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## **Presidential Address of the American Orthopaedic Society for Sports Medicine: Embracing Our Craft, the Only Solution to the Challenges of Today and Tomorrow**

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# Presidential Address of the American Orthopaedic Society for Sports Medicine

## Embracing Our Craft, the Only Solution to the Challenges of Today and Tomorrow

Robert A. Arciero,\* MD, *President, AOSSM*



Thank you Jo for those very kind remarks. Jo and I have been colleagues for almost 25 years. I had just returned from the Persian Gulf War and was awarded the position of fellowship director at West Point when we met. As a 36-year-old major in the Army and junior surgeon faced with the responsibility of “training” folks like Jack McBryde,

John Uhorchak, Dean Taylor, Pat St. Pierre, let’s put it this way: I felt unqualified. West Point and HSS have always enjoyed a strong relationship; I picked up the phone and called Russ Warren and asked if I could come down once a week and look over his shoulder while he did cases (I also took advantage of looking over the shoulders of Tom Wickiewicz, Steve O’Brien, and Dave Altchek). They were very generous with their knowledge, and although I was not one of their fellows, I felt much more than a visitor. It was during this time that I met Jo. I was always impressed with her intellect, her passion for sports medicine, her commitment to education and research. When I was about to retire from the Army and transition to “civilian practice,” I asked Jo if she had one piece of advice to give me what would it be? Without hesitation, her reply: “Always take the high road.” Now, 15 years later, I really understand what she meant. Thanks again Jo, and I have to say right up front, you have been a tough act to follow as President of this great Society.

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Before I get into the theme of this address, it is my distinct pleasure to update you on your Society and the workings of the Board this year.

One of the biggest challenges before the society and the Board has been the controversy surrounding the ACGME’s Next Accreditation System requirements as it relates specifically to our fellowship programs. All programs must now be affiliated with a core institution or must become institutionally accredited. This requirement, and the ACGME policy that it will no longer accredit new stand-alone programs that are not affiliated with a CORE program, has served to spark controversy. This policy has the potential to be divisive if the Society were to stand idly by and not speak up for the interests of the stand-alone programs. This topic has been a priority for the Board, and we have developed an Accreditation Task Force chaired by Jeff Dugas. The task force is composed of members from stand-alone programs and university-based fellowships to evaluate mechanisms to streamline and assist all fellowships with the new accreditation process. Ultimately, our goal is to challenge the ACGME policy of restricting new program development. We recognize the contributions of the over 40 stand-alone programs. The AOSSM is committed to working together so this does not become divisive or is viewed as an “us and them” situation. We are in this together.

Another item concerns performance measures. In 2014, the AAOS established a Performance Measures Committee, chaired by our own Warren Dunn, in a response to the CMS-directed requirement to begin the process of measuring performance of physicians as it relates to the quality of the care we provide. As we transition to the concept of value-based care, we must be able to provide our value in some tangible manner. Demonstrating value will ultimately be the basis for reimbursement. A Performance Task Force has been developed by the AOSSM, with Jed Kuhn as Chair. We have been part of the AAOS Summit and BOS meetings, as well as a year’s worth of communication almost on a weekly basis. In February 2015, a meeting of collaboration with presidents of the ASES and AANA, spearheaded by Rich Hawkins, was convened to agree on responsive and valid outcomes criteria for the shoulder and knee primarily. We have a lot of work to do

before we can embrace a subset of outcomes measures and apply it to measure performance, but the task force is totally committed to this daunting work so that we can apply it in our practice. We want to make this process as easy as possible for all surgeons. We are also looking at systems to capture data and registries. We should see this as an opportunity for us to demonstrate real evidence that what we do has a positive impact on patients' lives. We must remain in charge of this process and not have it dictated to us.

The newly formed Team Physician Committee, chaired by Tim Hosea, has been very busy. Recently, the legality of a team physician providing care for his or her respective team when traveling out of state where the physician is not licensed has come into question. In concert with the Council of Delegates and initiatives from Chris Kaeding, we are working to help expand the practice privileges of team physicians traveling out of state. Twenty-four states now have provisions so that team doctors can care for their team when on the road. The AOSSM, AAOS, and AMSSM and others have helped introduce bills before the House and Senate to ensure medical liability for traveling team physicians so we can continue to care for our teams in the manner we know to be appropriate.

