

# Presidential Address of the American Orthopaedic Society for Sports Medicine

## Coming Full Circle

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Bill, thank you for the welcoming introduction. I want to welcome my mother, Astrid, an Army registered nurse who gave me my interest in medicine; my sister, Susie, who came in from Louisiana; and my brother, Rusty, and his wife, Kathy, from Texas. It is an honor to have them here today.

It has definitely been my pleasure to have served as the 35th president of the American Orthopaedic Society for

Sports Medicine (AOSSM), the Society having been formed in the year I graduated from medical school. That year, 1972, was a singular year, probably not to be repeated anytime soon. After all, the United States was involved in an unpopular war overseas, the price of gasoline was soaring to new heights, and Mick Jagger and the Rolling Stones were getting ready to head out on their summer concert tour. As I said, a time totally different than now.

In Bill Clancy's 2000 presidential address, he talked about the past, present, and future. His speech underlined the beginning of the AOSSM and he spoke of the men who had gone before. He reminded us that in 1962, Clint Compere, president-elect of the Academy, established the American Academy of Orthopaedic Surgeons (AAOS) Committee on Sports Medicine because of interest of members in this new, emerging field. In 1972, just 10 years later, 76 orthopaedic surgeons whose main interest was sports medicine and who were also team physicians met in Washington, DC, to found the AOSSM.

The first meeting was held in conjunction with the Academy in Las Vegas in 1973, and Dr Don O'Donoghue of Oklahoma was elected the first president. In his presidential address, O'Donoghue outlined the key goals of this

Society: "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 educational materials and to provide specialized training for orthopaedic surgeons." Marcus Stewart, who later became the sixth president of the Society, wrote a history of the AOSSM in which he stated that the "original concept of the AOSSM was to provide a scientific meeting as an outlet for presentation and publication of new ideas. To provide an opportunity for physicians to meet and exchange ideas concerning research, clinical problems, and the proposal of future progress in sports medicine and develop a high-quality publication controlled by the Society." That was sports medicine in 1972.

The first meeting was highlighted by presentations on the knee-blocking mechanism, performance of synthetic turf, jumper's knee, mechanics of running, as well as presentations on ankle instability, osteochondritis of the capitellum, and an anteromedial approach to evaluate the lateral meniscus of the knee. Even in the beginning, the Society emphasized both clinical and basic science studies. Forty members were proposed for membership, and thus, the AOSSM began.

As I reviewed this year, it became clear to me that although a lot had changed in 35 years, really nothing had changed regarding the mission of the Society. Several years ago, I came across a poem titled "Coming Full Circle"; I think it captures the perspective and, to some degree, the evolution of our Society.

2000 B.C. Here, eat this root.

1600 A.D. That root is heathen. Here, say this prayer.

1850 A.D. That prayer is superstition. Here, drink this potion.

1940 A.D. That potion is snake oil. Here, swallow this pill.

1985 A.D. That pill is ineffective. Here, take this antibiotic.

2000 A.D. That antibiotic doesn't work any more. Here, eat this root.

Evolution is a process of change in a certain direction—also a process for continuous change from a lower, simpler, or worse to a higher, more complex, or better state. Change is to undergo a modification of. From a new society proposed in 1962 and established in 1972, we now have a chance to reassess where we are 35 years later. As I again reviewed the year, the recurring challenge was to define sports

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medicine in today's environment. The Internet definition of sports medicine is "the branch of medicine that deals with injuries or illnesses resulting from participation in sports and athletic activities." We know that is a fairly generic definition and not entirely true.

