicians must have a thorough understanding of the risks associated with prescription pain medication so they can educate the athletes, as well as the health care team.

A recent survey of 644 retired National Football League (NFL) players found that 52% used opioids during their NFL career, with an overall rate of 37% of these players reporting misuse or abuse of these substances. Additionally, only 37% obtained their opioids from a physician, 12% from non-medical sources, and 51% from a combination of both doctors and illicit sources such as teammates, coaches, athletic trainers, or family members. This study also found that those who misused during their career were more likely to continue to do so after retirement.

Stache et al. performed a survey of collegiate athletes examining nonprescription pain medication use across all divisions of the National Collegiate Athletic Association (NCAA) during pre-participation exams. This study compared patterns of pain medication use in Division IA football players with Non-Division IA athletes. One hundred ninety-eight athletes from 16 sports were evaluated and it was found that 62% used nonprescription medications for “sports-related pain.” Twelve percent took more than the recommended doses, and 1.5% took these medications for more than 10 consecutive days.

The authors found that Division II and III athletes were less likely to take greater than the recommended doses and less likely to use these medications for more than 10 consecutive days. Similar findings were demonstrated when comparing Division IA football players with those football players in Division II or III. The authors concluded that special attention must be paid to reduce the risks of adverse events such as overdose or death in this group. Another NCAA survey found 23% of college athletes reported receiving a prescription for pain medication and 6% reported illicit use of opioid medications without a prescription.

A longitudinal study was performed to assess the medical use, misuse, and nonmedical use of opioid medication in high school athletes. More than 1500 high school student athletes were followed from 2009–2012. The authors found that males who participated in sports had a higher odds of being prescribed opioids (OR=1.86, 95% CI=1.23, 2.82), higher odds of misuse due to taking more than the prescribe dosages (OR=10.5, 95% CI=2.42, 45.5), and higher odds of past opioid misuse for recreational purposes (OR=4.01, 95% CI=1.13, 14.2). They concluded that male high school athletes are more likely to be prescribed narcotics, therefore have greater access to these medications and a greater risk for misuse of opioids.

It is also important that physicians caring for athletes are aware of medications that are prohibited by the World Anti-Doping Agency (WADA), US Anti-Doping Agency (USADA), as well as the NCAA. While narcotics are not banned by these governing agencies, WADA and USADA prohibit the use of buprenorphine, dextromoramide, diamorphine (heroin), fentanyl, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine, and pethidine during
Additionally, WADA and USA DA annually list substances that are to be monitored for abuse. Narcotics that are monitored include hydrocodone, morphine/codeine ratios, tapentadol, and tramadol.

The American Academy of Orthopaedic Surgeons3 in conjunction with American Medical Association currently are participating in a task force to reduce opioid abuse. Strategies proposed to decrease opioid use, misuse, and abuse in the United States include:

- Education programs focused on effective education of patients, caregivers, and physicians
- Improved monitoring systems of physician opioid prescription use
- Increased research funding for advancement in alternative pain management and coping strategies
- Increased support for opioid abuse treatment programs
- Establish standardized prescription protocols/policies
- Limited use of extended release opioids
- Restrict opioid use for preoperative and nonsurgical patients
- Use predictive opioid use/misuse/abuse tools, identify patients at risk

Communication strategies:

- Collaborations and partnerships among hospitals, employers, patient groups, state medical and pharmacy boards, law enforcement, pharmacy benefit managers, insurers to assure patients understand opioids use only as directed, as well as safe storage and disposal
- Continuing medical education for physicians and caregivers regarding risk awareness and appropriate use

The U.S. Centers for Disease Control and Prevention6 have also released draft guidelines for Prescribing Opioids for Chronic Pain, including:

- Utilizing nonpharmacologic therapy and nonopioid medications as a first line treatment and only considering adding opioid agents when first line treatment has not been effective and benefits for both pain and function outweigh the risks to the patient
- Discussing with patients known risks and realistic benefits of opioids, as well as the patient and physicians responsibilities in managing this treatment
- Reviewing each patient’s history of controlled substance use utilizing state prescription monitoring, data to determine dangers of these medications and risks for overdose
- Performing urine drug screens before starting chronic opioid therapy with annual follow-up urine drug screening to assess for prescribed and other controlled prescriptions, as well as illicit drug use