Another related issue has been the subject of transporting and distributing medications for our athletes across state lines, which has also been the subject of national headlines. The Committee worked with AOSSM's legal counsel to develop a primer, *Dispensing Drugs in the Sports Team Setting*, outlining the restrictions on transporting controlled substances, to include prescribing and dispensing prescription drugs and OTC medications across state lines. These are issues we can no longer take for granted, and the Committee is working to help us to continue to do our job without breaking the law.

With regard to advocacy, our Committee on Legislative and Regulatory Affairs, chaired by Steve Weber, has been busy challenging the CMS rule that the shoulder is "one joint" and therefore all procedures we do in this complex joint require bundling under one code. These efforts have culminated in a face-to-face meeting in Baltimore with CMS officials and a cross-section of orthopaedic leaders, including:

William Beach, MD, *President, Arthroscopy Association of North America; Member AAOS Coding Coverage & Reimbursement Committee*

Julie Dodds, MD, *Member of the Board, Arthroscopy Association of North America*

William Mallon, MD, *President, American Shoulder & Elbow Surgeons*

Louis McIntyre, MD, *Treasurer, Arthroscopy Association of North America; Member AAOS Coding Coverage & Reimbursement Committee*

Stephen Weber, MD, *Representative, American Orthopaedic Society for Sports Medicine; AAOS Fellow*

Gerald Williams, MD, *Vice President, American Academy of Orthopaedic Surgeons*

William Shaffer, MD, *Medical Director, AAOS*

The meeting allowed for a frank discussion and featured a PowerPoint and video presentation on the components of the shoulder as seen by an orthopaedic surgeon. We hope

this will result in change, but regardless, we are grateful to Steve for his time and energy in representing AOSSM and our profession.

Perhaps the most dramatic and exciting event this year, the Society's partnership with the AAOS and AANA, has culminated in the opening of our new Orthopaedic Headquarters and state-of-the-art Orthopaedic Education and Conference Center. Many of you have donated significantly to this cause. The Society has made an obvious commitment to enhance our future education and research efforts. This will be the surgical skills and educational resource for many years to come. Here is brief summary of this year's educational agenda. Suffice it to say the Board and Education Council realize the vital importance of our education program, not only to expand our fund of knowledge but prepare our members for recertification, maintenance of certification, and facilitating lifelong learning.

Once again, *The American Journal of Sports Medicine*, spearheaded by the incredible efforts of editor Bruce Reider, is one of the top cited orthopaedic and sports science journals in the world. Our other scientific publications, *Sports Health* with editor Ed Wojtys and *The Orthopaedic Journal of Sports Medicine*, continue to grow at a rapid pace. The entire staff and many of you members who serve as associate editors, reviewers, and authors of original research drive the quality of these scientific publications. Congratulations!!

My last item of update concerns our research efforts. The Research Committee, chaired by Rob LaPrade, has been prolific. The committee has developed a robust 3-year research initiative focusing on emerging areas of great interest to include ligament and tendon healing and biologics in sports medicine. The Annual Meeting Research Workshop addresses a number of "burning" clinical questions that you, our membership, identified in a 2013 member survey. In addition, while partnering with industry, we have a number of sizeable grants to offer worthy projects submitted by the membership. Sadly, just 3 months ago we lost our Director of Research Bart Mann suddenly. This man was a quiet but incredibly competent director who facilitated all the research efforts I just mentioned. As a tribute, the Board named the last project he helped develop after him. The Bart Mann Award to Advance Sports Medicine Research is a new award that will assist members who are selected to participate in an NIH study section to review orthopaedic and sports medicine grants.

As every president before me has said, I have been blessed to be your President. When I look back on my own career starting at West Point in 1987 and jump forward now 28 years, there is no possible way I could have envisioned standing before you as your 43rd president. I must admit it is a fantasy, and the verse in the song by Talking Heads, "Once in a Lifetime": "How did I get here?" seems apropos.

