

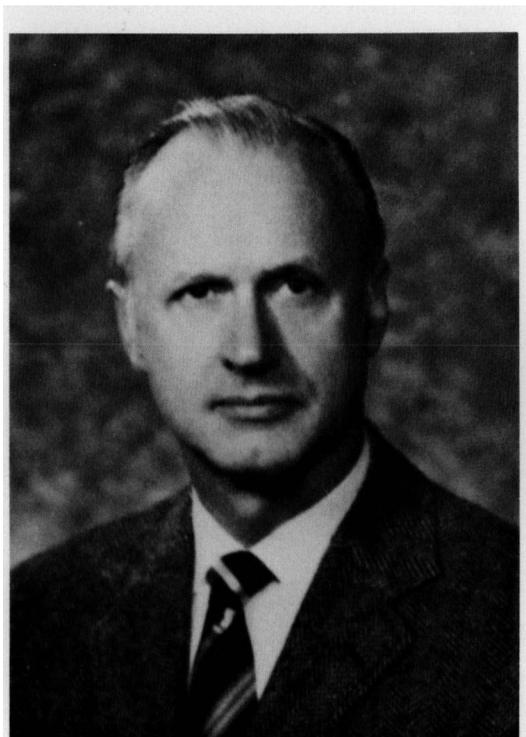
# Presidential Address\*

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As president of the American Orthopaedic Society for Sports Medicine, it is my pleasure to have this opportunity to inform you of interests and policies of the society. It also gives me an opportunity to discuss some matters of personal interest which I see confronting us in sports medicine—matters with which all of us will have to deal, both in and out of the sports medicine society.

When this society began several years ago, there was considerable conjecture about the organization of such a society within the framework of the American Academy of Orthopaedic Surgeons. We are fortunate to have the blessings of the Academy and many of its advantages. We feel that we can work well within its framework and yet maintain an independent spirit involved in some particular interests in which the Academy is not involved. We have incorporated the thinking of other disciplines in a search for better answers to specific problems in sports, thereby removing ourselves from the general interests of the Academy. However, we remain basically an orthopaedic organization with prime interest concentrated on those matters which deal with the orthopaedic care of the athlete.

We began with a nucleus of men who were already prominent in sports medicine, some locally prominent, many nationally and internationally known, who organized the thinking of the group. It soon developed within the academy that there were many people interested in the



activities of such a society because of the close relationship to sports medicine encountered by most orthopaedic surgeons in their everyday work. One need not profess to be a sports medicine specialist to treat athletes; nor did we feel that athletes need see a sports medicine specialist for excellent orthopaedic care. It did not necessarily follow that a man was more capable of operating on a knee for an athlete because he had been accepted in this society than was the orthopaedic surgeon who operated on athletes outside the aegis of the society.

There were many who first feared that this situation would create a problem. They feared

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from the medicolegal point of view that courts might be of the opinion that unless an athlete were under the care of a member of such a society, he would not receive the best of sports medical care. That situation has not occurred in actual practice, to the best of my knowledge.

Therefore this society has not proven a threat to the Academy. It has not created any divisions within the Academy. It has not been a threat to the membership by any false profession of special knowledge or skills not available to the other members of the Academy. The American Orthopaedic Society for Sports Medicine has stabilized on its originally professed goals. These are to foster, promote, support, augment, develop, and encourage: (1) the investigative knowledge of sports medicine and its many ramifications; (2) the teaching and education of the same; (3) the provision of special training for orthopaedic surgeons and others in the prevention, recognition, and orthopaedic treatment of sports injuries; and (4) education in allied professions in the prevention, recognition, and treatment of sports injuries.

Our meetings and programs are held as a means of implementing these goals, to provide a more adequate forum for the presentation and discussion of new ideas in orthopaedic sports medicine.

Our publication, the *American Journal of Sports Medicine*, is likewise a means of more adequately and more promptly communicating these ideas to our colleagues in sports medicine.

In order to accomplish these goals, the original membership was expanded to include a greater body of orthopaedic surgeons already versed in the orthopaedic aspects of sports medicine, people with special interests who had demonstrated such interests by their work, research, and involvement in educational programs disseminating such knowledge, by participation in sports programs, by the production of movies and papers, by the training of others in sports medicine, or by involvement in liaison work with other agencies concerned with sports programs with organized medicine, with governmental units, or with allied professionals. The membership was even further expanded by including nonorthopaedic personnel, including physicians and others who in one way or another had demonstrated their interest in and relationship to goals in sports medicine, of an orthopaedic nature, similar to our own.

Within this society we have the nucleus for what we might term a task force to achieve the goals we've outlined for ourselves. We will need further help from those who have demonstrated their interest and capability. We do not seek to make this a large, popular, or unwieldy organization, nor one which includes every man who professes simply to an interest in treating athletic injuries and teams.

