

Presidential Address of the American Orthopaedic Society for Sports Medicine

Why AOSSM? Diversity, Teamwork, and Passion

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I would like to thank Allen Anderson for his introduction and very kind words at this meeting and for his leadership of this organization. It certainly has been quite a task to meet the standards that Allen and all the past presidents have set before me.

It is hard to believe that exactly 50 years ago to the day, July 21, 1967, my family and I entered this country from Italy.

As an immigrant, I feel I have lived the American dream, and I believe everyone here also has had the opportunity to achieve success and prosperity through hard work, determination, and initiative.

I am honored and humbled by the privilege of having served as the president of this great Society. I strongly believe in the importance of the AOSSM and the impact it has had as the leader in orthopaedic sports medicine, but even more notable is its role in taking care of our active patient population in a constantly changing health care landscape. I have titled this presentation “Why AOSSM?” I hope that by the end of it you will be inspired as to what we have accomplished and, as we move forward, the potential greater impact that is within our reach.

In preparation for this presentation, I looked at all the presidential addresses since the inception of the organization in 1973 with Don O’Donoghue as the first president. It is interesting that his presentation⁶ also asked *why*: Why an AOSSM . . . why another society? He asked questions similar to those we are asking today: How can we prevent injury? What are the outcomes of disability, and how can it be prevented? What are the late sequelae from sports

injuries? Don asked why another orthopaedic society was needed, and his question has been answered over time: We are a strong and successful Society, we have a developed body of knowledge with subspecialty certification, and we lead the field of orthopaedic surgery and sports medicine in many areas. My reason for asking *why* is to examine how AOSSM inspires all of us to participate in the organization, strive for excellence in the care of our patients, produce outstanding research, and share knowledge and educate ourselves.

Three inherent characteristics that are the fabric of this Society create an environment for success: diversity, teamwork, and passion.

DIVERSITY

I am sure all of you are familiar with the song “Come Together” by the Beatles. The lyrics of the song are about overcoming individual differences and achieving success. The members of the Beatles, 4 very different people, were able to overcome huge disparities in life and philosophy to become the greatest band in their era. Each verse ends with “come together, right now, over me.” These guys were so distinct, yet they were able to assimilate all their attributes and talents to work together. How does that happen? Why does it happen? If we could all do that nationwide and worldwide, just imagine the type of world we would live in.

This song expresses what I would like to talk about today: Why AOSSM? Why are we successful as a subspecialty organization in the very competitive field of sports medicine and orthopaedic surgery? One of the reasons we are so successful is the diversity of the organization and its membership.

I was born in Italy, grew up in Canada, and recently moved to North Carolina from Iowa, so naturally I will bring a diverse opinion to any conversation occurring in North Carolina or anywhere in the United States.

In *The Difference: How the Power of Diversity Creates Better Groups, Firms, Schools, and Societies*, Page⁷ says that “diversity, as characterized in this book, means differences in how people see, categorize, understand, and go about improving the world.” In that book, *diversity* refers

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not only to diversity in people's identity or race but also to diversity in education, maturity, and research expertise: in other words, cognitive diversity.

The AOSSM is a great organization because of its strong and vibrant membership—clinicians, academics, and researchers from different backgrounds who work together to keep the AOSSM at the top of our game. The Board of Directors and all of our committees are specifically designed to be inclusive of diverse groups in terms of age, type of practice, training, gender, and background, thus enabling the AOSSM to address issues and problems from a broad perspective.

Diversity within the AOSSM also comes from a comprehensive membership, and our Society has representation in every segment described by Rogers and Shoemaker⁸ (innovators, early adopters, early majority, late majority, and laggards)—from members who desire to invent and innovate to those stalwarts who question the validity of new treatments and procedures. This broad representation allows us to develop innovative techniques while at the same time questioning and studying these new methods to make sure they will improve care and will not harm our patients.

One example demonstrating the importance of collaboration and diversity is our *Sports Health* journal, a multidisciplinary publication involving all professionals involved in the complete care of the athlete: orthopaedic surgeons, primary care physicians, athletic trainers, physical therapists, conditioning experts, and others. In sports medicine it is imperative that professionals work together to optimize preparation, provide on-the-field management, prevent injuries, and optimize performance in our teams and athletes.