But seriously, I had many people along the way who influenced, guided, and motivated my career path. And perhaps this serves as a point to begin the theme of my address, what drives me as an orthopaedic sports medicine physician: "embracing our craft." A critical step in this

process is to be open and even to surround yourself and seek mentorship from those who you know have dedicated their own careers to absolute excellence. So I have my own dream team, my "Orthopaedic Dream Team." I must say up front that every fellow, resident, partner, and many of you colleagues here today have had a positive influence on "embracing my craft." But there are several I want to acknowledge. First, Bob Winkquist, one of the world's best modern-day traumatologists, who taught me to challenge that age-old surgical saying, "the enemy of good is perfect"; rather, "the enemy of good is "shitty" and never leave the operating room without operating "hard enough." John Feagin, who taught me how to treat patients, staff, and colleagues. He taught me how to take a history, how to respect orthopaedic history and to strive to be an expert with the physical exam. Tom Parr, an adult reconstructive and sports surgeon, former West Pointer and attending during my residency, who taught me to never accept mediocrity, to maintain endless enthusiasm for this profession and how to take care of soldiers and their families. Jay Cox, my "godfather" during my traveling fellowship, who in those 3 weeks taught me the practical side of our profession, how to be gracious and survive as a military orthopaedist. Russ Warren, who, as for many in this room, has been a role model as the triple threat of being an outstanding surgeon, educator, and researcher. How many of us have seen him at a major meeting taking notes while listening to original research presented by a medical student or junior resident? He is the epitome of lifelong learning and devotion to excellence in our profession. He also has been my "go-to" consultant when I have been stumped with a challenging case. Residents and fellows have heard me say, "I am unsure the best course of action, but I think there is someone who does." And Freddie Fu, as dynamic a person and surgeon this society will ever know. Another triple threat of clinician, scientist, and educator. His continued work on the ACL is a sterling example of a surgeon who refuses to be complacent and is always seeking a better way to care for patients. Someone who is not afraid to say, "The operation I did for 20 years is not perfect, we can do better." Freddie is also the quintessential family man. In my first year as Treasurer, I had a conflict with a Board meeting and an important family event, my son Mike's senior night as a college hockey player at Clarkson University. As I stand here now, I can't believe I struggled with this decision to make the game in favor of my first Board meeting as Treasurer. But Freddie was President and set the issue straight with the simplest of emails, "family first," giving me the ok to miss the Board meeting. I would have missed a goal my son scored in his last home game.

When I thought about these physicians as I began to write this address, I was reminded of the symposium we had several years ago at our Annual Meeting, spearheaded by Mark Miller, on the value of having a coach, "an Orthopaedic Coach," our equivalent of a golf professional's swing doctor. If you really think about it, almost every profession, whether it's a pilot, a business man, an athlete, or an entertainer, has coaches or a system to evaluate and improve performance. If I remember correctly, Dean Taylor had Walt Curl come to Duke and observe many facets

of Dean's practice, all in the name of self-improvement and practice improvement that would pay off for his patients. When I sat there listening to the symposium, I was struck by the reality that our profession has been a bit slow to embrace this concept of seeking a fellow colleague or expert who may not only have additional expertise in a procedure but also has a different perspective on many other facets of "doctoring." I think we as physicians have looked at this kind of thing as remediation, in a more negative spirit. I would suggest we look at this kind of exercise with a far more positive outlook, a way to improve at many different levels. Rather than be intimidated by colleagues we respect and admire, why not be inspired by them? I would encourage each and every one of you, regardless of where you are in your career path, to look to someone you admire and be receptive to improving your entire skill set. I strongly believe this is the most useful and profound way to handle the challenges that face us in the future. No matter what the government imposes, or the continued chipping away of control of our profession by outside agencies, there is no one who can do what we do. They cannot take a history and listen to a patient, they cannot perform a physical exam, and they cannot make a diagnosis. More importantly, they cannot assimilate this information together as it relates to that patient's occupation, family situation, and athletic pursuits, and execute a treatment plan that leads to a successful outcome. We are the only ones who can do this. It is my belief that more than ever before, we need to be the absolute experts in this process. Because of this loss of control in caring for our patients, I have observed and admired my colleagues who have gone on to obtain law degrees and MBAs. The strategy, of course, is to level the playing field and become as knowledgeable in these areas as those who are creating the rules being imposed upon us. But I believe the real answer is to be the best at what we do, what we love to do, and what is our profession.

