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What is This?
Success in Your Sports Medicine Career With a Purpose-Driven Life

James R. Andrews,* MD, President, AOSSM

So, what about the importance of sports medicine history? Well as history dictates, if you don’t know where you have been you certainly don’t know where you are going. So let’s look back in time at the development of sports medicine and the team physician.

Hippocrates reportedly was the first team physician and the original Father of Sports Medicine. He was a Thracian physician of the 5th century, BC, who rendered his fundamental theories on the use of therapeutic exercises for the maintenance of health and treatment of disease. Reportedly, Hippocrates’ father sent him to the Isle of Crete to study sports medicine from Herodicus. Noteworthy was the fact that he was both a physician and an athletic trainer.

There have been an abundance of sports medicine theories in practice since then. Some good, some bad, with lots of inconsistencies. The one fact that has been consistent through history is that athletic competition does produce injuries, some of which are severe, career ending, and even deadly.

Modern sports medicine really began in 1890 at Harvard Medical School. At Harvard, significant injuries were recognized and, because of this, a program was instituted to educate the players about the need for personal fitness, the use of proper gear, and the need for treatment for all injuries and the importance of rehabilitation. Also at Harvard, team athletic trainers and therapists were provided and escalated in importance along with the team physician. Later, in 1957, Harvard’s team physician Dr Quigley would give us the “Athlete’s Bill of Rights.”

From the early 1940s and ’50s many scientific articles were published in the US which began the scientific basis for sports medicine as we know it. After World War II, a whole new arena of sports medicine arose with the coverage of athletic events on the sidelines. The leader in this coverage explosion was one Jack C. Hughston, who with his group of physicians covered high school games on Friday nights and Auburn University and other colleges on Saturday. In the 1950s, Don O’Donoghue, the team physician for the University of Oklahoma, became the father of modern sports medicine. His book, entitled Treatment of Injuries to Athletes, was considered the bible for sports medicine physicians.

The development of the following establishment was a milestone in the formal development of sports medicine as an orthopaedic subspecialty.

Our own American Orthopaedic Society for Sports Medicine was born in 1972. That inaugural was held in conjunction with the annual meeting of the AAOS in Washington, DC, with Don O’Donoghue as President. Along with the establishment of the AOSSM in 1972 was a very important journal, The Journal of Sports Medicine, with Jack C. Hughston, MD, as its initial editor. It later became The American Journal of Sports Medicine.

From the 1970s to the present there was an explosion in the academics of sports medicine. The explosion was led by the arthroscope and was transformational. This was the most important technical advancement in the last 40 years thanks to the late great Robert Jackson, MD, in 1964. Because of this, modern ACL surgery and other acute and chronic ligamentous surgeries were developed.

In addition, the first Sports Medicine Fellowships were established in the early 1970s. These fellowships were really apprenticeships that were individually organized, had various lengths of training, and were usually a one-on-one experience. Noteworthy along with the leadership from other collaborative sports medicine groups, the modern sports medicine team was born.

Through all of this even today, the hallmarks of a good sports medicine physician are availability, compassion, gentleness, honesty, communication, and a true love of being helpful to those who show good sportsmanship. Priorities

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and responsibilities of the sports medicine team were also established. The number one priority is to the player, number two to the player’s parents, then to the team coaches and to management and ownership and others.

For most, sports medicine became a passionate hobby; almost a full-time hobby if done right.

Why do we do it? Number one is for community involvement and interest. We do it also because we enjoy it. We do it because it is the right thing to do and you are expected to do it voluntarily.

SUCCESS IN SPORTS MEDICINE

Let’s now discuss what drives success! Please let me first preface and qualify my remarks in this next section by a quote from the book *The Road to Serfdom*: “A man does not and cannot know everything—and if he acts like he does disaster ultimately follows.”1

I do speak with some authority, and I feel qualified having grown up as a small-town Southern boy from Homer, Louisiana, to give you some advice on success in your careers based on down-to-earth common sense.