TEAMWORK

Another major reason for the success of AOSSM is the teamwork that is so widespread in committees, research agendas and collaborative research, publications, organizational philosophy, and everything we do as team physicians.

I have enjoyed a very good life, which I can attribute to the luck of being associated with great people and teams every step of the way. I had the good fortune to have parents and my sister, Toni, who emphasized working hard, always doing your best, and being a true part of the family.

In Italian life, being part of the family means something very significant. My parents had the courage to leave Italy to make life better for our family. I further had the remarkable destiny to meet and marry Alison Blair, an incredibly talented and wonderful woman. We are blessed with 4 wonderful children whose futures are bright. The foundation for my life has been a solid, strong family for my happiness, enthusiasm, and productivity.

My career has similarly been a strong source of happiness and satisfaction. I have made many close friendships through all my training and work and would like to mention some that have influenced me for the better and have shaped my view of life and leadership of the AOSSM. I can look at my experiences in three phases, involving three great championship teams with which I have had

the privilege of working: University of Western Ontario (Ontario, Canada), University of Iowa, and currently Duke University.

My career in orthopaedics started after I met Alison in high school. Her dad, Edward J. Blair, was a general orthopaedic surgeon who spent the last 12 years of his working life in Malawi providing basic orthopaedic care for 11 million people, and I was fortunate to have witnessed the impact an individual can have in leading a team with huge obstacles to overcome.

I went to the University of Western Ontario and played football, and J. C. Kennedy was the team physician who pushed me to apply to medical school as a means of getting into orthopaedics. He was all about loyalty and giving everything you had—playing hurt and overcoming injury were the norms at that time.

At Western, two of the people who influenced my career the most were Peter Fowler and Cecil Rorabeck. I want to thank both of them for everything they have done for my family, for their advice and counseling over the years. Dr Fowler is a consummate team physician who taught me how to be one as well. Dr Rorabeck was the chairman when I was a resident and we have remained very close, and I would consider him my consigliere along with Drs Bill Wall and Stewart Bailey.

We had a great team at the Fowler-Kennedy clinic, and it was very difficult for me to leave to go to Iowa. These guys, along with many in the department, taught me both the fundamentals of our field and the importance of questioning orthopaedic dogma. Sandy Kirkley was the queen of asking questions and questioning biased thinking. Their quest for excellence built the best orthopaedic and sports medicine center in Canada and competed in the United States as well as internationally. As a side note, the only AOSSM presidents from Canada came from London, Ontario—Jack Kennedy and Pete Fowler—and I am honored to have benefitted from their mentoring.

I was at Iowa for 14 years, from 2001 until 2015. It was a wonderful time working for these great coaches and teams, and all of my children attended the University of Iowa. This sports medicine team was truly dedicated to working together to achieve excellence. I had the privilege of working closely with some giants in orthopaedics: Ponseti, Weinstein, Callaghan, and Charlie Saltzman, and I have maintained close friendships with them. Charlie Saltzman is a true leader in not only foot and ankle surgery but also orthopaedic surgery; he and his wife, Ingrid, are genuine, ethical people who move all of us in the right direction.

I want to recognize my current team at Duke University. They are a great group of people with a rich history and tradition of success. They persuaded me to join their team as a means of making a greater impact and perhaps affecting not only the way we practice sports medicine but also the way we practice general medicine in this country.

Developing a culture is the key to success of any team. You can plan and strategize, but if a winning culture does not exist, it will be difficult to succeed. What drew me to Iowa was the academic culture that was pervasive throughout the department. I am not sure who was

responsible for developing the culture, but it existed everywhere: question everything, educate, share knowledge, and improve the specialty of orthopaedic surgery by getting involved in many different aspects of the specialty.

I wanted to highlight another couple of examples where collaboration and teamwork have led to extraordinary accomplishments. I was fortunate to be involved from the beginning with the Multicenter Orthopaedic Outcomes Network (MOON) and I was a participant in the Multicenter ACL Revision Study (MARS). MOON was established in 2001 to assess patient outcomes after anterior cruciate ligament (ACL) reconstruction. This National Institutes of Health (NIH)-funded consortium consists of 18 sports medicine physicians across 7 sites. Beginning in 2002, this study has been able to attain more than 85% follow-up at both 2 and 6 years post surgery from more than 3500 enrolled patients. It continues to enroll and follow patients, with the goal of identifying predictors of good outcome and, conversely, the risk factors for poorer outcomes following an ACL reconstruction.

