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## Presidential Address of the American Orthopaedic Society for Sports Medicine : Credibility, Integrity, and the "Terrible Towel"

Freddie H. Fu

*Am J Sports Med* 2009 37: 2309  
DOI: 10.1177/0363546509355303

The online version of this article can be found at:

<http://ajs.sagepub.com/content/37/12/2309>

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# Presidential Address of the American Orthopaedic Society for Sports Medicine

## Credibility, Integrity, and the “Terrible Towel”

Freddie H. Fu, MD, DSc (Hon), DPs (Hon), *President, AOSSM*



I am proud to have served as President of a great organization. Proud because of what I see as the virtues and values of this Society and how important they are to the role of our Society in the future. Three of those values that I would like to focus on are credibility, integrity, and the “Terrible Towel.”

### CREDIBILITY

Merriam-Webster defines credibility as 1) the quality or power of inspiring belief, and 2) capacity for belief.<sup>2</sup> Credibility is more than just words or names. You may recall that back in 1995 it was proposed that we change the name of the American Orthopaedic Society for Sports Medicine to the American Academy of Sports Medicine—to make it more “credible.” The idea met with great resistance—to say the least. A new name doesn’t make a society more credible. It’s the strong and decisive actions of the Board and the active involvement and commitment of the membership that make a society credible. Credibility, like integrity, is a quality that is earned. And, over the years, AOSSM has established the credibility of our profession through its programs and activities.

For our subspecialty to maintain its identity, it was critical for us to be recognized by the specialty of orthopaedics as having a unique body of knowledge and area of practice. One of the important components of achieving this is to have high-quality sports medicine fellowships. That is the true source of the next generation of leaders. Two significant changes occurred over the last 2 decades

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Address correspondence to Freddie H. Fu, MD, University of Pittsburgh, School of Medicine, Department of Orthopaedic Surgery, 3471 Fifth Avenue, Suite 1011, Pittsburgh, PA 15213 (e-mail: [ffu@upmc.edu](mailto:ffu@upmc.edu)).

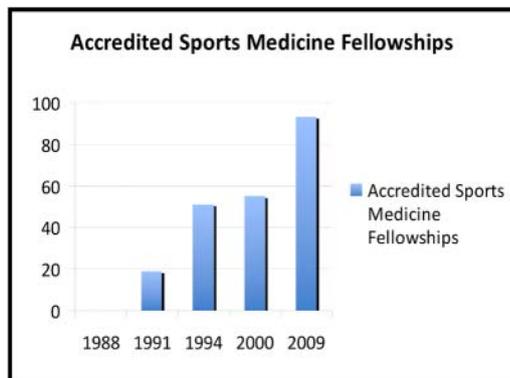
Presented at the 35th annual meeting of the AOSSM, Keystone, Colorado, July 2009.

The American Journal of Sports Medicine, Vol. 37, No. 12  
DOI: 10.1177/0363546509355303  
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that added credibility to our fellowship programs. The first was the 15-year process of achieving subspecialty certification, formerly known as CAQ. To date, out of our 8 subspecialties, only Hand and Sports Medicine have this prestigious recognition within Orthopaedics. It all began in 1988 when Bill Grana chaired an ad hoc committee on certification and, 1 year later, drafted an application for subspecialty recognition. That process continued under the leadership of Doug Jackson. In 1994, the leadership of the AOSSM under the direction of John Bergfeld initiated an application for subspecialty certification with the American Board of Orthopaedic Surgery. Numerous meetings, surveys, and debates followed. In 2000, with Walt Curl as President, a formal application was developed and resubmitted by the ad hoc committee chaired by Chris Harner and directed by Irv Bomberger. During the presidency of Peter Fowler that application was approved by the American Board of Orthopaedic Surgery and sent on to the American Board of Medical Specialties for a vote which was unanimously approved in March 2003.