Summary Recommendations6

- Avoid opioids when possible; use other modalities such as NSAIDS and acetaminophen as first line treatment medications for pain control in conjunction with physical therapy
- Educate athletes that opioids are for limited time use, only to get them through the acute pain from the initial injury and the need to switch to non-narcotic medications as soon as severity of pain decreases
- Educate on risks of overdose and addiction with chronic use
- Prescribe small quantities at low dosages
- Avoid extended release and long acting narcotics for the acute injury/pain setting

Retired NFL players reported getting their opioids from:

- 37% a physician
- 12% non-medical sources
- 51% combination of doctors and illicit sources (e.g., teammates, coaches, athletic trainers, or family members)

- Screen for history of opioid use, depression, current substance abuse, and other psychiatric disorders as well as obtain a thorough medical history prior to the initiation of narcotic/opioid medications.

It is important to recognize that use and abuse of opioids can occur at all levels of sports participate from the high school to the professional level. Care must be taken to avoid the common cycle of injury, pain, and re-injury with insufficient recover time with the athletes turning toward use of pain medication to enable continued participation. This can lead to future chronic misuse of narcotic medications and disability.

**References**

April is Youth Sports Safety Month, and you can help us get the message of injury prevention out to young athletes, parents and coaches! Want to know how you can help?

- **Join us for one of two tweet chats.**
  - Safety Concerns for Baseball and Softball Players
    - April 6, 12 PM ET
  - ACL Injuries, Treatment, and Prevention in Young Athletes
    - April 27, 8 PM ET

- **Share our Facebook and Twitter posts.**
  Use the hashtags #SportsSafety and #YSSM2016 in your tweets

- **Submit a blog post around a youth sports safety topic.**
  Share any other ideas or questions with Joe Siebelts at joe@aoss.org.

### Help Us Lead the Charge This April During Youth Sports Safety Month

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### NATA Initiative Will Reward Youth Sports Safety Efforts

The National Athletic Trainers’ Association’s (NATA) launched a new Safe Sports School award program, which recognizes high schools demonstrating a high level of attention to helping athletes prevent injuries. Schools that provide student athletes full opportunity to stay safe in practices and games—including annual pre-participation physical examinations, injury prevention programs, and a comprehensive athlete care/treatment plan (just to name a few)—are considered. If you know a school in your community that has prioritized athlete safety, encourage them to apply for the award at [http://www.nata.org/safe-sports-school-award](http://www.nata.org/safe-sports-school-award).
New OJSM Awards

The Orthopaedic Journal of Sports Medicine (OJSM) is pleased to announce the development of two new annual awards. AOSSM and the Editorial Board representatives from our partner organizations will recognize the top review paper and original research papers published in OJSM each year. Award winners will be honored at the Medical Publishing Group dinner during the AOSSM Annual Meeting.

Want to be considered for an OJSM award? Any paper published during a single calendar year will be considered for the following year’s awards. Submit your paper today at http://submit.ojsm.org. Questions? Contact Colleen Briars, Editorial and Production Manager, at colleen@aossm.org.

Send Your Patients In Motion

In Motion is now available to be personalized with your practice name and logo. For just $300, you will receive four personalized issues (Spring, Summer, Fall, Winter) and the high and low resolution PDFs to send to a patient’s inbox, 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.

Join 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.
Marotta Passes Away

Longtime AOSSM member Joseph Marotta, MD, unexpectedly passed away on February 8, 2016, at the age of 57. He was the Founder and Executive Director of Medicus Christi, Ltd., a non-profit organization dedicated to improving medical care for people around the world, including building a new orthopaedic learning center in Ghana which was highlighted in last month’s SMU. He was also a former team physician for Siena College in New York and a team doctor for the Albany Firebirds, Albany Conquest Arena Football League teams, the Albany Attack indoor lacrosse team, and the Albany Diamond Dogs professional baseball team. The family has asked that in lieu of flowers, memorial contributions be made in memory of Dr. Marotta to Medicus Christi, Ltd, 16 MacAffer Drive, Menands, NY 12204.