I once heard Steve Burkhart talk about the technical aspect of our profession, the actual performance of surgery, and he believes a surgeon can spend no better time than to practice the art of surgery. He called being the best surgeon we can be the "burden of our craft." When I heard Steve make this remark, I was energized by the fact that I can practice, practice, practice and improve my craft, which will have direct measurable positive effects for my patients. I know my son Matt has heard a steady mantra from me of practice, practice, practice when I encourage him to get in the batting cage and get better at hitting a baseball. The same can be applied to our surgical specialty. Perhaps many have heard Jim Esch's comment about practicing our craft. He put it in the frame of a question: What do PGA professional golfers do after they complete a round? They go straight to the driving range to improve on what was missing that day in their game. What do orthopaedic surgeons do when they finish surgery? They go to the driving range. . . . You can feel his challenge.

Embracing our craft has many facets. Most important is listening to our patients, using our hands, and performing comprehensive physical exams. I am disappointed in hearing from patients who have seen other surgeons and

volunteer that they had never had a physician lay hands on them. Don Shelbourne reported a study a few years ago in the *Journal of Bone and Joint Surgery* titled "The Art of the Knee Examination: Where Has It Gone?"<sup>4</sup> He circulated a questionnaire to patients who had been evaluated by other orthopaedic surgeons and found that 11% did not examine the patient, 63% examined the knee through clothing, and only 37% examined both knees. We must do better than this. Again, this is what separates us from everyone else involved with health care. This is our unique expertise, embrace it. In this slide, you see Buddy Savoie giving us a lecture on pearls of the shoulder exam at this year's Metcalf Arthroscopy meeting and John Feagin demonstrating a knee exam pearl at this meeting! It is never too mundane to improve this art.

Yes, this means spending more time with our patients. This practice behavior flies in the face of decreasing reimbursements. Our answer to this point as orthopaedic surgeons is simply to work harder, see more patients, do more surgery. As orthopaedic surgeons working hard is part of who we are, we take pride in the strongest of work ethics. But has this really helped us keep control of our profession? I believe we recapture it by being the best at what we do, what we spend our entire lives dedicated to, being the best physician, orthopaedic surgeon, we can possibly be. As Jesse DeLee encouraged us in his Kennedy Lecture several years ago, "Keep your eye on the ball."<sup>2</sup> The ball being the patient. Listening to our patients, performing comprehensive physical exams, continued knowledge and skill improvement, will translate into patients knowing they have been evaluated by a physician who cares, who is an expert, and no doubt will lead to improved patient outcomes. As Jerry Maguire said, "Show me the money," and many agencies are asking that of us. We should not feel threatened by this process. When we demonstrate excellence in the "burden of our craft," we demonstrate value.

So many of us in this room are team physicians, and I am not overexaggerating to say for the vast majority of us this is the "gravy." This is a cornerstone of this Society and was the impetus for the birth of this Society by our founding fathers. Being that person in the training room, on the field, in the locker room called "Doc." Taking care of athletes at any level is a privilege and provides tremendous professional gratification for many of us, but I am here to say that the "secret is out." Over the past 15 years or so, there has been a steady increase of physicians from other subspecialties and even nonphysicians competing for this privilege. We are being displaced in this important role. Why has this happened? At our spring Board meeting, we invited Past Presidents to engage and provide input to our Society in many areas, and there was lively discussion on this topic. Jimmy Andrews said it best: We have given up being a doctor. We have become disinterested in seeing any medical problem, even mundane musculoskeletal problems like an ankle sprain. We have disengaged from the care of any problem that is nonsurgical. And other professions have seized this opportunity to become head team physicians. There have even been instances where orthopaedic consultants have abrogated sideline coverage to

other health care professionals, even when it involves collision sports. Pete Indelicato, Past President and member of our Team Physician Committee, asks the question, "Do we want to be the Team surgeon or the Team doctor?" As a team doctor, we must remain knowledgeable in these medical issues of sport and have enough trade craft that we can evaluate and initiate care. As John Feagin once wrote, and this plaque hangs in the West Point Army Football training room: "We are privileged to serve those who are willing to pay the price." If we want to continue this privilege, we must do a better job of embracing the full definition of being a team doctor.