Therefore, I picked the following title for this presidential address. Take a look at it again, it is entitled “Success in Your Sports Medicine Career With a Purpose-Driven Life.”

We must first stop and take time to reflect on what makes us successful. In doing so, let me first present to you my key recommendation for success in your sports medicine careers.

**Positivity**

Number one is positivity. Leading a positive life is powerful; positive thoughts should have a 5-to-1 ratio, preferably a 10-to-1 ratio, over negative thoughts. Of note, optimist setbacks are temporary challenges that are not personal. Pessimist setbacks are just the opposite.

Optimists make adjustments. Pessimists make more mistakes. Deep down, optimists accept the challenge and succeed.

**Humility**

Next is humility. Humility is equally as important as positivity for a successful career. Humility is the basis for good mental health because it allows you to think clearly and expand your horizons. Humility allows you to be a listener and not a talker. It is the first step for greatness.

St. Francis of Assisi summed up humility in this quote: “Preach the gospel at all times and if necessary use words.” That means be humble and walk the walk not just talk the talk and lead from the front.

**Burning Desire**

Next on my list is the development of a “burning desire.” In other words, don’t be content. When I select fellows for our Orthopaedic Sports Medicine Fellowship, one of the key ingredients I look for in our candidates is a burning desire that overshadows all of their previous accomplishments.

I would also recommend that you keep a journal or a diary of all of your successes. Be sure to write down all of your goals, don’t just think them.

**Goal Setting**

Speaking of goal setting, it is important to establish your goals, which help determine your priorities in life. Your first priority is your faith, and a close second is your family. Your continued education along with your moral and ethical character is third, and your career is for a lifetime.

**Compassion**

Next is compassion, which is a necessary attribute to develop, particularly in the medical field. As physicians we are often criticized as being arrogant, underserving, and not caring. Compassion is something that may come naturally for some physicians and other personnel but not for all. Compassion is something you need to work on.

The stress associated with the long hours in the medical profession can easily allow you to slip into an uncompassionate category so be aware of that and constantly “mend your fences.” When we speak of compassion, we in the medical field desperately need some good public relations. I would recommend to you that in your practice you develop the habit of giving something away free every workday—something I learned from one of my mentors, Lanny Johnson.

**Appreciation**

Appreciation is also extremely important in your career development and success. Appreciation for what others do is the best motivator for those who work around you. Appreciation should be done openly and in public. Criticism, on the other hand, should be done privately and not over the electronic media such as e-mail and/or text messaging.

**Persistence**

Persistence has its own legacy in your success. It can absolutely be the key that unlocks the door and defines your future. When we talk about success, we have to talk about how to use persistence to handle failure. In the quest for success every one of you will encounter that closed door marked failure. To handle failure, we must feed our strengths and starve our weaknesses.

In doing so, you will realize that failure is merely an obstacle that can be unlocked with the key of persistence.
Looking back at history, you will find that some of the greatest people that have ever lived suffered multiple defeats but had the courage to persist.

Persistence

How you handle failure is obviously the key. For me personally, I live by the quote that says, “The only results I ever remember are my bad ones.” That is to say that I studied my not-so-good results and I concentrate on eliminating those results to improve my overall patient care.

Here’s a quote from President Calvin Coolidge: “Nothing in the world can take the place of persistence. Talent will not; nothing in the world is more common than unsuccessful men with talent. Genius will not; unrewarded genius is a proverb. Education will not; the world is full of educated derelicts. Persistence and determination alone are omnipotent.”

Never Give Up

You have already heard me talk about one of my favorite sayings: “Never give up.” By the way, there is no substitute for maximum effort. Never giving up conquers any fear. Fear is a gift; it is a major ingredient for developing courage which can overcome all fear. For you historians, the scripture’s definition of fear is “solemn respect.”