In 2004, MOON expanded and established the MOON Shoulder Group—a complementary group of physicians who were interested in shoulder injuries. This group consists of 16 physicians across 8 sites. The long-term objectives of the MOON Shoulder Group's research are to lend insight into the natural history of rotator cuff disease, to identify patients at risk for progression of rotator cuff disease, and to assist physicians in the management of patients with these shoulder injuries.

MARS was established in 2006 with the active endorsement, collaboration, and initial funding from the leading orthopaedic sports medicine specialty society—the AOSSM. This study is currently funded by the NIH.

PASSION

I believe that our Society has a culture that entails the desire to support and produce the best research, improve education, publish with the most rigorous peer review, provide subspecialty certification, and take the high road to making orthopaedic surgery and sports medicine as effective as possible for our patients. Through these metrics we are striving to be the leaders in sports medicine.

Sinek⁹ clearly explains that understanding why you do something is the key to success and long-term stability. It is a source of inspiration and will lead individuals and organizations to greater heights and achievement. If you can't answer why you get up the morning to do what you do, you likely will be disappointed and will underachieve. As far as our organization is concerned, we have the process well outlined (the *how*) and we have achieved excellence in many areas (the *what*). Development of the culture or passion within an organization comes from many directions, but the organizational leadership is responsible for developing and cultivating the strategic vision. The organizational leaders propagate the reason for the existence of the Society (the reason why) through their decision making, communication, and messaging about everything the Society does: in other words, for

making sure we all know why we do what we do. I recognized earlier the history and past presidents of this Society, and I want to thank the current Presidential line and the Board of Directors for their leadership and commitment to the success of the AOSSM.

AOSSM UPDATE

Going along with the theme of this address, I believe it is a good time to update you on the status of the Society and the work of the Board of Directors this year. Many of these items reflect the success of AOSSM and also demonstrate what the members and the committees have been inspired to achieve.

Our membership continues to steadily climb: We have more than 3600 members from around the world, which is up 12% from 2016. What is most promising is that this past year more than 150 candidate members upgraded to active membership status.

The Society's Medical Publishing Group portfolio and operations have grown tremendously over the last few years thanks to the tireless work and leadership of Bruce Reider. From the business side, we recently completed a new 5-year publishing agreement with our publisher, SAGE, that will help grow our journals well into the future. Over the course of the next 5 years, if trending continues forward as projected, this new contract could provide more than \$13 million of revenue to the Society. Thanks to the Medical Publishing Board, the editorial team, reviewers, and all the contributors, *AJSM* has become the number 1 rated publication for orthopaedic journals. The current *AJSM* Impact Factor rating has reached its highest level yet, at 5.673. *AJSM* is rated number 1 out of 76 journals in orthopaedics and number 4 overall in sports sciences. *Sports Health* is now indexed on multiple scientific sites. We publish 6 issues a year offering more than 480 pages of multidisciplinary articles, and our annual circulation is more than 25,000 readers. And finally, with *OJSM* we are celebrating our 5th year of open-access publication. We have increased our output to 25 articles per month, full-text downloads will likely surpass 500,000 in the next year, and with the international stature of the AOSSM around the world, we continue to expand our publishing partner platform with some 20 collaborating societies.

Education continues to flourish for our Society, and each of our events this past year enjoyed excellent attendance, world-class content, and financial success. We continue to collaborate with other organizations, including the American Academy of Orthopaedic Surgeons (AAOS), Arthroscopy Association of North America (AANA), American Medical Society for Sports Medicine (AMSSM), National Athletic Trainers' Association (NATA), American College of Sports Medicine (ACSM), and American Orthopaedic Foot & Ankle Society (AOFAS), to name a few; in fact, we have interacted in some form or fashion with more than 30 national and international sports organizations over the past 12 months. Upcoming courses in the next year include AOSSM/AAOS Orthopaedic Sports Medicine Review Course; Baseball

2017—Youth to the Big Leagues Managing the Developing Player; The Cutting Edge 2017: Arthroscopic and Open Shoulder Techniques in the Athlete's Shoulder; and Advanced Team Physician Course.