Which brings me to an area that I am truly passionate about, and that is care of the uninsured and underinsured athlete. It is not my intent to preach, but this has become a black eye on our profession. A number of months ago, a survey was circulated among members of this Society regarding care of the indigent athlete.

Behind the rationale of decreased reimbursement for services, noncompliance, and concerns of drug abuse behavior, there are many orthopaedic sports medicine physicians who do not extend their services to this group of young athletes. But if you really consider these reasons, we deal with noncompliance, potential drug abuse, and many less-than-ideal circumstances in many patients we render care to. The difference, plain and simple, is that we do not get paid for taking care of these uninsured or underinsured patients. The bottom line is the bottom line.<sup>1,3</sup> Unfortunately, there are strong data to support this comment. One article by Pierce et al<sup>3</sup> reported a disturbing study in the *Journal of Pediatric Orthopaedics*. They called 42 orthopaedic offices posing as a fictitious case of a 15-year-old athlete with an ACL tear. They called each office twice, separated by a 4-week interval. The only variable was in one case the athlete had Medicaid for insurance and the other private insurance. Their findings: 38 of the 42 offices provided an appointment to the case with private insurance within 2 weeks, while only 6 of the 42 would see the athlete insured by Medicaid. Another way of stating their results: the odds of getting appointment was 57 times higher if you had private insurance compared to Medicaid!

Here is a brief personal example: M.M. is a 25-year-old mechanic who reports more than 30 shoulder dislocations starting as a 17-year-old football player in one of our inner-city high schools. Over an 8-year period, he underwent repeated reductions in a local ER and was managed with slings and repeated referrals to physical therapy. Ultimately, the instability became so severe he could no longer use a wrench above his head without dislocation. A resident who reduced his shoulder for the most recent event called me and asked if I would see him but qualified the request: "He has Medicaid for insurance, but Doc A, he is a really decent guy, he is still working and he isn't on any narcotics." His radiographs showed bone loss was extensive and required glenoid augmentation with a bulk osteochondral allograft. The humeral head was destroyed, requiring resurfacing. With private insurance, he would have been treated much earlier, with a much less invasive anatomic procedure and a far more

predictable prognosis. Delayed treatment does not only impact an athletic career but has implications for work capacity. This phenomenon is occurring all over the country, and everyone involved in health care and health care policy knows it. Does anyone believe this places us in a very favorable light? Have our profit margins become so thin that we have to make these all-or-none decisions? Part of embracing our craft is extending our expertise to those who cannot afford treatment. Perhaps each and every one of us can tithe care to this important group of less-privileged athletes.

So I believe the challenges we face are best resolved by embracing our craft. With a consistent devotion to our patients, expanding our knowledge, improving surgical skills to include getting many "reps" in a facility like the Orthopaedic Learning Center, we will possess the type of skill set that no one else can provide. This is what makes us unique, it's what sets us apart and positions us for continued excellence in patient care. It is hard to continually redevote yourself to your profession every day. But as Tom Hanks said, "It's supposed to be hard. If it wasn't hard everyone could do it. The 'hard' is what makes it great."

This year has been a fabulous experience. It has been rewarding on many levels to represent our Society at many professional meetings and dealing with many of the issues I have already mentioned. I have reaped the benefits of a fantastic year, so it is time to acknowledge and thank many people.

I have had the great fortune to work with the very best Board of Directors ever assembled. I am Italian, so I have to express myself in superlatives! They have supported my efforts and made every interaction very productive and enjoyable. Thank you.

A special mention of gratitude to my Program Chair and partner Gus Mazzocca. I felt guilty asking him to be Program Chair this year because as our department chair, he is already totally overextended. But I can pay no fellow surgeon a greater compliment: Gus has impeccable honesty, unrivaled attention to detail, and a motor that never runs out of gas. I knew with him in charge of the meeting, I had nothing to worry about. I apologize, Gus, for taking advantage of your strengths.