Availability and Communication

Availability and communication are also essential for success. In our orthopaedic specialty of sports medicine, I often comment that lack of availability and communication are the two major reasons for career failure. Certainly, availability to take care of patients is essential. You cannot take the attitude of “well I am too busy”; instead you have to say “I will make time for that particular situation.” Communication is equally important. Someone asked me recently about my recommendation to improve communication. I had a simple answer to that question: “Answer the telephone.”

Honesty

The next category that is so essential in the medical field is to be honest, with high ethical standards. Certainly you have to be honest and realistic with your patients, your peers, and those about you.

Ethics

Ethics can be harder to define and sometimes elusive and confusing. For me, medical ethics can be defined as the rules of standards of conduct governing the members of our profession. You have to establish your medical ethical standards and you have to live by them. In some incidences your ethics will be challenged, therefore you have to develop your own system of moral principles and values and stick by them.

Personal Health

What about personal health? To conclude my list of key recommendations for success in your sports medicine careers, last but certainly not least is a healthy lifestyle. As you all know, the body is the most fascinating machine ever created. Our job as medical doctors always has been devoted to keeping others healthy. It is also our responsibility to take care of our own bodies. Remember, you are not bulletproof.

Research has proven that the healthiest people have developed these 7 good habits: They never smoke cigarettes, have regular physical activity, use alcohol either moderately or never, get 7 to 8 hours of sleep each night, maintain their proper weight, eat breakfast, and avoid eating between meals. They live by moderation and not excess! I must confess, some of these I learned the hard way!

The moral of this story is, the people that develop these habits have an average life expectancy of 11 years longer than people who do not develop these habits. That may not seem important at this stage of your life, but it will. Here is a question: “Who wants to be 92?” Well, the answer is everybody that is 91. I hope you get the point.

OTHER KEYS TO SUCCESS

There are some other keys to success that are important. During my 38-year career, I have been fortunate to have worked with a great team and had great skilled mentors who helped make me successful. I have always believed in giving credit for my own personal success to those gentlemen whose shoulders I stood on. There are 3 mentors I would like to especially thank. The first one is Jack Hughston from the Hughston Clinic, next is Dr Frank McCue from the University of Virginia, and equally important is Professor Albert Trillat from the University of Lyon in Lyon, France.

Along the way I have also learned to live by a few mottos that include “Be patient, but do it in a hurry.” I am still listening and learning. Number three, “always be open minded.” Number four, “‘we’ makes ‘I’ stronger and this is not an ‘I’ world but a ‘we’ world.” By the way, Dr Hughston used to tell me that if you are green you are growing and if you are ripe you are next to rotten. Remember that.

I want you to think about the quote by Albert Schweitzer, when he said success is not the key to happiness; happiness is the key to success. If you love what you do you will be successful. Once you are successful, the real challenge is to maintain that success. So my advice to you is, go to bed early, get up early, make your medical career your hobby, remember that economics is important but don’t let it overwhelm your objectives to provide the best patient care possible.
THE DEFINITION OF SUCCESS

The first Webster’s Dictionary ever printed in 1806 describes success as being fortunate, happy, kind, and prosperous. Today’s modern dictionaries define success as attainment of wealth, fame, and rank. The moral of this information is we need to go back to the 1806 way of thinking and we must ask the question, “Have we lost our moral compass?”

The following is a very important issue, and the AOSSM has established the following guidelines in 2005. It is important for us to understand the principles for selecting team medical coverage. Let’s discuss the AOSSM guidelines. The AOSSM recognizes many physicians, medical organizations, and teams are committed to maintaining the high standards long established by the medical profession. Therefore, the selection of a team physician should be based upon sports medicine capabilities through the best care available. The selection of team medical staff should not be based on financial incentives offered by the physician and/or his or her institution. The team should fully disclose any sponsorship advertising or financial arrangements that the medical staff or its institution have made with the team. The team and medical staff should ensure appropriate communication (within legal limits) to players, other medical providers, and management to provide for a more open understanding regarding the health care environment.

