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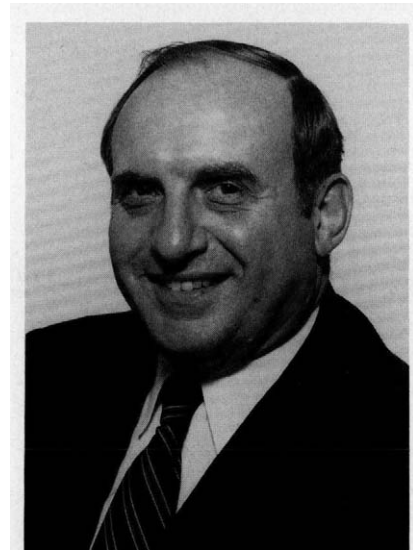

Presidential address of the American Orthopaedic Society for Sports Medicine

Where do we go from here?

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President, AOSSM

The occasion of a Presidential Address provides a unique opportunity to make a personal statement. My first thought was that since this meeting marks 20 years since the founding of the AOSSM, it seems entirely appropriate to begin by taking a moment for a backward glimpse to recognize our presidential leadership through these 20 years. Starting with Don O'Donoghue in 1972, each of our past presidents (Table 1) has brought a unique blend of leadership, organizational skills, and vision that shaped this organization and brought us to our present position. Then I want to focus this address on some of the issues that I believe present important opportunities and challenges for this Society as we move forward through the decade of the 1990s.

Over the course of our 20-year history, we have established credibility as *the* organization in North America that represents the expertise in the field of orthopaedic sports medicine. The fundamental basis for this credibility was and continues to be the ability of our members to provide superb care of the injured athlete. Increasingly throughout more recent years, accomplishments in the laboratory have served to solidify and enhance our credibility.

This Society was founded to provide a forum for presentation of scientific work in the field of sports medicine, and we have established ourselves as premier educators in the field through our annual meetings, the specialty day programs at the Academy meetings, and through our scientific journal, *The American Journal of Sports Medicine*. We can take pride in the fact that we have become a sizable and mature organization of over 1100 members.

WHERE DO WE GO FROM HERE?

So, now that we are pretty well dressed up, where should we go? It is certainly no secret that the world around us is changing significantly, making it imperative that this Society become increasingly involved in different types of activities. Most successful coaches have stated that in the upcoming big game they will "dance with who brung us" rather than experiment with something new. I believe that it is also critical that we continue to "dance with who brung us" and that we do not neglect or de-emphasize the things

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TABLE 1
AOSSM past presidents

1972–1973	1982–1983
Don H. O'Donoghue, MD	Gerald A. O'Connor, MD
1973–1974	1983–1984
Joseph D. Godfrey, MD	Robert E. Leach, MD
1974–1975	1984–1985
Jack C. Hughston, MD	William C. Allen, MD
1975–1976	1985–1986
Joe W. King, MD	John A. Feagin, MD
1976–1977	1986–1987
Leslie M. Bodnar, MD	Bernard R. Cahill, MD
1977–1978	1987–1988
Marcus J. Stewart, MD	George A. Snook, MD
1978–1979	1988–1989
John C. Kennedy, MD	H. Royer Collins, MD
1979–1980	1989–1990
James A. Nicholas, MD	Jay S. Cox, MD
1980–1981	1990–1991
Robert L. Larson, MD	Frank H. Bassett III, MD
1981–1982	
Fred L. Allman, MD	

that represent our greatest strengths. We need to continue to 1) attract the active players in our field to be AOSSM members, and 2) continue to strengthen our vehicles for scientific presentation and education: the annual and interim meetings, the *American Journal of Sports Medicine*, and CME courses. But, in addition, we need to better represent and speak for our members and our patients in this increasingly competitive health care environment, and we need to assume more of a statesman-like role to represent and speak for the field of orthopaedic sports medicine beyond our membership.

AOSSM MEMBERSHIP

First, I want to focus on one aspect of our responsibilities to our members. It is typical of our members to be extremely active and productive individuals who are willing and able to become involved, and who want to serve and contribute to the Society. This frequently leads to a sense of frustration because so few seem to get the opportunity to serve. It is true that we have a relatively small Board of Directors of 11 people, which until recently was only 8. In addition, there are relatively few standing committees in the Society: 10 committees with 72 positions. To make matters worse, there has been no consistent pattern of Committee appointments and turnover, with some people seemingly being on some committees "for life."

In recognition of these problems, some changes in the committee appointment process have just been adopted by the Board of Directors. A Committee on Committees, consisting of the current and two upcoming presidents, has been formed to share responsibility for proposing new committee appointments to the Board of Directors. In addition, to ensure consistent and systematic turnover, staggered appointments of defined terms are now being made so that at least one new appointment can be made to each committee each year, and there will be annual solicitation beyond the Board of Directors for recommendations of individuals for new appointments.

These are important steps to make the committee appointment process more systematic, but they do not really help the numbers problem: 1100 members of the Society and only 72 committee positions, only a few of which will turn over each year.

