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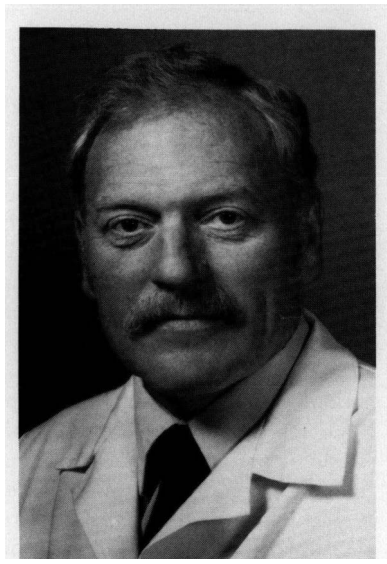

Presidential Address of The American Orthopaedic Society for Sports Medicine*

A commitment to education

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Fellow members of the American Orthopaedic Society for Sports Medicine, honored guests, friends, and family, today I would like to review some of the heritage of our organization, and I would like to talk about one very important facet of that heritage, our commitment to education.

Our society was founded by 77 members. The first meeting was held at the Shoreham Hotel in Washington, DC, on January 30, 1972. It was chaired by Dr. Don O'Donoghue. The impetus to form our Society came from the American Academy of Orthopaedic Surgeons' membership, who were interested in becoming members of the Sports Medicine Committee. At that time, the Sports Medicine Committee, of which I had been a member for some time, was one of the busiest committees in the Academy, putting on as many as five postgraduate courses per year throughout the United States. During my tenure on the committee, Drs. Hughston, Behling, and Ellison were chairmen, all of whom are now members of our present society. Committee membership demanded a large time commitment. We were expected to attend all courses and to hold a committee meeting at least one full day prior to each course, at which time we worked on the content of courses to be held 12 to 36 months in the future. With a committee membership numbering approximately 12 to 15 it was far too small a group to include the many qualified sports medicine orthopaedists in this country who wanted to become members of that group.

The formation of the American Orthopaedic Society for Sports Medicine was a natural outgrowth of the needs of the Academy membership. It was discussed, but I do not believe ever documented in writing, that the Society itself would begin as an expanded Sports Committee, bringing in the expertise and vigor of the Academy members who were very interested in sports medicine. In the formulation of the bylaws some time later, a more comprehensive structure, opening this new forum for sports medicine, evolved. The bylaws which were adopted begin with a description of the purpose of our corporation and read thusly, and I quote:

> "Exclusively to foster, promote, support, augment, develop and encourage investigative knowledge of sports medicine and its many ramifications: to develop and encourage the teaching and education of the same, by developing, publishing and copyrighting educational materials, and to provide specialized training for Orthopaedic Surgeons and others; to foster, promote, support, augment,

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develop and encourage education in allied professions in the prevention, recognition and orthopaedic treatment of sports injuries."

As you can see by that first paragraph of our bylaws, there were no constraints on education. None. I believe we need to continually review our commitment to education.

The new Sports Society began as an affiliate of the Academy. The Board of Directors of the Society have *always* felt that the Sports Society should be closely affiliated with the Academy of Orthopaedic Surgeons and, indeed, active membership in the American Orthopaedic Society for Sports Medicine is predicated on membership in the American Academy of Orthopaedic Surgeons, or the equivalent qualifications for our Canadian members.

Within the original affiliate agreement, however, lurked a clause which nearly resulted in dissolution of the relationship between the Academy and the Sports Medicine Society, and I bring this up because, as we look ahead, we should not stumble over this same stumbling block again as we begin to look at the Council of Musculoskeletal Societies and its bylaws. This clause in the affiliate agreement pertained to education. Under the affiliate agreement, the Society could not put on courses for its own members much like the Sports Committee had done for years in the Academy and, only after some discussion, could we as a Society produce courses for paramedical or nonmember groups.

That particularly galling aspect of our affiliation with the American Society of Orthopaedic Surgeons, which I think is an example of thwarting the educational process, has been set aside under the revised affiliate agreement in 1981. It is my understanding, at the present, that under the newly organized Council of Orthopaedic and Medical Societies, whose bylaws are presently being formed, we as a society will be able to produce postgraduate courses in sports medicine for members of our own society and members of the Academy. Without that clause, the Council of Orthopaedic and Medical Societies is doomed to failure.