My definition of sports medicine is relatively simple. When I first began practicing in the early '80s, we were invited to give a talk on sports medicine to a lay audience in Vidalia, Georgia, a small town in the eastern part of the state. The meeting was set up by the John Meadows Memorial Hospital and Veterans Administration Sports Medicine. I, George McCluskey, who ran the therapy program at Hughston, and another resident went over to present. When we first entered the room carrying our slides and our words from the big city, no one except a mother and her young 9- or 10-year-old child was in the room. I mentioned to George that it looked like we would have to postpone or cancel the meeting since no one was there, and he said words that I remember to this day: "As long as you have a mama and a child, you have sports medicine." That, to me, is the essence of what we as orthopaedic surgeons and team physicians should embody. We are one member of the team who cares for the athlete—a team that may comprise the athlete's family, coach, trainer, physical therapist, and, if there is a professional career, perhaps an agent. It is that interaction of a physician and a patient who is looking for guidance in the diagnosis, prognosis, and treatment of what is preventing him or her from his or her best effort on the field that needs to be addressed. The third member of the team is there to ensure that the athlete understands the problem, understands the therapy, understands the consequence if he quits the treatment, and encourages the athlete to follow through with that treatment.

There were several occasions this year when we had to define sports medicine to different groups; we presented to the AAOS on the Standards of Professionalism, to the Combined Board of Councilors and Board of Specialty Societies explaining the Certificate of Subspecialty Certification (CSC), and to the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) on the involvement of sports medicine in research. We also had interactions both with AANA and AOA regarding the fellowship program, the Match, and accreditation, and with ISAKOS and our place in the world of sports medicine. Each interaction challenged me to define what we, as a society, have been, are, and will be in the future.

### Standards of Professionalism

The Academy has identified standards of professionalism, so-called SOPs, to address ethical behavior in our Academy. The first SOP is considered the gold standard and is on orthopaedic expert witness testimony. Others include advertising and physician-industry relationships. This past spring, the combined Board of Councilors and Board of Specialty Societies met at the National Orthopaedic Leadership Conference in Washington. An SOP was proposed concerning an orthopaedic surgeon's treatment of athletes and inappropriate agreements between sporting institutions and surgeons who provide medical service for patient athletes. Although John Bergfeld and Ed Wojtys had participated in early conference calls, we still had several concerns about

ambiguous language in the draft. After expressing our thoughts, the AOSSM leadership met with the leadership of the Academy, and significant changes were made. Wordings were modified so the SOP applied to all physicians caring for all patients. Four standards were reworked to apply them to our profession and were included in the overall Code of Medical Ethics and Professionalism. Included in those new standards was that an orthopaedic surgeon shall not enter into any contract relationship whereby the orthopaedic surgeon pays for the right to care for patients. The committee also specifically recommended endorsing the *AOSSM Principles for Selected Team Medical Coverage* to guide orthopaedic surgeons and teams in identifying their medical needs. These guidelines were passed by our Society in 2005. The Academy recognized that sports physicians are first of all orthopaedic surgeons taking care of patients, and our standards of professional care should be one and the same.

We also interacted with the combined Board of Councilors and Board of Specialty Societies at the fall meeting. There was a lack of understanding by many orthopaedic surgeons and many other societies regarding the approval of sports medicine as a subspecialty of orthopaedics. We explained that CSC reflects training and is a by-product of our ever-expanding body of knowledge. Our objectives were to support the long-term growth and health of sports medicine with uniform, high-quality education and training as well as recognizing and supporting the right of *all* orthopaedists to provide orthopaedic sports medicine services. Certification reflects training and achievement, not exclusivity. A 1999 study reported that 88% of our members and two thirds of our nonmembers believe that sports medicine is a unique body of knowledge. We have 2 curricula: one for the fellowship and one for continuing medical education.

Our fellowship programs in 2002 included 95 programs, of which only 55 were ACGME-accredited programs. In 2006, there were 96 programs, of which 66 were accredited. We expect in 2007 and beyond a significant decrease in nonaccredited training programs and an increase in accredited programs.

Subspecialty certification is an outgrowth of our expanding accredited fellowship programs. Our commitment is to a profession, not a certification. Certification cannot be used as criteria for membership or full participation in the Society. The AOSSM strongly supports the right and ability of all orthopaedists regarding postgraduate training and education. We stressed, and it was received by the councilors and other societies, that we do have a vested interest in ensuring that certification is constructive and our members would be composed of both certified and non-certified individuals. Our organization reaches far beyond our members. Exclusivity is not in our interest because our contributions would be limited if they were not integrated into the broader orthopaedic community. Sports medicine permeates all of orthopaedic surgery. It is not predicated upon a surgical technique or an anatomic region that can be separated from the rest of orthopaedics. Recognizing training and education through certification does not diminish the ability of others.