So how does one "break in to the lineup" and become active and involved in this organization? There are two major avenues available. The first is to carry out clinical or laboratory research or both and submit abstracts for presentation at the annual and interim meetings, or submit your work for publication in our Journal. In this way individuals can become known within the Society for the quality of their work, which can naturally lead to invitations to participate in Society symposia, instructional courses, CME courses, and committee appointments. In addition, our productive young people under the age of 40 should be applying for our exchange traveling fellowships. Three fellows are selected each year to travel to either Europe or to Asia on alternate years.

There is a second major pathway to becoming active and involved in the Society, which recognizes that there are many other important ways to contribute, including excellence in patient care, local team coverage, education of coaches, trainers and administrators in your area, tackling health policy and ethical issues, and providing medical support or input to local and state organizations, including the legislature. Over the past two years, the Council of Delegates (COD) has been created by reorganizing and revamping the Society's liaison committee. The COD is patterned after the Board of Councilors of the Academy to be advisory to the Board of Directors. It is based upon delegate representation by state, with the number of delegates proportional to Society members in each state. The delegates are elected by the Society members in each state, the COD leadership is elected from within by the delegates, and the chairman is a full voting member of the Board of Directors. The message is that the COD is a dynamic, democratic, going machine that is providing vastly improved two-way communication between the Board of Directors and individual Society members. The current number of delegates in the COD is 98, easily exceeding the number of Society committee positions.

So, these are the avenues available for interested members to become involved in Society activities: by contributing to scientific and educational programs, publishing in our Journal, aspiring to be a traveling fellow, and becoming involved at your local and state levels in COD activities. These are the primary means by which the future leaders in our field and in the Society will be defined and developed.

AOSSM ROLE BEYOND SOCIETY MEMBERSHIP

As this Society continues to work toward serving our membership in the best ways posible in the future, it is critical that we also focus on serving and representing our field beyond the confines of traditional Society activities. While

we are a large, healthy, vigorous, and mature organization, we must recognize that there are limitations to our areas of legitimate expertise and authority, and to our financial and human resources. In addition, we must recognize that there are many other equally legitimate players in the field of sports medicine, and it is essential that we assume more of a statesman-like role, accepting and respecting the rightful place of the other legitimate players in the field. We need to communicate effectively and work in a spirit of cooperation to identify areas of mutual interests and areas of differences so that we can try to work together to have a greater impact than it is possible to have attempting to go it alone or in an adversarial role. We need to represent and speak for our members and for the field of orthopaedic sports medicine at as many levels as possible, but the top priorities are the areas of orthopaedics, nonorthopaedic sports medicine, nonphysician sports medicine, and the international scene.

Orthopaedic surgery

First and foremost is the world of orthopaedics, the "O" in AOSSM. Obviously, the American Academy of Orthopaedic Surgeons (AAOS) is the key organization. If we picture orthopaedics in the US as a Greek chorus being conducted by the AAOS, the AOSSM must make sure we are called upon and are prepared to deliver the sports medicine arias. We must keep in mind that all of orthopaedics is only 3% of medicine and that our membership represents less than 7% of the membership of the AAOS. Accordingly, we must work together with the Academy in every way possible to increase our mutual effectiveness, but at the same time we must be prepared to proceed independently if necessary. Among the essential levels of interaction with the Academy are the Council of Musculoskeletal Specialty Societies (COMSS), the Sports Medicine Committee, and in the area of health policy. The COMSS provides a forum for us to interact with the other orthopaedic specialty societies and to provide direct input to Academy decision-making since the leadership of COMSS sits on the Academy Board of Directors. This Society has had individuals in leadership positions of COMSS from the very beginning and this precedent is ongoing.

Virtually all of the members of the AAOS Sports Medicine Committee are AOSSM members, but few are currently serving on our Board of Directors. To improve communication, we have just begun an annual caucus between the committee members and the AOSSM leaders. In regard to health policy, we have key Society members who are well positioned: Thad Stevens (Chairman of our Health Policy and Ethics Committee) on the AAOS Council of Health Policy, Art Boland on the Academy Committee on Outcome Studies, and Carol Teitz is the member of the Sports Medicine Committee assigned to focus on health policy issues. In addition to having these three individuals in such key positions, we are well positioned to get involved in outcome studies and technology assessment because of the work over the past three years by the International Knee Documentation Committee (IKDC) to establish common terminology and a standardized means to document impairment from ACL injury and the impact of therapeutic intervention.

The next most important orthopaedic organization for this Society to work closely with is the Arthroscopy Association of North America. There is a high level of crossover membership between the two organizations, and we share many common interests and goals. While the COMSS activities provide an opportunity for interaction and cooperation between our two Societies, I believe that there should be increased efforts for direct interaction and that we could be doing more things in a cooperative and conjoined fashion than we are at present.