Adding to the credibility of the profession was not just the process but also the need that it served. In 1991, under the direction of Frank Noyes, the first orthopaedic sports medicine curriculum was developed for fellowship training programs. That curriculum was subsequently refined later in the decade as well as expanded to incorporate a curriculum for CME. This led to the widespread realization that orthopaedic sports medicine was, in fact, a profession—a profession within a profession. By 1999, over 88% of our members and 66% of all orthopaedic surgeons viewed sports medicine as a unique body of knowledge, a unique area of practice, or both. Not surprising, the number of fellowship training programs continued to grow. Today, there are 100 sports medicine fellowship programs training over 200 fellows annually (Figure 1).

Certification provides the profession credibility because it ensures that the orthopaedic residents who enter a fellowship in sports medicine are receiving their training under a recognized curriculum and from an accredited institution and will be able to demonstrate their proficiency through a uniform exam. Candidates for certification must meet the Requirements for Certification as outlined by the ABOS. For the initial 5-year period beginning June 2006, anyone meeting the ABOS criteria was able to sit for the exam. By the end of this year, more than



**Figure 1.** Accredited sports medicine fellowships.

1,000 orthopaedic surgeons will have taken the subspecialty certification exam. For those, like me, who did not have the good fortune or opportunity to train under an accredited program, we will have 2 years left to be certified under the ABOS. Beginning in 2011, all applicants must have completed training in an ACGME-accredited orthopaedic sports medicine fellowship program to sit for the exam. It is important to note that subspecialty certification is not just an examination for interested subspecialists. It is critical to the long-term growth and health of our subspecialty. It raises the quality of our fellowships. By doing so, we now have 93 out of 100 fellowship programs accredited, which is only second to Hand, which has 100% accreditation. Ninety-three out of 100 is great—but our goal is 100% accreditation. The AOSSM provides an educational framework that allows us to achieve the level of knowledge and proficiency required of those coming out of the training programs. This year I sat for my subspecialty certification—and passed! My last exam was in 1984. AOSSM's review course and its 5 new Self-Assessment Exams and online database were indispensable as are our other educational and publishing resources.

Exams may be unpopular, but Dr. Roman Lewicky from Flagstaff took the first certification exam in November 2007 and passed as well. At the time Roman was 67 years old and wanted to test his knowledge and credibility so that he could continue doing what he loves best, which is taking care of Northern Arizona University sports teams. I believe that our Society provides a solid educational framework for maintaining high standards in orthopaedic sports medicine, and I encourage each of you to put yourself up to the test. It adds to all our credibility.

The second significant change that added credibility to our fellowship programs was improving the Orthopaedic Sports Medicine and Arthroscopy Fellowship Match. Currently our fellowships graduate over 200 fellows per year, and a system to fairly process these individuals into fellowships was desperately needed. After being in place for 10 years, our match completely fell apart in 2005. The next 3 years were, by all accounts, chaos. Residents were not able to look at the programs that they were interested in, and the credibility of our fellowship programs was in question. The AOSSM leadership recognized that something needed to be done. For the past 3 years the Fellowship

Directors Committee under the direction of Chris Harner debated, deliberated, and finally came to an agreement—one that reflected the broadest consensus possible among the fellowship programs. We developed a clear, well-defined program in which both programs and fellows could participate. Together AANA and AOSSM served as “matchmakers” in combining sports medicine and arthroscopy fellowship selection. A monitoring body chaired by Doug Brown ensured that participants conformed to the guidelines, which made the process transparent and fair.

This year's match was a resounding success with over 241 applicants for 224 positions. AOSSM, AANA, and program directors worked together—in spite of our competing interests—to provide a structure and commitment to the fellowship selection process, an example of both the credibility and the opportunity we have as a profession. Although not perfect, the Fellowship Match Committee continues to work on identified areas to build an even stronger match for 2010.

In the research arena our Society has been guided by outstanding leaders such as Jo Hannafin, David McAllister, Scott Rodeo, Constance Chu, and Bart Mann. The Post-Joint Injury OA Workshop sponsored by AOSSM was held in December to examine the association between joint injury and osteoarthritis. Sixty clinical leaders and basic scientists from around the world came together to develop a consensus and collaborative strategies for research and treatment. We are now launching a 3-year initiative to support research in the most promising areas of ligament and tendon repair and regeneration. In January, 24 leading scientists and clinicians met to identify the most promising areas of research. The NIH has funded many of the research projects initiated from these projects in the past, reflecting both the quality of the work submitted and the credibility that the sports medicine community has established through this process. AOSSM supports numerous other collaborative research initiatives.