As a society of nearly 2300 members, we have the opportunity to engage in multicenter collaborative studies. The best example of this is the multiple-center ACL revision

study MARS presently coordinated by Kurt Spindler at Vanderbilt University and funded by MTF. A total of 78 researchers have signed on for this study, with 48 having already received IRB approval. Under the leadership of Min Kocher, we are developing a pediatric ACL study, PLUTO, and have submitted a developmental grant request to NIH.

The board commissioned a task force headed by Ed Wojtys to determine how we could provide better organization and support for our growing research activity. Following attendance at a clinical research network meeting by Wojtys and Bart Mann, we elected to meet with leadership at NIAMS in Washington. There we provided an overview of who the AOSSM is, what our research goals are, and activities in which we were involved. We related our founding 35 years ago and that our members demonstrate active interest in orthopaedic sports medicine and education, in team service and research, and that 90% of our members serve as team physicians at the professional, collegiate, and high school levels caring for an average of 7.5 teams for each year, which accounts for 10% of their time. Two thirds of the membership that responded to a 2000 survey was involved in research; more than 90% of those were involved in clinical research, and half were also involved in basic science research. We left the meeting with several positive results.

1. The board has agreed to develop a joint scientific meeting on knee osteoarthritis after joint injury with NIH in Washington in 2008.
2. The board is working with the Institute in developing and funding a Career Development Award with a special emphasis on sports medicine. This would supplement the salary of a young orthopaedic surgeon to continue a career in sports medicine research.
3. I submitted the names of several AOSSM volunteers to serve on the NIH Center for Scientific Review Committee for sports medicine projects submitted to NIH. This will improve our participation and visibility within NIAMS and other NIH institutes. The use of asynchronous electronic discussion enables the reviewer to participate at different times. That is a big change from 1972!

We also interact with the worldwide community. This past May, we were given the opportunity to make a presentation about the AOSSM to the international gathering at the International Society of Arthroscopy and Knee Surgeons in Orthopaedic Sports Medicine (ISAKOS). We stressed the AOSSM's mission of scientific discovery, clinical development, and educational objectivity. We mentioned that 45% of all North American orthopaedic surgeons—approximately 8500—report a special professional interest in sports medicine, that 60% of our members' case load is predominantly sports medicine, and that 96 programs in the United States train 175 fellows annually.

Our interaction with the international community is evidenced by our annual meeting here in Calgary, where surgeons from 11 different countries are presenting international research. The Traveling Fellowship, established in 1985, initially through AOSSM and ESSKA, has

now expanded to include the Pacific Rim and Latin America. We are very pleased to have with us today this year's traveling fellows from Europe headed by Godfather Dan Fritschy of Geneva, who served as a traveling fellow in 1987. The fellows are Olivier Charrois of Paris, Ranier Siebold of Waldrof, Germany, and Peter VerDonk of Belgium. I am sure you recall when Peter's dad, Renee, was the godfather in 1997. I have had the pleasure of appointing Bruce Reider as the godfather of this year's fellowship class that will go to Western Pacific in September. In the meeting with ISAKOS, we also emphasized our shared leadership with that society. John Bergfeld, this year's ISAKOS president, was president of AOSSM in 1992-1993. Freddie Fu, vice president of AOSSM, will take over the reins after Bernie Bach in 2 years. He will then serve as president of ISAKOS in 2009-2010. We further recognize our professional leadership to reflect a significant contribution of international leaders by the board's approval and establishment of the International AOSSM Hall of Fame, for members who have been leaders in their country. The initial class to be inducted at this meeting includes the following: Merv Cross of Australia, Ejnar Eriksson of Sweden, Jan Gillquist of Sweden, Werner Mueller of Switzerland, Lars Peterson of Switzerland, and 3 deceased inductees, Ian Smillie from Scotland, Professor Albert Trillat from France, and Masaki Watanabe from Japan. We welcome them as well as this year's members of the North American Hall of Fame and applaud these physicians for their lifelong contributions to sports medicine.