As to this matter of looking after the athlete, whether he is a team physician or not every orthopaedic surgeon looks after athletes. Every orthopaedic surgeon has the opportunity to care for athletes competently; all have the same ability to study and treat the orthopaedically injured knee or neck or shoulder or ankle. We are looking for those who go beyond this in sports, and dedicate themselves in other ways to the advancement of orthopaedic sports medicine. These are the men for whom we will be looking to help us promote our programs.

Dr. Joseph Godfrey, in his presidential address to this organization in 1974, mentioned the challenges in association with sports medicine. He commented upon what a "neat job" it was considered to be a team physician, how the media praised the accomplishments of doctors, and how doctors were writing for and were being interviewed by the media, while others were holding themselves up as experts in the care of athletes. At the same time he spoke of the need in these sports physicians for integrity as well as ability, for honesty, morality, a high code of ethics, and the need to keep the patient, the athlete, first in one's consideration rather than to allow one's self to "bend a little bit" for any cause — and there are pressures on a sports physician to alter his judgment in critical situations. Many of these pressures are the result of the philosophies and ethics in today's field of sports.

Values in sports are constantly changing. Ours must not. Unfortunately, as the monetary value placed on an athlete escalates, it seems that the ethical and moral values of the sport decline. Sportsmanship and other original goals have apparently fled the scene.

Today's athlete frequently envisions himself as the successful professional. He envisions the glory. He thinks it would be fun to keep playing. He is anxious to get some of that big money he has heard about. When today's athlete enters the professional ranks, it is with a business-like attitude attended by attorneys, agents, and media

representatives. Even with his knee rapidly wearing out, Bobby Orr, who had been an outstanding hockey player, commanded a 3-million-dollar 5-year contract. O. J. Simpson has a salary over 800,000 dollars a year. Some question whether or not these men are worth such salaries and become resentful of the huge salaries commanded by these athletes. Others point out that athletes can't be paid too much for putting life and limb on the line, especially when one considers the short life span of their success. These few successful years can be marred not only by injury but also by "horse trading." The trading of such injured players, between teams, is not unknown. When it does occur, it is usually to the detriment of the player, whose new employer owes him no obligation. Activities such as these become strictly a matter of business. Management is just as interested in the money as is the athlete. Therefore, if we feel that the athlete is demanding too great a salary, and then we consider the position of management, which in certain situations is completely willing to deal away the three best players on a baseball team for the sake of the money, without regard to the wishes of the loyal fan and without loyalty to the player, we should be able quickly to come to the decision that it takes "two to tango," and concede that this is their affair.

Nevertheless, this aspect of sports has been reported as part of the basic cause for the fans' disillusionment with the game, sports, and their heroes. Even at the college level, money creates problems. Suddenly, the great American game, or this sport, or the next, or this college, or that university, is found to be manned by idols who have clay feet, involved in mercenary scandalous actions.

When the sports psychiatrist views athletes, he may see them in an even more unsavory light. Psychiatrists recently have taken great interest in these actions of players, fans, and others concerned with athletics. Some studies have concentrated on the exaggerated action and reaction which occurs normally within a sport. When this reaches an undisciplined state, it results in what some term violence. Football has been highly criticized as a violent sport. However, it takes very little study to determine that this alleged violence is not limited to the players or to any particular sport. Such violent action in time becomes part of the pattern not only of the players but also of the crowd venting its emotions on the

players, officials, security forces, and even coaches.

Basketball has had its share of problems: unnecessary roughness, shoving opposing players into the bleachers, games so undisciplined that all but two men of a traveling squad fouled out, games that became so rough that coaches walked out with their teams rather than risk any further injury to their players.

Hockey, with each player already armed with a lethal weapon in a contact sport, seems to particularly suffer.

The ability of police and security forces to handle fans at sporting events or sports celebrations gone out of control has become a problem. Players, officials, fans, and security police have all become fearful for themselves when confronted by mob actions with the throwing of bottles, snowballs, garbage, and debris.

It is possible that the fans are simply following the example of undisciplined action on the part of players and coaches when they give way to such violence. We cringe at the thought of the violence in the days of the Romans and the barbarians. This fascination for violence still apparently exists in the fans, but it doesn't have to be that way. And a self-disciplined coach and officiation with discipline can change this. The true sportsman is there for the game, for the competition, for the best man by the rules. Athletic contests are to demonstrate the superiority of one contestant, by virtue of his training, ability, teamwork, and self-discipline, to prove himself or themselves to the other contestant. Violence is the show business by the "hams," the rinky dink players and teams serving it up for the demanding "fans." Discipline and violence can be further affected by the modalities of the media, stirring music, the role of students and their cheerleaders, etc., although there is no objective weighing of these effects.

Injuries result from such violent or undisciplined aggressive behavior. Such action in sports, beyond the point of the normal action of the sport, should be stopped. The hockey associations have already recognized this danger and are making attempts to curb it. Football is trying but will have to try even harder. Soccer has had many disasters, even to the point of the killing of fans and referees. Injuries incurred in the normal action of games are trouble enough without adding violence to the scene, not only for the player but also for management and the physician.

