



Presidential Address of the American Orthopaedic Society for Sports Medicine

Get Involved!*

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Before I begin, I would like to play a short line from a song. It is from a group that I am sure many of you have heard about but have not actually heard. The line is from a song called *Truckin'* by the Grateful Dead. It captures perfectly my years of involvement with the American Orthopaedic Society for Sports Medicine. "Sometimes the lights are shining on me, other times I can barely see. Lately, it occurs to me: what a long strange trip it's been."

It has, indeed, been a long and strange trip through my medical career. But before we get to that, I would first of all like to acknowledge and thank some of the people present who have been with me on this journey and are, in large part, responsible for my not getting lost along the way.

First of all, my parents. My father passed away in 1998, but my mother has taken time from her busy schedule to be here, and I know that she is absolutely amazed and, I hope, proud to see me up here as President of the AOSSM. I know there were many times when I was a youngster that I am sure that my parents were both positive I was never going to survive, let alone accomplish anything.

Mom, I just want to let you know that I appreciate the many things that you have done to support me through the years.

My two sons, Doug and Mike, along with Doug's fiancé Cory, are here today also. They are great kids and I am proud of them and grateful for the many wonderful times that we have had together over the years. I have them to thank for reintroducing me to the Grateful Dead. I bet you guys never thought you would be hearing them today!

Thanks to my wife, Kay. We have been married for almost 31 years, so we have been together for almost my entire military and medical career. She has certainly been the beacon of light that has guided me along the way, ensuring that I did not wander too far off the path, either with my career or in the pursuit of one of my many whims.

I am also pleased that my brother and sister, Gil and Cathy, could be here today, along with Gil's wife, Ginny, and Cathy's two daughters, Shannon and Meagan.

Finally, a special thanks to Irv and Camille. They have been invaluable to me, not only in this past year as President, but also in my many associations with the Society in years past.

My talk today is about involvement. I am sure many of us ask how we, as members of our Society, can get the most out of this association. I would like to play a sound clip that will set the stage for what I am going to say. As

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I thought about the topic I have chosen, I was reminded of the address General Douglas MacArthur, one of the great leaders of the past century, made to the Corps of Cadets at the US Military Academy in West Point, New York, in 1962. General MacArthur had been invited to West Point to receive a very prestigious award for service to his country. He used the occasion to impart some wisdom and advice to the cadets about how best to serve their country as they prepared to join the Army. War in Southeast Asia was on the horizon and many of these young men faced the prospect of going off to war. Here are his words: "Duty, honor, country. Those three hallowed words reverently dictate what you want to be, what you can be, what you will be. They are your rallying points: to build courage when courage seems to fail, to regain faith when there seems to be little cause for faith, to create hope when hope becomes forlorn."

Now I am certainly not as eloquent as General MacArthur and I am quite sure that he did not have the AOSSM in mind when he made his remarks, but I think there are three areas of service that form the pillars of the American Orthopedic Society for Sports Medicine: education, research, and leadership. These serve as beacons for our service to the AOSSM and for our involvement with each other. We can all be proud of our leaders over the years in their efforts to extend our Society's influence and interest, but this also is an exciting time, and we all need to get involved in our Society as we look ahead.

EDUCATION

Education is the first and foremost pillar of our Society. The education of our members has always been a mainstay of our Society and one with which we have all been involved. We owe thanks to the tireless efforts of Dr. Chris Harner as the Chairman of the Education Committee and to the Educational Curriculum Subcommittee. Through his leadership, a curriculum has been developed that will help strengthen the educational quality of our Society as we go into the future. Currently under development is a web-based curricula system for each of you to track your educational efforts within the Society. It will keep a record of your continuing medical education credits as well as the specific courses in which you have participated. You will be able to look back and see where your emphasis has been, and in which areas you need to concentrate. This will be a tremendous help to our Education and Program Committees in shaping courses and programs for our members to ensure that they are receiving timely and relevant information in all areas of sports medicine.

The American Journal of Sports Medicine is truly a bright spot of our Society. Under the capable leadership of Dr. Jack Hughston as Chairman of the Board of Trustees, Dr. Bob Leach as Editor, and Dr. Harry Kretzler as Treasurer, the Journal has grown to the point where it has over 10,500 subscriptions and is the preeminent sports medicine journal in the world. The quality of articles has greatly improved over the past several years, and the number of papers being submitted for publication has practically quadrupled. The Journal will be going through

some changes. A new Board of Trustees has been elected, with Dr. Dave Sisk as Chairman. Since Dr. Leach has announced his retirement, a new editor will be selected by this fall. The Journal is exploring different opportunities for on-line access so that you may read the Journal any time and any place.