I previously mentioned Marcus Stewart, who spoke that the initial concept of the AOSSM was to develop a high-quality publication controlled by the Society. That journal was initially started in 1972 as the *Journal of Sports Medicine* with William Sinton as the medical director and Dr Hughston as chairman of the editorial board. The first issue included an article on reconstruction of the subluxating patella by Dr Hughston as well as a color atlas on arthroscopy by Jim Funk. Perhaps 1972 was not as far back in the dark ages as we might think.

In 1974, the *Journal of Sports Medicine* became the official journal of the AOSSM, and we purchased it in 1976 with a name change to *The American Journal of Sports Medicine (AJSM)* with Williams and Wilkins as publisher. The board of trustees was established in 1979 with Bob Leach as the first chairman, and in 1986, *AJSM* became self-publishing. Bob Leach took over as editor with Dr Hughston as chairman of the board of trustees and "Current Concepts" began as a feature in each issue in 1990. In 2001, David Sisk took over as chairman of the board of trustees, and online publications began with the last issue of the year. In 2002, Bruce Reider became the editor and began online manuscript submission and peer review. In 2004, Sage Publications became the publisher, and in 2005, we went to monthly publication with the ability to preview articles before print.

The quality of the *AJSM* continues to improve. *The Journal of Bone and Joint Surgery* published a lead article last year reemphasizing the high level of *American Journal of Sports Medicine's* Level 1 and 2 studies in comparison to other societies. Our impact factor recently rose to 2.696—our highest ever and the highest of any orthopaedic journal. The international scope continues to grow, with the editorial



board now including 20 members from 14 countries, and submissions last year included nearly 400 international articles. Thank you, Bruce Reider and Bob Leach, for reviewing the history of the *Journal* so that I could share it with you today.

We are voting on a bylaws change at this meeting so that activities related to *AJSM* and the Medical Publishing Group are in sync. This involves morphing the *Journal's* board into the Medical Publishing Board of Trustees to oversee *AJSM* and other publishing activities. We also will be expanding the size of the board to reflect the expanded mission. The *Sports Medicine Update* has been reconfigured to get more information pertaining to up-to-date activities and is now published 6 times a year. A new patient newsletter is now out: "In Motion—Active Living for All Ages." It will focus on sports medicine, fitness, and musculoskeletal issues for a wide range of readers, parents of young athletes, teens, baby boomers, and weekend warriors. It will be published 4 times a year and is available for distribution through your offices or mailing list of your choice, and members have the option of personalizing the publication for their practices.

Much as the original founders considered a high-quality journal an important endeavor, we have now looked at publishing a second clinical journal to be multidisciplinary in its approach. Thanks to Dave and Bruce for outstanding leadership to the Society and *AJSM*. A market survey of our members, athletic trainers, and physical therapists was positive and, with the help of our consultant, Morna Conway, we are proud to announce a new journal that will be launched in January 2009. The name is *Sports Health: A Multidisciplinary Approach*, and it will include co-editors from physical therapy, athletic training, and primary care. We are engaged in discussions with those professional societies in collaboration in this venture, and the response has been healthy. It is an endeavor that the *AJSM* Board of Trustees, chaired by Dave Sisk, and your Society board have spent many hours and research debating, and we are very optimistic about its impact.

The keystone of the Society, however, remains education. Mark Miller has done a terrific job as he is rotating off as chairman of the Education Committee. The Education Committee and its doings have always been a special interest of mine, as it was my first entrée into Society service. Bob Leach appointed Walt Curl and me as members of the Education Committee that George Rovere headed back when we first joined the Society in the early '80s. Among the new initiatives you may not know of this year are the AOSSM-AAOS Review Course for Subspecialty Certification in Orthopaedic Sports Medicine in August in Chicago; more than 375 registrants have signed up for this course. In continuing our interaction in professional sports, we are pleased to announce a new baseball-throwing injury program that will be held October 19-21, 2007, in Los Angeles and cosponsored by Major League Baseball. This will be cochaired by Andy Cosgarea, Baltimore Orioles team physician, and George Paletta, head of the Major League Baseball Team Physician Society. We continue to partner with professional leagues on team physician courses in football, hockey, and soccer.