The injured athlete and his parents or managers usually envision a future career regardless of the athlete's age or unproven ability. Even in the professional field each athlete feels that he must have a good number of years ahead of him regardless of the stage of his career when he is injured. Physical defeat from an injury is difficult to accept even though the athlete knew that the potential for injury was there all the time. Some men are bitter when that day comes. Others have learned to accept it philosophically. When that player is seriously hurt, he may see his beautiful way of life threatened. He may soon find himself looking for a scapegoat. Who shall it be? The player who injured him? Management, the physician, the trainer, the coach, the equipment manufacturer, the fan, who else? With philosophies and laws as they are today, that individual can try to make it up in legal action.

From our own point of view, we have already mentioned that our values must not change. We must continue first to be a physician, doing our best for the athlete, being honest with him, maintaining a medically defensive posture, allowing him to make his own choice with our best advice. Keep him accurately informed. We must maintain our integrity.

Considerable attention has been focused on sports medicine by the media, not always to our advantage. They speak of epidemics of injuries, barbaric care, confusion among physicians, etc. This has created a problem for us. The problem has involved misinformation, lack of understanding of injuries, inability to evaluate statistics properly, etc. It seems that at times there is devious motivation, more interest in sensationalism than in the accurate reporting of facts. We cannot count on being completely and accurately portrayed by the media, and at times this has put physicians in a bad light. During this period when medicolegal problems are a threat, poor treatment of the subject by the media can have an adverse influence on our relationships with the patient. Contact with the media can be very flattering at the moment of an interview. But when the interview is delivered to the public, we may be aghast, muttering "that's not what I said." Although the media have a responsibility to present fair and accurate reporting and to keep the public informed, and although we have some obligation to supply information to the media, such information must be treated fairly, with impartiality, and with accuracy. An editorial in

the *Journal of the American Medical Association* of 75 years ago, in an article on the press, points out the fact that some newspapers seem to seek to vilify physicians, rendering the ethics and motives of the press questionable.

As early as 1805, Thomas Jefferson noted that abuses by the institution of the press, an institution so important to freedom and science, are deeply to be regretted.

The press has its problems in keeping the records straight. Facts may become distorted through the channels of communication. Statements taken out of context may be completely misinterpreted. The player, fans, other physicians, and others may be bewildered by such statements. A case I have in mind is that of a famous athlete who has already had six operations and who, attempting to continue in sports, speaks as if he had been assured by his physician that his injured knee would not come to any further harm with continued athletic activity. In this particular case, the physician, a man of high repute, could hardly have been expected to make such an implication.

Such statements may create further disappointment in the player when that knee no longer holds up. Lawsuits over such matters are not unknown today. This same trend toward lawsuits is demonstrated in other ways.

A top executive of one of the three remaining football helmet manufacturers who provides sports equipment to athletic teams, informed me that in a trade-wide industry which grosses up to 20 million dollars a year, there are over 100 million dollars in suits filed against these manufacturers. The cost of insurance is now to the point where the cost of product liability insurance, passed on to the consumer, is almost 10 dollars per helmet. It is further possible that unless there is a turnabout in this situation, these manufacturers will no longer manufacture helmets a year from now. The manufacturers will simply not expose themselves to such a risk.

Problems may occur in sports medicine, not necessarily as the result of misguided treatment but even as the result of the lack of proper coordination of medical activities which would otherwise protect the athlete. It was on the basis of such apparently uncoordinated follow-up care given to a student athlete at one of the major universities in this country that the student became blind. An award of three-quarters of a million dollars is still under appeal.

A situation of which I learned recently, again at one of our major universities, finds the coach and athletic director critical of their team physician, who refuses to inject steroids into injured football players. The facts at my disposal confirm the wisdom and integrity of this team physician. He has put the player above all other considerations. Needless to say, the role of this physician with this team will be jeopardized and relationships will be strained, just as they usually are when management is crossed. However, it is only by such consistent action that we can hope to correct these evils. The physician has protected the patient. He has protected himself against malpractice. He has protected the university against adverse claims and possible medicolegal judgments. Whether the coach and athletic director know it or not, the physician is also protecting them.

We suddenly see that the treatment of athletic injuries is not all that it might seem to be on a bright and sunny Saturday afternoon. The glamor of sports medicine, this vicarious participation in the sports event, this identification with

youth, this charity of spending your free time on the bench, often in the cold, rain, or snow, can reap rewards such as these. But, this is the way it is, and this is what we have to live with.

We must keep players informed of dangers. We must accurately appraise their health and their injuries. We must protect the player at all times. Doing that, we protect schools, coaches, and trainers as well as the athlete. We thereby also protect ourselves from the problems noted. We must encourage the passage of rules, regulations, and appropriate legislation, if necessary, for the safety and health of the athlete. We must enlist the aid of the media to promote these objectives and to discourage attitudes which promote undisciplined behavior and thinking. We must enlist the aid of allied professionals, just as they seek our aid in reaching these same goals. We must further research, inform, and educate our fellow physicians, allied professions, and the public. Whether we are on the bench, with the team, or in the office seeing an athlete, we must remain the physician.