We also are currently in the coordinating stages of programs with the National Football League (NFL) and National Hockey League (NHL), and the Board is considering programming with Major League Soccer (MLS). On the global front—and in line with our 5-year strategic plan—we continue to partner with many leading international organizations and Fellowship partners.

AOSSM's research program has blossomed over the past decade, and we believe research will continue to fuel the growth of sports medicine. Toward this end, under the direction of our Research Committee, we continue to provide new grants to support sports medicine research such as the new Aircast Foundation Grant to study return-to-play issues and our 3-year research program, which is underwritten by RTI Surgical Systems. Commencing this year, the next 3-year initiative is valued at \$330,000 and is focusing on *Biologics for Prevention and/or Treatment of Posttraumatic Osteoarthritis in Sports Injuries*. It is amazing to note that this is the third such 3-year research project—which spans almost a decade. Special thanks to Peter Indelicato, who played a significant role in securing RTI as our ongoing partner. And finally, with the Bart Mann Award for the Advancement of Sports Medicine, this year we are underwriting 3 individuals to serve on NIH grant application study-sections.

We enjoy a broad membership from young to old, past presidents to new members, and we welcome innovation and new ideas while maintaining and honoring tradition in this Society. A broad diverse approach to everything we do in our Society will lead to a strong and progressive organization ready to face new challenges. And thus, part of being an enlightened organization is to invest in the future—which is why our Traveling Fellowships Program is so vital. This year AOSSM supported 3 traveling fellowships: AOSSM to Asia-Pacific Knee Arthroscopy and Sports Medicine Society (APKASS), April 5 to April 29, 2017; European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) to AOSSM, July 1 to July 23, 2017; and AOSSM to Sociedad Latino Americana de Artroscopia, Rodilla e Deporte (SLARD), July 28 to August 20, 2017. What I like about this program is that we take leaders and established members and pair them with traveling fellows who represent the next generation of leaders in sports medicine. It's an incredible, forward-thinking, bonding, and cultural experience.

Having been a member of AOSSM since 1991 and having attended every board meeting during the past 7 years, I can report today with certainty that we have a strong, dynamic, and effective organization fulfilling its strategic vision.

CURRENT ISSUES

Regarding some of the challenges facing our Society, I would like to spend a couple of minutes updating you on

the accreditation of our fellowship programs and maintenance of certification. I can report to you that we have made significant progress with the Accreditation Council for Graduate Medical Education (ACGME) and the next accreditation system. One of the main issues of controversy was the requirement for stand-alone, independent programs to be affiliated with a residency or institutional program. We have been working with the AAOS, American Board of Orthopedic Surgery (ABOS), and AANA, and last month the ACGME announced that it has agreed to lift the requirement that all programs need to be affiliated with a core institution and become institutionally affiliated. In addition, ACGME policy of restricting new program development has been removed. We recognize the contributions of the more than 40 stand-alone programs, and the AOSSM is committed to working with AANA and ACGME to continue to improve fellowship accreditation in making the process more streamlined and less onerous to all programs.

Currently, many members ask, what is the value of subspecialty certification and ACGME accreditation?

Orthopaedic sports medicine has 95 ACGME-accredited fellowships that graduate 220 fellows, or approximately one-third of all orthopaedic residents. One of the key reasons AOSSM sought subspecialty certification was to elevate the level of education and consistency in orthopaedic sports medicine fellowship training. Prior to obtaining subspecialty certification in 2007, only 55 of the 95 programs were ACGME accredited. Now, all 95 programs are accredited. The only subspecialties with subspecialty certification and universal ACGME accreditation for fellowship programs are sports medicine and hand surgery.

So *why* subspecialty certificate in sports? Why accreditation? This is related to the question of this presentation: Why AOSSM? What inspires this organization to strive to be the best? What inspires us to produce the best research and publications?

Later at this annual meeting, Coach Krzyzewski will discuss important aspects of team building. In his book, *The Gold Standard*, he confirms, "There is no formula, no recipe, no easy step-by-step process. . . . Team building is hard work!"⁵ When you have a broad and diverse membership like our members, just like a bunch of NBA superstars, it takes time and effort to become a solid team with focus. And it all comes back to why we do what we do.