A third essential area within orthopaedics is fund raising for support of peer-reviewed research. The Orthopaedic Research and Education Foundation (OREF) has long been the preeminent orthopaedic organization in this field, but several years ago we found that it was necessary to create our own foundation (FSMER) to advance our recognized needs for increased support of sports medicine research. As a reflection of the changing times in which we now live, the fund raising environment has become much more competitive and difficult. Both OREF and FSMER recognized that a coordinated approach to fund raising and peer-review research has the potential to be much more effective for both organizations than the competitive and costly duplication of effort to do it separately, and at the same time address the ill will being created by separately approaching the same orthopaedic surgeons and the same orthopaedic companies. While discussions had been ongoing for several years, it was only during this past year that the leadership of OREF, FSMER, and AOSSM have worked out a historic three-year agreement to develop and try a unified approach both to fund raising within the orthopaedic community and for evaluation and granting of financial support for sports medicine research. If this approach proves to be successful, it will be a win-win situation for both organizations and provide a model for other specialty societies to also develop cooperative agreements with OREF.

A final critical area within orthopaedics is that of credentialing within orthopaedic sports medicine. Three years ago this Society decided not to pursue a Certificate of Added Qualification (CAQ) in sports medicine. The climate has been changing over the past three years, as experience is being gained with the impact of the existing CAQ in hand surgery, with the impending CAQ in sports medicine jointly sponsored by the Boards of Family Medicine, Internal Medicine, Emergency Medicine, and Pediatrics, as well as with the creation of self-professed boards in arthroscopic surgery and sports medicine. Your Board of Directors felt it would be timely and important to revisit this issue; a new ad hoc committee was appointed and they brought their initial report to the Board of Directors at this meeting. As there is no consensus at this time, these important deliberations will continue and will increasingly involve the entire membership so that our future decisions can be forged from a broad consensus.

Nonorthopaedic sports medicine

Until now, the major nonorthopaedic sports medicine organization has been the American College of Sports Medicine (ACSM). A new organization that has great potential has just been created for nonorthopaedic physicians with special interest and expertise in sports medicine, the American Medical Society for Sports Medicine (AMSSM), which is holding its inaugural meeting here in San Diego immediately following our meeting. There is already a strong liaison between the AOSSM and AMSSM, which reflects the close working relationship between members of our two organizations in caring for teams and in our professional practices. I can foresee the emergence of a United States triumvirate of sports medicine organizations in the future consisting of the AOSSM, the AMSSM, and the ACSM.

Nonphysician players in sports medicine

Among the many important groups in this category are the athletic trainers and the NATA; physical therapists and the APTA, particularly the sports medicine section; the PhD exercise physiologists and sports scientists within ACSM; and various athletic organizations, including the professional sports leagues, the NCAA, the Federation of High School Athletic Associations, the US Olympic Committee, and the youth sports organizations. Many of these groups know very little of us as an organization, and are unaware of what we might have to offer them and vice versa in regard to areas of mutual interests.

International

Last, but certainly not least, is the international scene. We are already working very effectively with the European Society for Sports Trauma Knee Surgery and Arthroscopy (ESSKA) and the Western Pacific Orthopaedic Association (WPOA) for the very successful and very important annual exchange traveling fellowships. In addition, the collaboration with ESSKA on the IKDC has been excellent. We need to continue these successful beginnings, and seek out other areas for cooperative interaction in the future.

In addition, there is the International Society of the Knee and International Arthroscopy Association Combined Congress every two years, which brings together the best work in these fields being done around the world. We should make every effort to showcase the best of the work being done within the AOSSM, and we are invited each time to select a designated paper to be presented at the Congress.

Finally, we should work toward appropriate representation on the International Federation of Sports Medicine (FIMS). Currently, the American representation to FIMS is selected through the ACSM. While there is certainly no desire or intent to disenfranchise the ACSM, it would certainly be appropriate to have future US representation shared between ACSM, AOSSM, and AMSSM.

As you can tell from my comments as I have been going along, none of these areas are brand new for this Society. We have already recognized the importance of addressing each of them and have programs in variable degrees of development or operation in each area. These areas have been featured in this address because I wanted to emphasize how important I believe it is for this Society to not only sustain but actually to increase our commitment to this AOSSM role beyond our Society membership. I believe we must do this successfully to secure and retain our rightful place in the sun for the future. However, I also want to reemphasize what I said at the beginning—we must also continue to "dance with who brung us" and not neglect or deemphasize our commitment to excellence in patient care, education, and research. These newer activities require an incremental commitment of human and financial resources. We certainly have the human resources within our membership, and if we have the necessary resolve, we can also find the financial resources to do the job that needs to be done.

In closing, I hope you all know how much I will always cherish having this opportunity to serve as your President. I hope you also realize that it takes the combined efforts of a lot of people to make a successful year, and I would be remiss if I did not thank our outstanding Board of Directors, our hard-working committees, and the COD. In addition, believe me, it would not happen without our Society office staff: our new executive director Don Rome, Carol Rosegay, completing her 10th year with the AOSSM, Camille Petrick, and Pam Schmaranzer. In addition, I want to recognize the herculean efforts of my secretary in Rochester, Barb Eggleston.

Finally, it would not be possible for me to have done this without a loving and supporting family, and I have the best—son David, daughter Kathleen, and wife Jean.