The Multi-Center ACL Revision Study (MARS) spearheaded by Kurt Spindler and Richard Wright has 440 patients enrolled and 85 surgeons collaborating in this study. Because of the cooperation and compliance of our members this study will make a difference in the care of our patients.

Over the course of the past year AOSSM has collaborated with the AAOS, the NHL, and NFL. Prior to next year's Annual Meeting in Providence we will have a Combined Meeting with ISAKOS. It will include a surgical skills course that will have both hands-on lab experience and surgical demonstrations chaired by Ned Amendola, Stephen Burkhart, Fred Azar, and Buddy Savoie.

*The American Journal of Sports Medicine*, under the editorship of Bruce Reider, continues to be one of the most authoritative journals in both orthopaedics and in sports medicine. The journal's impact factor, which measures how often an average article has been cited, ranks the *AJSM* 2nd out of 49 in the orthopaedic category and 2nd out of 71 in the sports sciences category—the highest ever (Tables 1 and 2). Circulation is over 11,500—an all-time high. It is one of the most competitive journals for publication with the highest percentage of Level I and Level II studies in all

TABLE 1  
Top 10 Journals in Orthopaedics<sup>a</sup>

Rank	Abbreviated Journal Title	Total Cites	Impact Factor
1	Osteoarthr Cartilage	5238	4.082
2	<b>Am J Sport Med</b>	<b>11840</b>	<b>3.646</b>
3	J Bone Joint Surg Am	33716	3.313
4	J Orthop Res	9382	2.963
5	Spine	31788	2.793
6	Gait Posture	3351	2.743
7	Arthroscopy	7195	2.503
8	Eur Spine J	3904	2.396
9	J Am Acad Orthop Surg	1579	2.250
10	J Bone Joint Surg Br	14823	2.196

<sup>a</sup>From the Journal Citation Reports 2008 Science Edition (Thomson Reuters).

TABLE 2  
Top 10 Journals in Sports Sciences<sup>a</sup>

Rank	Abbreviated Journal Title	Total Cites	Impact Factor
1	J Appl Physiol	38513	3.658
2	<b>Am J Sport Med</b>	<b>11840</b>	<b>3.646</b>
3	Exerc Immunol Rev	315	3.400
4	Med Sci Sport Exer	18224	3.399
5	Sports Med	4800	3.018
6	Gait Posture	3351	2.743
7	Exerc Sport Sci Rev	1609	2.649
8	Scand J Med Sci Spor	1936	2.264
9	Arch Phys Med Rehab	13596	2.159
10	Brit J Sport Med	4342	2.126

<sup>a</sup>From the Journal Citation Reports 2008 Science Edition (Thomson Reuters).

of orthopaedics. Last year there were over 880 manuscript submissions, of which half were international, and 20% were published. Even in these economically challenging times our overall subscriptions are down by less than 270. *Sports Health: A Multidisciplinary Approach* is a new journal that we partnered with 5 other professional organizations to launch in 2009. Ed Wojtys is the sports medicine editor. We had nearly 12,000 individual subscriptions for the first issue, and the circulation has now reached 28,000. The 24 national and international editorial board members have identified topics for each issue this year and as well as in 2010.

## INTEGRITY

Being credible is a good start, but it's not enough. Even if you are credible you need to maintain high standards and have integrity. Merriam-Webster defines integrity as 1) firm adherence to a code of especially moral or artistic

values, 2) an unimpaired condition, 3) the quality or state of being complete or undivided.<sup>2</sup>