RESEARCH

Research is the second pillar of our Society. We have seen dramatic changes from the days of simply monitoring and handing out grants to the exciting proactive programs in which we are currently engaged. Dr. Claude Nichols, as Chair of the Research Committee, has done an outstanding job, leading us into new areas of involvement.

We are currently working with Genzyme Corporation (Cambridge, Massachusetts) to help base their knee registry on the International Knee Documentation Committee (IKDC) Knee Documentation Form. We are also working with Genzyme to set up a multicenter study of cartilage injuries to establish both a normative study as well as a validation study for the IKDC form. We hope that this will lead to other multicenter studies on various modalities for treating knee cartilage injuries, which is a much-needed and exciting area of research of great interest to all of us.

Our treatment of ACL injuries has come a long way in the 25 years that I have been associated with this Society: from doing nothing, to attempting to repair the ACL, to having very predictable procedures based on good basic and clinical science. Many of you have contributed to the successful evolution of these ACL reconstruction procedures. Even though these advances have been encouraging, we still have a long way to go in our ability to predict and prevent ACL injuries.

The "Decade of the Bone and Joint" is an international effort to raise public awareness about musculoskeletal issues. As part of our involvement, the enigma of the ACL, which has been a favorite target for both presentation and research in our Society for many years, is taking on a new dimension. The intriguing area of noncontact ACL injuries has received a lot of notice lately. We have realized that these injuries occur with more frequency in female athletes. Establishing what is unique to the female athlete that causes her to have such a large proportion of injuries compared with her male counterparts will be the subject of much research in the future. Under Dr. Ettie Griffin's editorship, a compendium was published of a recent symposium in Hunt Valley that was concerned with noncontact ACL injuries (Conference on ACL Prevention Strategies, "Prevention of Noncontact ACL Injuries," Hunt Valley, Maryland, AAOS, 2001). Building on this symposium, the AOSSM is preparing to work with the Research Committee to look at other research issues specifically in the noncontact arena as part of our participation in the Decade of the Bone and Joint. There are many other partners who are very interested in this as well, including the US Olympic Committee's Amateur Athletic Foundation, the NATA, the NCAA, and the CDC (Centers for Disease Control). All of these groups have an interest in

trying to prevent and decrease these injuries. We hope to partner with them in their efforts and to help support multicenter studies to look at this very intriguing problem.

LEADERSHIP

Leadership is the third pillar of our Society. The mission of the AOSSM is to be the world leader in sports medicine. One of the most controversial areas that we have had in our Society (trying to change the name notwithstanding) has been the Certificate of Added Qualification or, as it is now known, Subspecialty Certification. As many of you are aware, the Board of Directors recently submitted an application for Subspecialty Certification to the American Board of Orthopaedic Surgeons. I believe that Subspecialty Certification is absolutely essential for our Society and our members to develop and maintain their leadership in the arena of sports medicine. Most of us here are board-certified in orthopaedic surgery and understand that certification is the most-recognized standard for professional competence.

By having a Subspecialty Certification, we ensure several things:

- First, it recognizes that there is a *unique body of knowledge* called orthopaedic sports medicine;
- It establishes a *specified curriculum* to teach orthopaedic sports medicine fellows;
- And it establishes a *uniform process and examination* to ensure high-quality education and training.

There are many issues to be worked out, such as accrediting fellowships, agreeing on a fair and equitable selection process for fellows, and a “grandfather clause,” but if we want to maintain our leadership role, we need to move beyond these issues and work toward Subspecialty Certification that we all can embrace and become a part of.

Does this mean you will have to have a fellowship to be a member of the AOSSM? The Hand Society requires a Subspecialty Certification as a criterion for membership, but my personal opinion is that the AOSSM should not be exclusive. There is great value in having people from all areas of sports medicine involved in our Society to continue the tradition of diversity of thought that is so important.

Mentoring is another important component of leadership. Many of us have had the privilege of having an older person who serves us as an adviser or guide through the initial years of our professional careers. I know I am grateful to those who have been mentors to me.