Every President before me has thanked the staff at the AOSSM for their unbelievable professionalism, competency, and just plain being great people. I will be no different. I could not have accomplished anything without them. With Irv Bomberger as Executive Director and Camille Petrick as Managing Director, in concert with a fabulous staff of another 17 people, our Society is well positioned to make advances every year in sports medicine. I have gotten to know these fine people and will call them friends for a lifetime. Just a short story, every President has a weekly call with Irv to handle the many issues and decision making required. Mine was on Thursday. Mitch Albom had "Tuesdays with Morrie," and I had "Thursdays with Irv." The vast majority of the calls go without a hitch. However, Gus and I were constantly challenging the staff with our attempted innovations for Specialty Day and the Annual Meeting. We were pushing

deadlines as we continued to make many changes. I think at that point Irv had "had it." He fired off an email to me essentially saying this has got to stop. I picked up the phone immediately and called him back. It was not a Thursday. Irv asked, "Did I take too much liberty there with that email?" And I replied, "No, I understand the point you are trying to make, got it." I believe we have had an enormously effective working relationship. I hope Irv thinks likewise. Allen and Ned, just a small tip: there are 3 things that settle Irv's soul: everyone knows it's McCallans scotch but it's also a good hockey game and playing the guitar. Cathy and I hosted him for a couple days visiting for a UCONN Hockey East game, some scotch, and playing the guitar. Unfortunately, all that soothing of Irv's soul was interrupted by a typical Connecticut blizzard, canceling his flight and being rerouted for a day in Washington, DC, before returning home to Judy and Chicago. I am quite sure Irv wants to say, "Bob, the next time you get an idea to invite me to Connecticut, DON'T."

I must acknowledge my personal staff. I have had 2 assistants in 28 years, Jane Reddington at West Point and Sandy Phelan at UCONN. They both have the great qualities of being bright and possess great common sense and tremendous people skills. They made my life so much easier. I cannot envision taking care of patients and running a fellowship without their devotion and expertise. My medical assistant, Lisa Latko, and PA, Cindy Bascewski, also have been totally devoted to me, my patients, and our success. Thank you, and those words do not seem enough.

How do you thank an "institution"? Little did I know the impact of being assigned to the United States Military Academy, West Point, New York, would have on my life and career. I have to thank the corps of cadets, athletes, servicemen worldwide whom I cared for, and my partners and fellows who I worked with. Jack Ryan, who wondered how an ROTC-puke could have been assigned to West Point, Jim Wheeler, John Uhorchak, Bruce Wheeler, Joac Tenuta, and Dean Taylor, just to name several, were instrumental in any success I achieved. West Point gave me much more than I deserved. I will be forever grateful. I never went to the United States Military Academy, I am not a member of the "Long Gray Line," but as Dean Taylor has often said, "I bleed Gray."

It is no mystery that behind every accomplishment is support from others who sacrificed for your success. My Mom and Dad, who are with me today, continue to be pillars of support for me. They have given of their time selflessly and continue to do so at age 82. Another short story to qualify this expression of selfless giving. A few years ago, I was struck by a significant cardiac problem. As I lay in the Cardiac Intensive Care Unit, my father was perched at the end of my bed with a stern old soldier's scowl, boring his eyes into me as if trying to "will" this disease out of my very being. I said "Dad, it's not going to go away like that." His reply, "Then I will take your heart and you can have mine." Thanks, Mom and Dad, for giving me your hearts for the past 60 years.

I want to thank my family. My children, Cristina, Mike, Laura, Jon, and Matt, my son-in-law Mike Donohue and daughter-in-law Michelle Arciero, and my grandchildren, Cara and Mickaela. Little do you know how much you inspire me every day. I know I have pushed and challenged you guys and that I can be rough around the edges, but make no mistake: I love you all with everything I have. Thank you for making this day so special.

I want to thank my wife and partner in life of 38 years, Cathy. Yes, I know we look so young here, but we got married when we were 12! She has had total devotion and love, caring for me and our family. She always puts herself second, the most giving and selfless person I have ever met. Her generosity permitted me to pursue professional goals and thrive for the past 38 years. I love you and can never express how much you have meant to me.

Lastly, I want to thank every one of you for allowing me to express myself here this morning and to play some role

in the continued success of this Society, it has been a total privilege and I look forward to many more years of association and contribution as an ex-President.

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