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Presidential Address of the American Orthopaedic Society for Sports Medicine

Stars and Heroes*

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First, my thanks to the Society and to the membership. I strongly believe in the importance, and indeed the necessity, of AOSSM's active and interactive presence in the continuing growth and development of all aspects of orthopaedic sports medicine. So the opportunity and the privilege to serve as president has been a highlight of my professional life. It has been quite a year! Professionally, it has been challenging, rewarding, interesting, hectic. Personally, it has run the gamut from deep sadness to great happiness.

Next, my thanks to my family: Libby, my wife; my children, Tim, Megan, Cam, and Peter, along with daughters-in-law Jacquie and Tori; and four grandchildren. Their presence kept all things in proper perspective, and their unconditional support, not to mention patience, helped me in no small way to achieve my goals.

In this, a recapitulation of my Address in San Diego, I would like to touch briefly on three topics: subspecialty certification, The American Journal of Sports Medicine, and the legacy of our colleague Alexandra Kirkley.

SUBSPECIALTY CERTIFICATION

Subspecialty certification for sports medicine was an important milestone that came to fruition this past year. The road to certification began in 1988 when, with John Bergfeld as Chair of the Ad Hoc Committee, the need, the value, and the process of subspecialty status were assessed. In the 15 years since 1988, countless applications, recommendations, resolutions, and surveys were filed, tabled, conducted, and modified until, in March 2003, the American Board of Medical Specialties approved subspecialty certification in orthopaedic sports medicine.

The need for subspecialty certification has been supported by various statistics. In 1990 to 1991, 21% of orthopaedic surgeons saw themselves as specialists; currently, the figure is 35%. Within the same time period, the percentage of orthopaedic surgeons who perceived themselves as general orthopaedic surgeons decreased from 44% to 31%.[1] In addition, younger practitioners have indicated that they are in favor of specialization and certification in orthopaedic sports medicine,[2] and the majority of both AOSSM members and nonmembers agrees that orthopaedic sports medicine is a unique body of knowledge and area of practice.[3] Fifty-five of 95 sports medicine programs are accredited by the Accreditation Council for Graduate Medical Education. When categorized by the percentage of sports medicine cases managed, the major-

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ity of both AOSSM members and nonmembers with an interest in sports medicine would pursue certification.[2]

Statistics notwithstanding, subspecialty certification has not been without controversy. A main criticism is that this may be exclusionary or discriminatory. The AAOS is concerned that the practice of orthopaedic sports medicine will become confined exclusively to anatomic or procedural denominators and that the eligibility to write the examination will not be available to fellows who have not fulfilled training requirements. The AOSSM has addressed these issues. By recognizing that it represents a cross-section of orthopaedic surgery and a diversity of interests and concerns, the Society has reaffirmed its commitment to the greater orthopaedic community. The Board-adopted policy states, "AOSSM strongly supports the rights and ability of all orthopaedists, regardless of post-graduate training and education, to provide sports medicine services in the team, clinical and surgical setting" (DFA 2, October 2000). Further, certification as a criterion for membership has been precluded: "Certification cannot be used as a criterion for AOSSM membership or full participation in the Society" (DFA 2, October 2000). The position of the AOSSM on the certification examination is that fellows may write it within a defined period of time without having fulfilled training requirements.

With these policies in place, the AAOS's continued opposition appears to be unfounded. In my view, with subspecialty certification in place, we will note a "trickle-down orthonomics" effect, and training in orthopaedic sports medicine will improve at all levels. The Society's efforts to gain support will continue.

THE AMERICAN JOURNAL OF SPORTS MEDICINE

The American Journal of Sports Medicine has become the most important resource of the AOSSM. For this we are indebted to a group of dedicated principals, Jack Hughston, Bob Leach, and Harry Kretzler, who have been involved since the journal's inception and have remained so over the years, and David Sisk and Bruce Reider, whose associations are more recent. Their contributions and hard work, along with the publishing acumen of Managing Editor, Ann Donaldson, ELS, and Production Editor, Donna Tilton, ELS, have made AJSM the strong, widely read, and acclaimed journal that it is today.

One challenge of this past year was to determine the value and good business sense of continued self-publishing in the face of a rapidly changing environment and expansion in both orthopaedic specialization and international readership. Sage Publications was contracted following an extensive analysis of the publishing market, as well as a host of other pertinent factors. The AOSSM has retained full ownership, editorial and otherwise, of the journal but will benefit from the broad marketing experience of Sage, from substantial financial guarantees, and from a realistic business plan for growth, which includes a gradual expansion to monthly issues.

ALEXANDRA KIRKLEY, MD (1962–2002)

A few words now about our partner and friend Alexandra Kirkley, MD. Many of you will know that she and her husband Michael were killed in a small-plane crash in New Jersey on September 8, 2002. Their young sons, Collin, 10, and Connor, 7, survived the accident and are coping well with their new life and family. Sandy's contributions to orthopaedic sports medicine and orthopaedic surgery in general were many and significant. With her Master's Degree in Epidemiology and her passion for randomized clinical trials, she really did influence our approach to both research and clinical practice.

Sandy's repeated admonition was, "Why would surgical procedures that are inherently risky, expensive, and which irreversibly alter anatomy require less evidence than pharmaceuticals, for instance, in order to be adopted?" This, she felt, was unacceptable, and from the beginning of her practice she championed properly executed randomized clinical trials that would reveal the truth about interventions and provide us with more generalizeable results. She reminded us at every opportunity about the need to critically evaluate all aspects of our specialty from new procedures and products to the published literature and proposed research. She taught us about valid, reliable, and responsive scoring systems to evaluate the outcome of any treatment, surgical or otherwise, and developed three such tools for shoulder conditions: the Western Ontario Shoulder Instability Index, the Western Ontario Rotator Cuff Index, and the Western Ontario Osteoarthritis of the Shoulder Index. She did not let us forget that the ethical integrity of randomized clinical trials, of all research for that matter, must never be compromised.

Sandy, and like-minded colleagues worldwide, had already embarked on a strong collaboration committed to making randomized clinical trials standard practice. I am confident that this work will continue and I encourage the rest of this Society's membership to actively share in this commitment. This will not be an easy task, nor will clinical research be a priority or area of expertise for everyone who practices orthopaedic sport medicine. Still, I believe that each of us can and should play a role. Some will lead; most of us will follow by keeping informed, aware, and educated. I urge you to carefully consider Sandy's call to all orthopaedic surgeons, ". . . to rise to the challenge of designing and implementing clinical trials that provide the same level of evidence in support of treatments as our nonsurgical colleagues demand." To accept this challenge is to move toward the delivery of what we will know to be better patient care.

CONCLUSION

In closing, I first want to express my sincere gratitude to Irv Bomberger, Camille Petrick, and all our Rosemont staff. This group of capable, conscientious, and cheerful professionals works very diligently on the Society's behalf. Their assistance to me personally throughout this past year has been invaluable. Without their help, my job would have been much more difficult and much less fun! I

also owe a debt of gratitude to the Board members for their hard work and long hours. A special thank you to Annunziato (Ned) Amendola who served as 2003 Program Chair and my personal surgeon. I am happy to say both "projects" were successful. Finally, a heartfelt thank you to my partners and to all the staff at The Fowler Kennedy Sport Medicine Clinic for their enduring loyalty and support.

REFERENCES

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2. 1999 Sports Medicine Survey Final Report. Rosemont, IL, AOSSM, March 2000, page 31
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