When I was a cadet at the US Military Academy, I met Dr. John Feagin, who was then a resident at Walter Reed Army Hospital. Dr. Feagin was on his way to Vietnam, but was gracious enough to come up to West Point to meet with me and a fellow classmate to discuss the possibility of pursuing a medical career in the military. When Dr. Feagin completed his tour in Vietnam and returned to West Point to be the team physician for Army, I was a senior and he became a very strong influence as he guided me

into medical school after my return from Vietnam. He was a faculty member during my orthopaedic training at Letterman Army Medical Center. Upon completing my residency, we both returned to West Point, he as Hospital Commander and I as the Chief of the Orthopaedic Service. We had the opportunity to write several papers together. There is no doubt that Dr. Feagin’s early involvement with me went a long way in my membership and involvement in this Society, and in helping me meet many of the members that I had only read and heard about. I am sure that neither one of us, on that cold day in January 1966, would have ever imagined that I would be standing here before you now, speaking as the President of the AOSSM. I appreciate all his leadership and wisdom over the years.

There are many others that I also count as mentors: Dr. Jack Hughston, Dr. Bernie Cahill, Dr. Robert Leach, Dr. Sterling Mutz, Dr. Frank Bassett, Dr. Joe Rokous, and Dr. George Rovere, to name a few. I have respected these men and consider myself fortunate to have been associated with them in my years in the Society.

I would like to share with you a little story about Joe Rokous. He passed away several years ago but was a good friend and a mentor in his own way. I was introduced to Joe by John Feagin at a ski meeting in Snowmass, Colorado, when I was a resident. Kay and I had left our boys with my parents and we were off to our first real meeting together and alone! Needless to say, like all residents we had no money, but we were tired of eating peanut butter and jelly sandwiches. The Rokouses had invited us to join them for dinner, so we counted our pennies and decided to go. Of course, it was a nice restaurant and when the menu arrived I quickly realized that Kay’s menu did not have the prices printed on it—she was ordering veal oscar and I was ordering Hawaiian ham and pineapple! After I kicked her under the table, she yelled loud enough that Joe understood what was happening and announced that dinner was his treat. He told me that as a resident he could never afford a nice dinner either, but when he became a successful orthopaedic surgeon he had made it a policy to try to take a resident to dinner whenever he went to a meeting. We enjoyed many other dinners with Joe and his wife Ruth and valued their friendship very much. He taught me a lot about compassion and sharing, something that I know both Kay and I have tried to impart to others through the years.

With mentoring in mind, the Board of Directors asked Dr. Bob Stanton to chair a task force that has designed a mentoring program that we are launching at this meeting. I hope this mentorship program will help many of the young members of the AOSSM to grow and develop by having the opportunity to meet and work with some of the more-experienced members of our Society, and that they will have a relationship that is long and worthwhile. I challenge our experienced members to get involved with this program. It will prove to be an enriching experience.

HOW TO GET INVOLVED

So, how do we get involved in the AOSSM?

Come to meetings. Introduce yourself to those around

you. Meetings are for didactic education, but the most important part is enjoying and engaging socially with other members. Bring your family. The AOSSM makes a great effort to have our meetings in family-friendly locations so that there are opportunities to interact socially, have a great time, as well as learn about our profession.

Be involved in your community. There are many, many opportunities in your own communities that are often overlooked. From youth sports, to middle schools, to high schools, to discussing sports medicine issues with church league softball and YMCA organizations—the opportunities are there. The youth programs in your community need your support. Many of the youth programs have no more medical coverage than the volunteer coach on the sidelines at the game. He or she often has very little-to-no medical experience. The anxiety level is very high when a child is injured, and appropriate care is of utmost concern. The AOSSM Council of Delegates has developed several programs both for Little League and Pop Warner football to get our members involved with those organizations. I would encourage all of you to seek out the youth sport programs in your community and lend a helping hand in providing medical support, both in their evaluations and in taking care of their athletes.

One area that I would especially like to emphasize today is participation in programs for athletic populations that are often overlooked, those who compete in the Special Olympics and in the paralympics programs. All of us are interested in taking care of athletes. Many of us are taking care of high school, college, and professional teams, and we all know the satisfaction we feel when we take care of an athlete who overcomes an injury and returns to action to compete successfully. However, equally motivated groups of people who take great pride in their performance and are incredibly motivated to do well are those persons who have physical or mental disabilities. These special athletes have overcome physical and mental challenges to be where they are. They are dedicated and sincere athletes who are serious about their performance. But they need our help. They need us to perform screening physicals and provide medical coverage at their events. They need us on advisory committees to take advantage of our input and experience.

I know that all of us have heard what a great emotional moment it is when these special athletes are successful in their competitions, and you can be a part of that moment. Dr. Peter Jokl is the chairman of our Committee for Athletes with Physical and Cognitive Disabilities. They are developing a brochure and an instructional course to provide resources for members to become involved with these athletes who need our help.