I support the goal of unification of orthopaedics. The great majority of us here are orthopaedists, with a specialty interest in sports medicine and not vice versa. Therefore, I believe that it is important that orthopaedists and orthopaedics have a unified voice which includes our society as well as other orthopaedic societies and organizations. These other organizations, as well as ours, have flourished because there was a need for an interchange of ideas in a specialized field beyond that which was provided under the preexisting organizational structures. In the case of the Sports Society, this has resulted in a tremendous surge of activity over the past 13 years. Our membership now has expanded and, by the end of this meeting, will number approximately 900.

Almost concurrent with the formation of the bylaws, the Board of Directors and the membership began working on beginning a new journal. It was called *The Journal of Sports Medicine,* later to be known as *The American Journal of Sports Medicine,* and it was begun in 1973. It stumbled along for its first few years until our present editor, Dr. Jack Hughston, took over the reins in 1976. The *Journal* is owned by the Society and presently is a financial asset. It is run by a board of trustees which, in the past, was made up of past presidents of the Society. The Board of Trustees reports directly to the Board of Directors of the Society. Much of the credit for the *Journal's* success is due to Dr. Hughston's efforts. However, the *Journal* could not exist without the articles and papers submitted by the members of our organization. It is the vigor and interest of the members that sustain the quality of the *Journal* and, hence, its success.

Let me just talk briefly about obtaining membership in our society. When we were first beginning, there was a quota of 25 new members per year. Since that time, the quota has changed several times as the Board of Directors continually worked on quality as a prerequisite for membership. To a great degree, this evolutionary process has worked. This membership, because of you the members, is the most exciting group of physicians to which I belong. Being president of your organization is the greatest honor accorded me during my professional career, and I can only hope that I have served you well and that what I have to say now will be of some help to the organization in the future.

Having been peripherally associated with industry through the FDA Advisory Panel, I recognize that the modus operandi of industry is to forestall the dissemination of new ideas until a particular business or manufacturer can market their new product and make a profit. This is of necessity because other forces, particularly monetary, are involved. Society, as a whole, recognizes these as important forces; however, the process of education and learning is thereby thwarted.

I can foresee the possibility of medicine evolving into the "business of medicine" and taking on these same characteristics, in which there is proprietary information. We *must* not let this happen. As physicians, we must demand that, in the new ethics of business medicine, the free flow of ideas and the educational process remain intact and not be thwarted.

It is in our educational process that one of the important stimuli for research is found. Unknowns are defined, new ideas are stimulated, and individuals take home with them the seeds of new research projects.

In the past, at meetings such as this, I have talked with many members of our society who are excited about new ideas. A few of these members carry through on their ideas with research, and a year or two later are back at our annual meeting telling us what they have discovered, and thus, another gap in our knowledge is bridged. Research, then, is the cornerstone of the educational process. It is dynamic, it is new, and it changes what we teach.

Presently, the educational process for most of us is multifaceted. There are meetings such as this, as well as seminars and workshops. *The American Journal of Sports Medicine* is another important source of learning. Much of the material presented at this meeting will be found at a later date in the *Journal,* which disseminates this information nationally and internationally.

We are just entering the era of satellite communications,

a great facilitator for the dissemination of educational materials. Most of us now own VCRs, so that taped material can be reviewed at convenient times, either at home or at the office, and with our computers we can research the literature, obtaining abstracts of articles that we need.

Your society, through its Education Committee, is actively looking at these new media and ways to help facilitate our educational process, making it cost- and time-effective. An ad hoc committee on socioeconomic affairs, chaired by Doug Jackson, is working on important items which I feel will have a direct bearing on our practices. This information will be forthcoming within the next year. This committee meets in conjunction with a similar committee with the Arthroscopy Association. It is actively studying such things as health maintenance organizations, sports medicine fees nationally, malpractice premiums, and how these relate to sports medicine. Guidelines and national norms will be available to our organization and its membership.

The medical profession, as a whole, is fortunate because learning is an integral ingredient of the ongoing practice of medicine. As a profession, medicine has one of the finest interchanges of ideas, thoughts, and facts.

I believe that the lifeblood of our organization, and of our profession, is a commitment to education. It is what we are all about. The process of learning is natural and can be likened to a constant force. On the one hand, it can be thwarted. It can be slowed. At times it can even be stopped, but that is always temporary. The desire and impetus to learn overcomes all obstacles. On the other hand, learning can be facilitated. Educators spend their lives devising methods for helping others learn. I feel that our society is now broaching a new era in education. We have been, and are, a strapping, vigorous group. We also have grown into a large organization which has significant influence in sport medicine as well as having resources which we can use to facilitate learning, of not only our members, but of other groups as well.