As we are all aware, in recent months there has been extensive media coverage and medical journal reports spotlighting cases of fraudulent research, conflict of interest, and unreported consultant payments. An April *JAMA* article addressed the relationship of professional medical associations with industry, and they recommended that PMAs change the way they function and give up some valuable activities.<sup>3</sup> Also in April there was an Institute of Medicine (IOM) report on conflict of interest. The IOM recommended banning faculty participation in company speaker bureaus and a ban on accepting gifts from medical companies. The IOM recommendations would also require companies to publicly report payments to physicians and other groups.<sup>1</sup> There have been reports of researchers with connections to industry and specific products who have fabricated data. Some studies published in *The Journal of Bone and Joint Surgery* were retracted because the research was found to be tainted, and the investigators were barred from research and educational activities. These recent incidents have compelled us to closely examine the integrity of our data and data analysis. It also underscores the importance of following institutional review board guidelines. Not only does it ensure accurate data but it's also a good exercise. One example of inflated consultant payments involves a well-known child psychiatrist who earned over \$1.5 million in consulting fees from drug manufacturers and did not report this income to university officials. Even the first-year medical students were in an uproar and boycotted his lectures. A spine surgeon in California failed to reveal payments from medical companies while researching their products' use in patients.

In these areas where there is a perceived loss of public trust, as you might have guessed, the federal government has become involved—and specifically in the person of Senator Chuck Grassley of Iowa who is leading the investigation. The 2 subspecialties of psychiatry and orthopaedics have been cited most frequently in the media for monetary kickbacks from industry. So, with that in mind, we all need to recognize that, as orthopaedists, we are under a microscope and need to act accordingly—and do the right thing.

Basically, the foundation of compliance is honesty and integrity. Every day our decisions and actions impact our patients, our communities, and our industry. Clinical decisions, of course, should be based on the best interests of the patient. At the same time partnerships with industry are extremely valuable to advance patient clinical care, education, and research. Here's the bottom line. When dealing with institutions, industry, and our patients we need transparency. Know the rules. If we are not aware of the policies, we need to ask. This common sense approach will prevent a lot of problems. If you work within an institution, hospital, or academic center, you need to recognize your environment and follow their policies. In working with industry, whether you are in private practice or in a group practice, working within a university or hospital, you need to understand how the various regulations apply to you.

And especially with our patients, we first and foremost need transparency. We need to be honest with them. If you are collaborating with a medical device supplier or pharmaceutical company you need to discuss this up front with your patient and make sure they understand the involvement of your relationship. We simply need to recall the oath that we took at our white coat ceremony. Or, as Dr. Ferguson said, “Just do the right thing” and “Take good care of your patients and they will take good care of you.”

As a Society, the AOSSM enjoys extraordinarily broad and deep corporate support for our programs and activities. In our work with corporate leaders they emphasize the value and importance of our Society’s commitment to maintaining an objective educational and research environment. Industry wants to support programs and activities that are fully developed by the Society and reflect the interests of the profession. The integrity of AOSSM’s program adds to the integrity of our corporate partners and, most importantly, to our profession.

### THE “TERRIBLE TOWEL”

Besides being credible and having integrity there is a third virtue that I personally feel very strongly about and that is giving back. Giving back can be done in many ways. In my Pittsburgh community we are lucky to have been graced by Mellon, Frick, Carnegie, Heinz, Westinghouse—just to name a few. Libraries, parks, museums, churches, a football stadium, a bridge, and schools bear their names, and over the years, millions have benefited from their generosity. Giving back can also be accomplished in a somewhat unconventional way. One example has to do with a towel. There are many different types of towels—kitchen towels, hand towels, paper towels, bath towels, even Turkish towels. But I’d like to tell you the story of a different towel—a “Terrible Towel.”

In Pittsburgh we had a sports announcer, Myron Cope, who had a distinctive nasally voice. Myron was the voice of the Pittsburgh Steelers for years, and in 1975, he came up with an idea. It was a gimmick that would be easy for Steeler fans to carry to the game, and even if it accidentally hit someone, no one would be hurt—no law suits. The Steeler colors are black and gold so the “Terrible Towel” began as a block of gold terry cloth with black lettering that would be waved to intimidate the opposition. The “Terrible Towel” phenomenon took off during a 1975 play-off game against the Baltimore Colts. Pittsburgh Steelers’ Hall of Famer Lynn Swann started waving the towel, and all at once the fans picked up their towels and started waving them. This 16 by 25 inch cotton towel weighing a little more than 3 ounces became the fabric of the Steeler Nation and one of the most recognized fan symbols in professional sports. More than 6 million towels have since been sold each costing about \$7.