As you probably know, we have a national initiative entitled The STOP (Sports Trauma and Overuse Prevention) Program for youth sports. Everyone has to get involved—make an impact. All of the sports medicine disciplines agree that the time is right to make a major impact in prevention. AOSSM as world leader in research and education has a unique opportunity to lead the way. It is our responsibility to get involved, all of us. We will focus on 20 different youth sports both on the trauma side as well as the overuse side. Please go to our website, www.stopsportsinjuries.org, for further information.

Our goal is to keep our young athletes out of the operating room and on the playing field. I would like to give special thanks to the STOP Steering Committee and its Chair, Dan Matthews.

A Council of Champions is being completed. Neal ElAttrache and I are Co-Chairmen. The purpose of this Council is to help promote, influence, fund, and stimulate the goals of the STOP Program. The Council has members from celebrity athletes to all categories of sports as well as influential business leaders and other professionals. Noteworthy are John Smoltz, future Baseball Hall of Famer and ESPN baseball analyst, along with Sam Bradford, Tom Brady, Jack Nicklaus, Brett Favre, and Shaquille O’Neal. In summary, related to the STOP Program, this national initiative has multiple-year goals. We still have a long way to go. Please help us keep our kids on the playing field and out of the operating room.

You have heard me talk already about how important appreciation is as a major key to success. In accordance, the next segment of my address is The State of Affairs of Our Society—the AOSSM.

PATHWAYS TO EXCELLENCE

The AOSSM is a flourishing society and has had tremendous growth for the last 10 years. It is a flourishing organization that will enable us to progress to continue success based on moral excellence, intellectual excellence, and interpersonal excellence, particularly friendship.

These individuals have helped make AOSSM very successful. Number one is our executive leadership; our AOSSM has reached new heights in success under the able leadership of our Executive Director, Irv Bomberger. We all owe this gentleman a great hand of appreciation.

I also want to pay special appreciation to our executive staff for our Society’s success. Camille Petrick is our Managing Director. Please let me take this opportunity to pay special thanks to Camille for her 20 years of service to our Society.

Now let me present our other AOSSM staff structure.

First is Debbie Cohen, Director of Corporate Relations. Debbie needs special appreciation for her Corporate work, which contributes approximately 36% to our annual budget.

Jan Selan is our Education Director.

Bart Mann is Director of Research.

Susan Serpico is Executive Assistant.

Debbie Turkowski is Manager of Member Services and Programs.

Lisa Weisenberger is Director of Communications.

Mary Mucciante is an Administrative Assistant.

Heather Heller works on Education and is our Fellowship Coordinator.

Ken Hoffman is Director of Finance.

Kristy Overgaard is Editor and Production Manager.

Michelle Shaffer works with exhibits and is an Administrator Coordinator.

Pat Kovach works on education and is a Meeting Coordinator.

Susan Brown Zahn works on Distance Learning.

Next, let me share with you a brief synopsis of our major programs. First are our journals. The medical publishing group is overseen by the Medical Publishing Board of Trustees headed by Doug Brown. Bruce Reider, MD, is the Medical Publishing Board Executive Editor and is Editor-in-Chief of The American Journal of Sports Medicine. Under his leadership, the journal has become the crowning jewel of our Society. Financially, it contributes approximately 30% of our annual budget. Special thanks goes to Donna Tilton, Senior Editorial and Production Manager The American Journal of Sports Medicine.

Ed Wojtys, MD, is Editor-in-Chief of our new multidisciplinary journal, Sports Health: A Multidisciplinary Approach, which has experienced unprecedented growth and financial success.

The AOSSM’s Education and Program Committee is under the leadership of Mike Cicotti. Our Education Program has flourished not only here in the US but around the world.