Next, *be involved with your Council of Delegates.* The concept of this Council was to bring information from the Board of Directors down to the state level and to individual members and to allow members to talk to your Council of Delegates representatives if you have an idea that you would like the Board of the AOSSM to consider. Dr. Peter Indelicato, as Chairman of the Council of Delegates, is continuing to try to improve communication between members and the Board of Directors.

The Board of Directors of the AOSSM is always trying to identify new people who have fresh ideas and have expressed an interest in being involved in committees and task forces. Make sure that your desires and abilities are known to the Society; talk to your Board members. As we get more and more sophisticated in our web-based database, we will continue to reach out to our membership for new people to man our committees and task forces.

Multicenter studies are going to be avenues of great opportunity for many of us to be involved. I envision that there will be ample opportunities for studies to be done outside the well-established centers of research. We would like community-based sports medicine programs to be involved to get their valuable perspective on these interesting and perplexing problems, such as noncontact ACL programs, and ACL injuries and articular cartilage injuries, injuries that we all are seeing in our practices.

Finally, *present papers at meetings.* All of us have worked with interesting cases. It is always hard to try to have an original thought, put it down on paper, and present it, but this is how many of us really get involved in the Society. Presenting papers and posters and being involved on the program as a discussor or in the symposiums will make yourself known to the Program Chairmen so that they know you have a special interest in a particular area. This way, we can participate actively and share our experience and ideas with other members. This is truly the purpose of this Society and it will help us all to grow stronger in our profession.

CLOSING THOUGHT

As a closing thought I would like to share with you a story. One day an expert in time management was speaking to a group of business students and, to drive home a point, used an illustration those students will never forget. As he stood in front of the group of high-powered overachievers, he said, "Okay, time for a quiz." Then he pulled out a 1-gallon, wide-mouth Mason jar and placed it on the table in front of him. He produced about a dozen fist-sized rocks and carefully placed them, one at a time, into the jar. When the jar was filled to the top and no more rocks would fit inside, he asked, "Is this jar full?" Everyone in the class replied, "Of course it is!" He said, "Really?" and reached under the table and pulled out a bucket of gravel. He then dumped some gravel into the jar and shook it, causing pieces of gravel to work themselves down into the spaces between the big rocks. Then he asked the group once more, "Is this jar full?" By this time the class was on to him. "Probably not," one of them answered. "Good," he said and reached under the table and brought out a bucket of sand. He started dumping the sand into the jar and it went into all of the spaces left between the rocks and the gravel. Once more he asked the question, "Is the jar full?" "NO!" the class shouted. Again he said, "Good," and grabbed a pitcher of water and began to pour it into the jar until it was filled to the brim. Then he looked at the class and asked, "What is the point of this illustration?" One eager student raised his hand and said, "The point is, no matter how full your schedule is, if you try really hard you

can always fit some more things in it.” “No,” the speaker replied, “that’s not bad, but that’s not the point either. The truth that this illustration teaches us is about priorities: If you don’t put the big rocks in first, you’ll never get them in at all.”

What are the big rocks in your life? Your professional career? Time with your family? Your spiritual life? Your hobbies and leisure pursuits? We are constantly pulled in many directions, both professionally and in our personal lives. Often, achieving a balance is very difficult. Involvement is important, but we always have to keep our individual priorities straight. Remember this example of the jar of rocks and put your big rocks in first by deciding what is most important to you.

Thank you for allowing me the great honor of serving as President of our Society this past year. General MacArthur made another famous speech to Congress as he was retiring from his long and illustrious military career: “When I joined the Army, even before the turn of

the century, it was the fulfillment of all my boyish hopes and dreams. The world has turned over many times since I took the oath on the plain at West Point and the hopes and dreams have long since vanished. But I still remember the refrain of one of the most stellar barrack ballads of that day, which proclaimed most proudly that ‘Old soldiers never die, they just fade away.’ ”

After the busy year I have had, I am ready to fade away for a little while, and I am sure that some of the Board members wish that all of the Past Presidents would just fade away. But I will just remind you of one last comment from General MacArthur as he was forced to leave Corregidor at the beginning of World War II: “I shall return!”

In many ways, my trip through sports medicine has indeed been a long and strange one. There have been lots of changes, great ideas, and great people along the way. I would invite all of us to have a great journey by becoming involved in our Society. Get involved! Be engaged! And remember, set your priorities!