NAMES IN THE NEWS

Vander Schilden Honored
Congratulations to AOSSM member Jack Vander Schilden, MD, on his recent honor from the University of Arkansas at Little Rock Department of Athletics for his commitment and dedication to the program and its student-athletes where he has been the team physician for the past 30 years. Dr. Vander Schilden was inducted into the UALR Athletic Hall of Fame in 2003, and was the SpectacUALR honoree in 2010.

Kenter Takes New Position
Congratulations to Keith Kenter, MD, on his new position as Chair of the Orthopaedics Department at the Homer Stryker School of Medicine at Western Michigan University in Kalamazoo, Michigan.

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 at lisa@aossom.org. High resolution (300 dpi) photos are always welcomed.

Bart Mann Award Given
Congratulations to Robert Magnussen, MD, MPH, of The Ohio State University as the first recipient of the Bart Mann Award for the Advancement of Sports Medicine Research. The award is given to AOSSM members for their service to the sports medicine research profession by serving as grant application reviewers on a NIH study section. First-time NIH reviewers are eligible for a $5,000 cash award. Members who have previously served as NIH grant reviewers are also eligible to receive the Bart Mann Award. If you are interested in becoming a first-time reviewer or have already served on an NIH study section, please contact Kevin Boyer, AOSSM Director of Research, at kevin@aossom.org.
AOSSM gratefully acknowledges and thanks the following individuals for their 2015 donations—either directly or through OREF—in support of AOSSM research!

To make a contribution in support of AOSSM research initiatives, please visit www.sportsmed.org/AOSSM/MIS/Members/About/Support_Us/Members/About/Individual_Giving.aspx
ince 1989, the AOSSM-Asian (APKASS) Traveling Fellowship has provided young members of the AOSSM an opportunity to travel around the world to develop professional relationships and see a different perspective on the management of common sports medicine injuries. The 2015 tour met in LAX prior to flying westward. This year’s participants included: Luke Oh, MD (MGH, Harvard), Mark Pallis, MD (William Beaumont, El Paso), Michael T. Freehill, MD (Wake Forest, Winston-Salem) and our Godfather, Bob Stanton, MD (Fairfield, Connecticut).

Singapore

After a 14-hour flight from Los Angeles to Taipei, and a four-hour flight to Singapore, things started fast.

Our gracious hosts were Drs. Denny Lie and David Lee. At Singapore General Hospital Mark scrubbed in to assist Dr. Paul Chang with a double bundle ACL. Around the harbor we observed the Lionfish, the tallest ferris wheel in the world, ate dinner at Jing highlighted with chili crab and crispy grouper, and enjoyed views of the second most expensive building in the world—the Marina Bay Sands.

At Singapore General Hospital presentations by the fellowship team and round table discussions were performed. Dr. Lie then took us on a tour of the Singapore National History Museum, followed by drinks at the Long Bar of the famous Raffles Hotel.

Dr. Dave Lee hosted us the next day at Changi General Hospital where an interactive academic session took place between the fellows, faculty, and residents. As was often the case, a patient would be evaluated during the session. Dr. Oh assisted in the shoulder evaluation of a young gymnast. Cycling along waters edge on Ubin Island, swimming and lunch at the Aquatic Club, and pictures on the Marina Bay Sands observation deck rounded out a full day of activities. The night brought dinner at Candlenut and a night safari at the Singapore zoo.