There are two other large groups of people other than ourselves upon which our commitment to education should focus. These are the American public and our successors.

I believe that some, how much I do not know, but a good many of the problems of modern medicine are due to a lack of knowledge on the public's part. This is particularly true in sports medicine because of the public's interest in sports and athletes. The expectations of the public in this area are greater than they should be. One of the reasons for this is that we have abdicated our education of the public to the press. I am not saying the press is wrong, but they are not physicians, and they report mostly those items which they feel will interest their readers. The star athlete and the operation which enables him to return to his sport are commonplace news items and, to a degree, there is some truth to this.

We have increased our diagnostic and treatment skills immensely over the past 5 to 10 to 15 years. With arthroscopic surgery and microsurgery, we have been able to better treat athletes. Artificial ligaments are not a thing of the future but are being used now, as we have heard at this meeting. Exactly how good these artificial ligaments are or what their drawbacks might be is not yet understood, and yet the American public probably is, and will be, led to believe that this is a cure-all and that the individual with a bad knee can be completely restored to normal or to preinjury competitive status.

What are we doing to educate the public now? Not much. As a matter of fact, sports medicine physicians are beginning to advertise. This is the "business of medicine" creeping into our profession. I say creeping, but, actually, it is coming much faster than that. The American public has a tremendous trust in its physicians, and when people read these advertisements, they tend to feel there is truth in them. Is this the way we want to educate the public? I do not think so. I believe that this organization should expend a considerable effort to educate the public so that people understand that there are limitations to our successes.

The most obvious method for educating the public is something we all do to some degree, and that is to spend adequate time with the patient, explaining all of the ramifications of his or her injury and its treatment. In our busy lives, this aspect of care sometimes is given short shrift. Many patients will thank you for spending this relatively short amount of time with them. It seems to me, more and more often, that patients with sports injuries already have an expectation as to their prognosis, which is out of sync, or not compatible with reality. I think they get this impression from our lay press.

Another method for educating the public is for our society to increase its ongoing efforts in publishing pamphlets written for the patient, and outlining the expectations of sports medicine physicians, based on the collective experience of our society. These should be made available in the proper setting to coaches, parents, and to athletes.

An additional avenue for educating the public is to make people more aware of our society by encouraging their questions. This can be done through public service announcements and editorials in the written press. An educated and supportive public can only be helpful, particularly as we look ahead at the socioeconomic problems facing medicine today.

The second group upon which we should focus our educational efforts is the young physicians in training. This group includes medical students, family practice residents, pediatric, surgical, and medical residents, as well as orthopaedic residents. I might also include in this group paramedical persons, such as physical therapists, nurses, and trainers. We, as physicians, have to be sure that these people are educated and can help as much as possible in the care of our patients. People have said to me that in doing this we are educating our competition and putting ourselves out of business. That, to me, is so much nonsense. In fact, it works the opposite way. By participating in the education of these people, we are helping to assure that the patients they care for receive quality care. Not only that, but these professionals better realize their limitations, make better diagnoses, and refer more patients that are appropriately treated to the

sports medicine orthopaedist. Some people are also concerned about the number of orthopaedic residents in general, not to mention the number of sports medicine orthopaedists. Again, there may be some ups and downs in the numbers, but there will not be, from what I can see, any drastic increase or decrease in these numbers. Today, we graduate approximately the same number of orthopaedic residents per year as we did 10 years ago and less than we did 15 years ago.

There are plenty of patients and, in fact, there are more orthopaedic patients needing our services now than 10 years ago. We need to assure, through education, that both referring physicians and the public know that for the best quality of care, orthopaedic injuries should be treated by orthopaedists. This is particularly true in sports medicine. Quality care needs to be stressed and this comes by educating people.

Let me say that not only university professors like myself, but all of us need to work at education. As a matter of fact, the University Health Sciences Center as we know it today is changing, and I believe there will be more of a blend of physicians from the private sector in the educational process of the future. To this end, we must have a cooperative effort among ourselves, so that we as physicians can continue an unfettered educational process, with our goal being maintaining and improving the quality of patient care.

In summary, although I have dealt with the past, it is our future with which I am concerned. *A commitment to education* is our heritage. It must remain our central focus point through the turbulent times ahead.