The next committee is public education. Barry Bowen has been our Chair of Communications, and under his
leadership we have reached new heights for public and professional outreach by the Society. The STOP Campaign has been a major focus, and staff liaison Lisa Weisenberger needs to be given some special recognition.

The AOSSM Research Program, under the leadership of Scott Rodeo and his committee, have been successfully working together on multicenter investigative projects. Special thanks to Burt Mann, PhD, our Director of Research.

Robert Arcerio, MD, has shepherded very wisely our AOSSM and medical publishing budgets through some trying 2008 economic times. Along with the help of our Society office, our Director of Finance Ken Hoffman, CPA, and our investment advisor Mike Joslin, we are now sound financially, with a net worth of $10 million.

The Council of Delegates, under the leadership of Pattie Kolowich, MD, is truly the heart and soul of our Society. Thanks to all of you for the direction and guidance that you have given me relative to the STOP Campaign.

The Fellowship Committee: The best thing that happened to me this Presidential year was that we did not have to spend 2/3 of our board time on fellowship match. Thanks to Chris Harner, MD, as Past Chair and Ed Amendola, Current Chair of the Fellowship Committee. Thanks also to Doug Brown who is in charge of the match oversight committee.

Our future could not look brighter for our Society. Special recognition should go to our Past Presidents, as shown here at our 2010 Past Presidents’ Retreat (Figure 1).

What about orthopaedics and sports medicine in the future? As Coach Dale Brown told me, “Failing to prepare is preparing to fail.” In other words, tomorrow belongs to those who prepare for it today. Our future, which looks to be excellent, is just around the corner and it is unbelievable. I am sure that it is also purpose driven.

So what about the future? As my wife Jenelle constantly reminds me, “Remember, if you are still talking about what you did yesterday you aren’t doing much today.” For you young guys, the future of sports medicine physicians will have to be more supplicated than ever. You will have to be fellowship trained, you will have to be holder of a sports medicine subspecialty certification, you will need to possess administrative capabilities to formulate an efficient sports medicine team that includes all of the medical disciplines, athletic trainers, sports physical therapists, and others. As previously mentioned, prevention will become more important than treatment, especially with the epidemic rise in injuries in youth sports.

All in all, though, the future looks great. We are at the genesis of medical advancements in the treatment of orthopaedic sports injuries. I am sure that as the arthroscope was a transformational event in the ’70s and ’80s that revolutionized sports medicine to the hereafter; there will be other breakthroughs in this millennium!

I would be remiss about our future unless I mentioned the importance of spirituality. Remember that there is a supreme being up there that has a guiding hand on us. We should honor Him, give credit to Him, and thank Him for our success as we move forward with a purpose-driven life.

Special thanks also goes out to my wife Jenelle and my family.

Special appreciation to Mike Immel as my banker, business advisor, and administrator over the last 37 years. As Jenelle says, “Mike, surely God has a place for you in Heaven!”

Special thanks also goes out to my orthopaedic partners, and all of my office and foundation staff in Birmingham and Pensacola.
Sincere appreciation to my senior partner, Bill Clancy, who has been a close friend, advisor, and confidant for all these years!

Grateful appreciation to Lanier Johnson, Executive Director of ASMI, who has worked with me for 25 years.

I also want to give special appreciation to my close friend and program chair for the past year, Neal ElAttrache, MD.

I also want to recognize all of my current and former fellows for helping make my career so successful.

In conclusion, I want to leave you with this one last thought. If you have not heard anything or if you don’t remember anything I’ve said today remember this: If you love what you do and do what you love, you will be successful in your career and in life.

As I close I wonder how I can say thanks to all of you, so I will quote the late and great basketball coach John Wooden when he said “Although thanks is a rather simple one syllable word that is too often used without true feeling, when used with sincerity no collection of words can be more meaningful or expressive.” So with that said, thank you for allowing me to represent your Society during this past year.

REFERENCE