Kuala Lumpur, Malaysia

Luke Oh presented at the International Sports Medicine & Sports Science Conference (SMSS2015) in Putrajaya, the administrative capital of Malaysia. We then joined our gracious hosts Drs. Mohd Asri Abd Ghapar, Hishamudin Masdar, Shamsul Iskandar Hussein, and Kandiah Ravendran for dinner at Bijan. We enjoyed another strong academic morning with the orthopaedic department at the University of Malaysia Medical Center. A tour of Kuala Lumpur, including the Batu caves and traveling to the 86th floor of the Petronas Towers rounded out the afternoon. By the end of our fellowship, we had ascended up 4 of the 10 tallest buildings in the world. The Malaysian Arthroscopy Society (MAS)-AOSSM Arthroscopy Symposium took place at the Pusat Perubatan Prince Court Medical Center.
Shenzhen, China
Our most gracious hosts Drs. Shiyi Chen, Jiwu Chen, and Jessica Jiang, hosted dinner at the Dameisha Resort on our first night. The next day we enjoyed a very interesting tour of the Minsk Russian aircraft carrier. We all presented at the International Forum of Orthopaedic Society Sports Medicine (IFOSMA) where Dr. Stanton’s work with a bioresorbable synthetic scaffold for ACL reconstruction was well received. Though warned by previous fellows, the Americans karaoke skills proved far inferior to our Asian colleagues. A private dinner at the Shenzhen “snake house” additionally piqued our culinary interests.

Hong Kong
Former AOSSM president and Godfather Dr. Freddie Fu treated us to an incredible dinner at Man Wah in the Mandarin Oriental. We enjoyed an excellent scientific session at Prince of Wales Hospital (China University Hong Kong) and observed Dr. Patrick Yung perform flawless ACL revision surgery and discuss his elegant randomized control trial of double vs single bundle ACL reconstruction.

Our tour of the Hong Kong National Sports Institute was incredible and included watching the national dragon boat team practicing. A personal presentation and time with host Dr. KM Chan was a highlight of the tour. Dinner with our gracious hosts at Sai Kung included the largest king crab we had ever seen. Drinks overlooking Hong Kong in the Ozone bar on the 118th floor of the ICC building was breathtaking.

Macau
Dr Wai-Sin Chan was our host in Macau. A tour of the city, Conde S. Januario General Hospital, and the sports medicine center for national athletes were part of the day’s adventure.

Taipei, Taiwan
Drs. Chih-Hwa Chen and Jia-Lin Wu were our hosts. Another superb educational scientific session at Taipei University Medical Center and efficient PCL and PLC surgery with peroneal longus autograft were highlights of the day. Our time also included dinner at Din Tai Fung, a reception at the top of Taipei 101, the National Palace Museum, and the Juming Museum. We were honored to be joined by Dr. Bruce Reider for the museum tours. We rode a bullet train to Taoyuan to watch a Lamigo Monkeys Chinese Professional Baseball League game and the very different baseball etiquette of Taiwan baseball.

The tour ended with the APKASS meeting in Taipei. The gala in the hotel and drinks at the Scholars Bar with former traveling fellows from around the world, including: Hiro Sugawara, Ranier Seibold, Francois Kelborine, and Mark Clatworthy, was the perfect ending to this incredible journey of education, culture, and friendships.

We would like to thank AOSSM, APKASS, our hosts and our godfather, as well as DJO Global, for making this once in a lifetime experience possible.
Meaningful Use Exemption Information Posted

In January, President Obama signed into law a provision which allows the Centers for Medicare and Medicaid Services (CMS) to consider hardship exceptions for categories of eligible professionals and hospitals in a new, more streamlined process. The legislation requires that CMS provide a blanket hardship exemption from 2015 meaningful use (MU) penalties to all providers who request it. CMS just released the details for applying for the hardship exemption. AAOS advocated aggressively for the blanket exception. For additional information go to the AAOS Health Information Technology site (http://www.aaos.org/Advocacy/HIT/).

Possible Revisions to the Stark Law to Be Considered

The Senate Finance and House Ways and Means committees are considering updating federal anti-kickback statutes, including the Stark Law, to make them better fit the move toward alternative payment models (APMs). The Stark Law, which prevents doctors from referring patients interests in which they have a financial relationship, contains an exception for in-office ancillary services (IOAS). AAOS is strongly supportive of retaining this exception as it is essential to efficiently diagnose and treat musculoskeletal conditions by allowing orthopaedic surgeons to provide imaging and physical therapy services in their offices.