An exciting new initiative we looked at this year was trying to get more accessibility to hands-on laboratories for our members. As you know, we are presently allotted 1 week out

of the year in the Learning Center in Chicago, and we felt that this was not adequate for our members. We talked to our industry partners through the Corporate Advisory Group, which was excited about this endeavor. We are pleased to announce that on May 17, the first multicenter learning course will be held at 5 different sites with up to 70 stations. Didactic lectures will be available to the subscribers on DVD before the meeting so the whole day can be devoted to in-laboratory cadaveric studies with AOSSM members as teachers. We envision this concept growing in the future in an effort to bring laboratories to you in regional areas of the country. We would consider including online teaching as a hallmark of the didactic lectures. More news will be forthcoming later regarding this new educational concept.

In 1972, Dr O'Donoghue called for a new society to be formed to provide a scientific outlet for presentation, publication, new ideas, and to promote fellowship. I am pleased to announce as the 35th president of the AOSSM that as we have evolved in the Society, we have not changed; we have merely undergone a modification. Although, over the years, we may have had potions, pills, snake oils, and antibiotics, nothing has changed with the root of our Society or its members, their education, their research, their fellowship, and their presentation of that to the rest of the orthopaedic world. We indeed have come full circle and will continue to grow. Dr Hughston's favorite saying surely applies here, that "as long as you're green, you're still growing, and when you're ripe, you're next to rotten." We definitely are still growing as a specialty and as a society.

Orthopaedic sports medicine has evolved from 1972 to 2007. And, oh yes, the young woman with her child back in the early '80s? Well, as it turns out, the Hughston Clinic has a satellite office in Vidalia, and I see patients there every few weeks. Not long ago, I saw a young woman in her early 50s who brought her daughter in for evaluation as well as her mother. All 3 are active in sports. The young girl is playing on a premier soccer team for young adults for, as you know, 1972 was also the year of Title IX, which greatly changed the face of sports medicine with equal opportunity for all athletes. The 50-ish-year-old mother was in a senior tennis league and had questions regarding herself, and she brought her 75-year-old mother who was in training for a walk-a-thon to raise money for a local charity. This, to me, is what orthopaedic medicine is in 2007. It remains, above all, the physician and the patient, but that patient has changed now that treatment is not confined to one age or sex.

When I was a resident in the early '70s, there was a book published by Dr Joe Boyles of Los Angeles. It was titled *On the Shoulders of the Giants* and told of the early pioneers of hand surgery. On the shoulders of giants is where the Society has been and, in particular, from where I have come. In Jim Beatty's Academy presidential address earlier this year, he related the story of the man who walks down the road and sees a turtle stuck on top of a fence post. The only thing you know about the situation is that it had help getting there. It is this help and these shoulders of giants that I wish to acknowledge today. I started my orthopaedic residency at Presidio of San Francisco at the end of the Vietnam War. Colonel Sterling Mutz was the chief. We had a small group of 3 residents each year. During those short 3 years, 3 future presidents of the Society worked together: John

Feagin, who was the assistant chief; Walt Curl, who was your 29th president; and myself. Another senior resident, Richard Haynes, is presently president of the ABOS. Chief, thank you for getting us all started and committed to sports medicine.

Thank you, too, to John Feagin, who was president in 1986 and Mr. Sports Medicine in 1994 and is a Hall of Fame member. He has been an advisor, mentor, and friend for all these years. During my residency, John introduced me to Dick Steadman in Tahoe, and I was the first resident he accepted for a rotation. I had previously met Dick when I worked and moonlighted at LSU during med school when he was a senior resident on the LSU Orthopaedic Service. Sue Anne and I have maintained an admiration and friendship with him and Gay since that time. His accomplishments have been legendary in the field of orthopaedic sports medicine and research, and in 2005, the Society honored him as Mr. Sports Medicine.