The “Terrible Towel” was presented to President Barack Obama. In 2007, it scaled Mt. Everest. It appeared on *Saturday Night Live*, was waved at Vatican City, the Great Wall of China, and traveled with our soldiers in the Middle

East. A NASA astronaut even unfurled the “Terrible Towel” in the International Space Station.

In 1996, Myron quietly gave the copyright for “The Official Terrible Towel” to the Allegheny Valley School. The Allegheny Valley School is a private, non-profit agency that cares for children and adults with intellectual/developmental disabilities and has been providing these services for almost 50 years. It currently cares for more than 900 children and adults in 9 counties across Pennsylvania. Myron told the school’s CEO that he only needed to take care and protect the “Terrible Towel.” Myron died in February 2008 but the gold terry cloth towel lives on, and to date, the Allegheny Valley School has received more than \$2.5 million from the sale of the “Terrible Towel.” And Steeler fans continue to wave it proudly and cheer on their team.

Much can be accomplished and much can be given back—even with something as simple and ordinary as a towel! So, with a towel as our inspiration, maybe each of us could come up with a way to give back. It doesn’t need to involve lots of money and can be very simple. Maybe participating in a sports safety program or coaching a Little League team. Things we all can do in our everyday life.

Our Presidential Speaker, Bill Strickland, has already made the world a better place and continues to give back to his community. Bill is the founder, President, and CEO of the Manchester Craftsmen’s Guild and Bidwell Training Center, both located in Pittsburgh. He grew up in a poor and run down area of town. Rather than moving on, Bill believed in his neighbors. He stayed and helped revitalize it by creating new jobs and giving people a sense of ownership and self respect. A year ago he authored the inspiring autobiography *Make the Impossible Possible: One Man’s Crusade to Inspire Others to Dream Bigger and Achieve the Extraordinary*. In his own quiet and humble way Bill continues to pursue his goal of changing the planet one individual and one neighborhood at a time.

### CONCLUSION

Three values that we can be proud of and that are important to our Society now and in the future: CREDIBILITY—ability to inspire belief or trust. INTEGRITY—possess and adhere to professional standards. And GIVING BACK. These are universal qualities and qualities that provide a foundation on which to build a profession. With these values and virtues our Society can reach out, not just to the American orthopaedic community, but also to the global orthopaedic community.

### MY THANKS

I would like to thank my high school mentor Geoffrey Emerson, Dr Roy Foster, and Dr Albert Ferguson. I would also like to thank our founding members, past presidents, and members of the Board for letting me be the torchbearer

for the year. We have a special bond in this Society. After coming to AOSSM meetings with my family for 25 years I feel that I know all of you. You and your families are part of my family. Being president of the AOSSM would not have been possible without the help and support over the past year of Irv Bomberger, Camille Petrick, and the entire AOSSM staff. I would also like to extend my heartfelt thanks to my University of Pittsburgh Medical Center and Pitt School of Medicine families, and my faculty, residents, and fellows. They have taught me more than they will ever know. I have been fortunate to have worked with dedicated colleagues like Drs Chris Harner, Jay Irrgang, Scott Lephart, and trainers Tony Salesi and Rob Blanc for over 20 years. Andrea Badway, our executive administrator, keeps our finances and department operations in order, and Lisa Arrisher Brown keeps me organized. A special acknowledgement to those who helped in the preparation of my presidential address include Drs Morey Moreland,

Chris Harner, Bruce Reider, Verena Schreiber, the Allegheny Valley School, Irv Bomberger, and Nancy Ostrowski for checking my English for what seemed like 20 revisions. And, of course, I am also grateful for the support of my parents, my wife Hilda, daughter Joyce, and son Gordon who have been and always will be my greatest treasures. On June 29 we welcomed a new treasure, our first grandchild, Ludivine Fu Martin.

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