As physicians we took an oath to do our best in taking care of patients. Chris Harner, in his presidential address, said that we should be invested in lifelong learning and continue to strive to improve.³ Bob Arciero called it "embracing our craft,"¹ Peter Indelicato told us to "aim high,"⁴ and Jesse DeLee said, "keep your eye on the ball."² All of these messages were about striving for excellence in what we do every day. We should strive to be the best orthopaedic surgeons and clinicians we can be, and as part of that process, we should have rigorous standards for certification and maintenance of certification. Subspecialty certification and working through the ABOS have been good for sports medicine and our Society in elevating the quality of work we do and how we practice.

WHY AOSSM?

We have grown and we have achieved significantly as an organization. By every measure, we are not just doing well, but we are realizing excellence in many of the things we all do. As long as we continue to do things for the right reasons, keep asking why we do things, and have the passion to complete the task, then this Society will remain in good shape for years to come. To take this a step further, we all know musculoskeletal disease continues to be a significant burden on our society and worldwide. As sports medicine providers, we are well positioned to apply our multidisciplinary models to the care of the general population, the underserved, and people with comorbidities, obesity, and heart disease. As members of the AOSSM and as an organization, we can take on this challenge and improve the way we deliver care to our communities and difficult populations in order to reduce the overall burden of musculoskeletal disease and prevent these chronic conditions.

Year of Change

I would like to acknowledge all the staff at the AOSSM for their unbelievable efficiency, dedication, and desire to just do their best. When you believe in the organization and its principles, it is easy to see why all these great people are driven to succeed and do well. Camille Petrick as Managing Director, along with a fabulous staff of 20 people, I can't thank you enough for all that you do and the way you all do it . . . professionally and expertly. I thank Sue Serpico particularly for keeping my office staff and me in order this past year after moving from Iowa to Duke.

Last year Allen Anderson outlined our focal challenge and process to find a new executive director to replace Irv Bomberger as the CEO of the AOSSM. Irv was honored in Colorado and we presented him with a parting gift, which he recently exercised with his wife Judy with a wonderful trip to Scotland.

This year was a year of change with Greg Dummer coming on as Executive Director. Greg has performed incredibly

well as the new leader in an organization with such a tremendous and rich history. Greg has brought some new assets and characteristics to the job and has taken the position with humility, listening to the current and past leaders of the Society and learning from the history of the organization. We are in very good hands with Greg in the AOSSM office, maintaining and developing relationships with other organizations, members, and industry and always looking at things strategically. He works in a very collegial and collaborative sense, which is essential in this organization. Thank you, Greg, and all of the staff for keeping the AOSSM perched at the top of its game.

Finally, I want to thank all of you for allowing me to express my feelings on how privileged we are to be part of such a great profession and to have the opportunity to contribute to this dynamic Society. It has been an honor to serve as your president, and I look forward your continued success.

REFERENCES

1. Arciero RA. Presidential address of the American Orthopaedic Society for Sports Medicine: Embracing our craft, the only solution to the challenges of today and tomorrow. *Am J Sports Med.* 2015;43(12):2877-2882.
2. DeLee JC. 2012 AOSSM Kennedy Lecture. Rosemont, IL: American Orthopaedic Society for Sports Medicine; 2012.
3. Harner CD. Presidential address of the American Orthopaedic Society for Sports Medicine: Lifelong learning—mandate or mission? *Am J Sports Med.* 2013;41(12):2742-2745.
4. Indelicato PA. Presidential address of the American Orthopaedic Society for Sports Medicine: How good do you want to be. . . aim high. *Am J Sports Med.* 2012;40(12):2690-2693.
5. Krzyzewski M. *The Gold Standard: Building a World Class Team.* New York, NY: Business Plus; 2009.
6. O'Donoghue DH. Presidential address. *J Sports Med.* 1973;1(3):12-14.
7. Page SE. *The Difference: How the Power of Diversity Creates Better Groups, Firms, Schools, and Societies.* Princeton, NJ: Princeton University Press; 2007.
8. Rogers EM, Shoemaker FF. *Communication of Innovation: A Cross-Cultural Approach.* New York, NY: The Free Press; 1971.
9. Sinek S. *Start With Why: How Great Leaders Inspire Everyone to Take Action.* New York, NY: Penguin; 2009.