Tomorrow, Dr Freddie Fu will introduce this year's honoree. This award is given for outstanding service to sports medicine. Don O'Donoghue was the first recipient in 1973. This will be the inaugural presentation of this award that has been renamed the Robert E. Leach Mr. Sports Medicine Award in recognition of Dr Leach's outstanding contributions to sports medicine, to the Society, and to *AJSM*. He has served as president of the AOSSM, was honored as Mr. Sports Medicine in 1988, and is a member of the Hall of Fame. Bob Leach is another of the giants who has allowed me to stand on his shoulders. I am pleased to have him and Laurie at the meeting this week.

I wish to also thank Steve Arnoczky, who is another longtime friend and was this year's Kennedy Lecture speaker in San Diego, and Colonel Ralph Puckett, the presidential guest speaker who is a friend from Columbus. Ralph is a retired Ranger and colonel and will speak tomorrow on the topic "From the Battlefield to the Operating Room." Ralph, thank you and Jeane for coming, and I look forward to your presentation tomorrow.

I have had the pleasure of being a member of The Hughston Clinic since 1982, having served my fellowship there in 1979. Dr Hughston passed away in 2004 and will be remembered for multiple contributions to this Society but, truly, he was a giant who has greatly influenced my career as well as the career of many others. An integral part of my early training at the clinic was with Jim Andrews, who has recently been nominated to serve as the 38th president of the Society. Jimmy has been a good friend to orthopaedics, to sports medicine, and he and Janelle have been good friends to Sue Anne and me. I am extremely pleased for him and for the Society. Not bad for the little town of Columbus, Georgia, to have Jack Hughston, Jim Andrews, Walt Curl, and myself all serve as presidents of this Society—a fitting tribute to Dr Hughston's legacy.

I wish to also thank my partners at the clinic for allowing me to fulfill my obligations with the Society over the years,

especially this year. In particular, I would like to thank members of the fellowship program at the clinic: Glenn Terry, Pat Fernicola, Kurt Jacobson, and Fred Flandry. I would be remiss in not also thanking Dr Carl Savory, who was a resident along with Walt Curl and me so many years ago. Carl is my son's godfather, a true American hero, and a constant, true friend.

And 1 more person at the clinic needs recognition, and that is Kathy Brown, who has been my secretary and administrative assistant since I started at the clinic. This year, we celebrated our 25th year together. She is here today at the meeting, and I am very appreciative of all she has done for me and my family over the years.

If you think a turtle didn't get on a high post without help, then you know that I didn't accomplish what I was able to do this year without the help of the Society staff, particularly Irv, who has been invaluable in helping me and the board progress with our agendas. The financial growth of the Society and *AJSM* has come a long way from earlier years, and it is through the able leadership of Irv that this has been possible. Thanks also to Camille Petrick, the managing director of the Society, for all of her work over the years and particularly for helping Sue Anne and me this year at our meetings. Thanks to the Chicago staff and especially Jim Bradley, program chairman extraordinaire, for their outstanding work with this meeting.

Sports Medicine is truly a team endeavor, and no better teammates could anyone have than those who worked with me this year. This includes past-presidents Tom and Kathy Wickiewicz and Bill and Susan Grana and future presidents Bernie and Elizabeth Bach and Freddie and Hilda Fu.

I have waited until the end to thank the most important people in my life. My family is here today. My son, Champ III, recently completed his orthopaedic residency in Pittsburgh under Freddie Fu's leadership and took his boards this past week. He will be starting a sports medicine fellowship at Rush under Bernie Bach's tutelage next month. We hope to get him to come back to Columbus after that to come full circle. It will be a unique feat to have trained under 3 successive presidents of AOSSM. We also welcome his wife, Karin, who is completing her research fellowship in pediatric physiatry at the Rehab Institute of Chicago. My 2 daughters, Kate, who has been in Buenos Aires traveling and working, and Sarah, who has finished her first year at the Physical Therapy School at Northwestern, are also here. The Society may have started 35 years ago, but my wife, Sue Anne, and I started 36 years ago, and she is the reason for my being before you today. Her advice, counseling, and companionship have been constant, and she truly is the root of our family and is the love of my life.

I thank you for the privilege and honor of allowing me to serve as the 35th president of AOSSM.