Preview of the President’s 2017 Budget

President Obama’s 2017 budget was released on Tuesday, February 9, and requested $101 billion to address prescription opioid abuse and heroin use. The issue has increasing potential for bipartisan agreement as many communities and Congressional districts across the country feel the impact of the escalating drug abuse epidemic. Senate Majority Leader McConnell said the issue will be addressed “in the very near future.” The President will also propose altering the controversial Cadillac tax on health benefits. The plan will call for adjusting the 40 percent excise tax—which Congress recently decided to delay implementing for two years—to account for regional differences in health care costs across the country.

FDA Announces Action Plan on Opioids

The FDA will give more weight to the public health risks of painkillers in approving new drugs, one of several steps the agency is making in response to growing concern over the opioid epidemic.

Military to Allow Home Telemedicine Visits

Patients in the Military Health System can now receive telemedicine services at any location. This policy change allows enrollees to get primary care in person, through secure messaging, by phone, behavioral health and pharmacy consults, through nurse advice lines, and via telemedicine visits with providers from military treatment centers.
Earn CME Through *AJSM* Current Concepts

Did you know that you can read qualified *American Journal of Sports Medicine (AJSM)* articles, take a five question quiz, and receive *AMA PRA Category 1 Credits™* that count towards the MOC Part II CME requirements? The *AJSM* offers readers the ability to earn credits at their leisure on a qualified Current Concepts article in *AJSM*, each of which is eligible for 1 *AMA PRA Category 1 Credit™*. Visit [www.aism.org](http://www.aism.org) and click on CME on the right navigation menu for more information and a list of available articles.

Three AOSSM Self-Assessment Examinations Available

Fulfill MOC Part II requirements while evaluating your sports medicine medical knowledge and earning CME credits! AOSSM has three unique Self-Assessment Examinations currently available—SAE 2013, SAE 2014, and SAE 2015. Each examination has 125 peer-reviewed questions to help you assess your strongest areas of sports medicine knowledge and identify areas for further study. Look for the release of the 2016 version of the AOSSM Self-Assessment Examination this spring. The cost per exam is $125/members and $150/non-members. To order, visit [www.sportsmed.org/AOSSMIMIS/Members/Members/Education/Self_Assessment.aspx](http://www.sportsmed.org/AOSSMIMIS/Members/Members/Education/Self_Assessment.aspx). Questions? Contact Meredith Herzog, at meredith@aossm.org.

Sports Medicine Field Guide Now Available

The Sports Medicine Field Manual is a downloadable reference tool for on-site evaluation and management of athletic injuries and conditions, as well as education beyond the point of care. Developed in partnership with the American Academy of Orthopaedic Surgeons (AAOS), the National Athletic Trainers’ Association (NATA), the American Medical Society for Sports Medicine (AMSSM), and AOSSM, each section was written by a collaborative team of experts, including orthopaedic surgeons, athletic trainers, and primary care physicians with expertise in caring for athletes at all levels.

Be ready for anything—with practical and reliable medical information to best manage the injuries and health issues of your athletes where and when you need it. Available on iBooks and Google Play.
Reach the Peak of Orthopaedic Sports Medicine at the
AOSSM 2016 ANNUAL MEETING
JULY 7–10, 2016 | COLORADO SPRINGS, COLORADO

Mark your calendars now to join AOSSM in Colorado Springs, Colorado, to learn the latest in sports medicine research and techniques at the 2016 Annual Meeting, July 7–10, 2016. This beautiful setting at the base of the Rocky Mountains at The Broadmoor will be an unprecedented learning experience. Program Chair, Kurt P. Spindler, MD, and his committee have created a unique meeting that brings together science, surgical technique, and discussion in a whole new, interactive manner.
Key meeting highlights include:

- Live surgical demonstrations on pediatric ACLR tunnels, hip arthroscopy, bicep tendon repair, and chondral focal defects
- New roundtable case-based discussions on articular cartilage lesions, revision ACL, patella femoral instability, revision shoulder instability, large rotator cuff tear, and hip pathology
- 27 instructional courses, including Controversies in Rotator Cuff Surgery and Articular Cartilage Repair in Athletes
- Friday afternoon, guided poster tours, featuring the authors of the 63 posters covering an array of therapeutic areas
- More than 50 scientific podium presentations covering the latest sports medicine research along with marketing and managing your practice, measuring patient outcomes, and roles of the team physician in return-to-play decisions
- Presidential Guest Speaker, Sam Rutigliano, former Cleveland Browns coach and ESPN Analyst
- Afternoon Medical Publishing Group Workshop
- Collaboration and idea exchange with colleagues from around the world

If you’ve never been to Colorado Springs or even if you have, you are in for a treat and a true Rocky Mountain adventure with activities for the whole family, including Cheyenne Mountain Zoo, Garden of the Gods, Cave of the Winds, Manitou Incline, Pikes Peak, Royal Gorge, US Olympic Training Center, hiking, horseback riding, and river rafting down the Arkansas River! Our meeting format is especially designed for attendees to enjoy time together with their families and participate in all that Colorado has to offer while still networking and learning with colleagues.

You won’t want to miss our social events, including Thursday’s opening reception to be held outdoors on the West Lawn of The Broadmoor. This fun, family-friendly event ending the first official day of the meeting, will reconnect you with friends and colleagues. Our Saturday family party will have you dancing in your cowboy boots along with new skills from Loop Rawlins, master trick roper, and magician Doc Eaton. We’ll also have a mechanical bull, mining sluice, Quick Draw Saloon Shoot Out, horses, cattle, birds of prey, and socialized ambassador wolves on hand to interact with and learn about the history of Colorado.

Housing and Travel Information

CorpTrav is the official travel agency of AOSSM. Reservations can be made by calling 800/770-6697, 24 hours a day. Services fees may apply.

Housing for the AOSSM is available at www.sportsmed.org via OnPeak who is the AOSSM’s official housing company. While other hotel resellers may contact you offering housing for your trip, they are not endorsed, nor affiliated with AOSSM. You can also make reservations by calling 855/416-4093.

Housing reservation deadline is June 5, 2016. Rooms are guaranteed until this date pending availability. Attendees are encouraged to book early.

Rental Cars

AOSSM has negotiated special rates for rental cars during the meeting. Visit Hertz.com or call 800-654-2240 for your discount using CV#CV04YW0003.

Please visit www.sportsmed.org/aossmimis/annualmeeting to view the preliminary program and to register for the most important sports medicine meeting of the year.
Develop your game plan and gain additional confidence in treating, rehabbing, and preventing football injuries in athletes at all levels. Top team doctors and athletic trainers will lead this interactive, comprehensive overview of strategies and techniques.

Highlights include:

- Long-Term Health Implications of Football Injuries
- Sideline Emergencies
- Shoulder, Elbow & Spine Injuries
- Equipment Advances
- Lower Extremity Injuries
- Return-to-Play Decisions
- Concussion
- Football Nutrition
- New and Controversial Therapies

Don’t drop the ball and miss out! Advance registration deadline is April 15, 2016.

Visit www.sportsmed.org for more information and to register.
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Searching for an all-suture anchor with proven, clinical results? Your search is over.

In one study, the JuggerKnot® Soft Anchor clinically demonstrated improved patient outcomes and fibrous tissue, complete bony healing or combined fibro-osseous healing in the anchor tunnel.¹ When you demand results, get JuggerKnot.

**Constant Score and FLEX-SF Outcomes**¹

![Graph showing Constant Score and FLEX-SF Outcomes](image)

Ossified anchor tract at two years.


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Exclusive AOSSM Member Gift Subscription for ATs

AOSSM members can now purchase *Sports Health: A Multidisciplinary Approach* gift subscriptions for athletic trainers they work with. The number of subscriptions you may sponsor is unlimited. All you need to do is go to [www.sportsmed.org/AOSSMIMIS/SHGift](http://www.sportsmed.org/AOSSMIMIS/SHGift) and complete the subscription form providing the recipient’s mailing information and e-mail address.

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