

# Presidential Address of the American Orthopaedic Society for Sports Medicine

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For the past year, I have had the honor to serve as president of the American Orthopaedic Society for Sports Medicine (AOSSM). As the year comes to an end and I prepare to pass the presidential medallion to Champ Baker, I want to reflect on a number of recent activities as well as the experience of service in the presidential line of the Society. To that end, I would like to start by reviewing some of the

accomplishments of the Society throughout the past year. You will notice that most of these activities are ongoing projects.

During the past year, the AOSSM hosted a workshop of leading articular cartilage researchers worldwide to identify the state of the science with respect to basic information, injuries, assessment, and repair. From that workshop, a consensus on the leading prospects for new research was launched, and, at this meeting, proposals for innovative studies in this area will be considered. This December, \$250 000 in grant money will be awarded to a project or projects in this area. This unique activity is done with an industry partner, GE Healthcare.

Nationally, a workshop of leading clinicians and representatives of the allograft industry convened to address concerns related to safety, efficacy, and education. The workshop resulted in a white paper, a planned public and professional education program, and an ongoing workgroup to identify and support research and practice needs regarding allografts in the orthopaedic sports medicine community.

We worked with the American College of Sports Medicine and other national organizations in the development of a

consensus statement on the team physician and sports psychology, which will be released in late 2006.

The AOSSM has launched its multiple-center ACL revision study (MARS) with 111 participating sites, all of which have gone through training to participate in the program.

The Society approved the development of a multiple-center study to examine the response to hyaluronic therapy for knee osteoarthritis using a unique approach developed in conjunction with Bart Mann, the staff director of research for the Society.

The AOSSM has published a new version of *Prevention and Emergency Management of Youth Baseball and Softball Injuries* and is developing a slide show that people in the public sector, coaches, and administrators can access online.

The board of the Society conducted a strategic planning retreat with *The American Journal of Sports Medicine* board to outline priorities for sports medicine and the Society in the immediate future. As a result of this retreat, the following were identified as priorities:

1. Journal publishing
2. Relationships and partnerships in sports medicine and orthopaedics
3. Educational programs, particularly broadening our sphere of influence to include international meetings
4. Research initiatives

The Society has collaborated with the American Academy of Orthopaedic Surgeons (AAOS) on numerous projects, including a comprehensive review course for subspecialty certification and the sports medicine instructional course publication; worked with the Academy to oppose the Center for Medicare and Medicaid Services (CMS) policy restricting "incident to" services; and established better lines of communication for future collaboration by meeting with the Academy's presidential line last July.

During this past year, the Society established the Annual Kirkley Grant for Outcome Research to recognize the contributions of Sandy Kirkley to the profession and to highlight this area of research. The Society also established the National Collegiate Athletic Association (NCAA) Research Award, supported by the NCAA.

The AOSSM has launched an online transcript service for attendees of AOSSM continuing medical education (CME) programs that allows them to print their transcript and CME certificates.

The annual meeting has been expanded to include an education workshop and surgical skills demonstration, and this year we increased our exhibitor presence by 20%.

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At Specialty Day of the AAOS, the AOSSM program was the best attended program of the Specialty Day event and was unique in its collaborative afternoon session with the American Shoulder and Elbow Society.

The AOSSM distributed the complementary DVD *Playing Hurt, Ethics, and Sports Medicine* to its members. This program came as a result of a panel discussion at the Quebec annual meeting; the program was professionally produced and released to public television stations for airing through the National Education Television Association Access Program. The project was supported in part by Mitek and Stryker.

In addition to this DVD, we distributed to each member a complementary DVD from the surgical skills course, Articular Cartilage Repair in the Athlete's Knee, supported by a grant from Genzyme.

This past year, we sponsored with the National Football League (NFL) and NFL team physicians a very successful course titled Sports Medicine and Football: The 2006 Perspective.

And finally, we launched our self-assessment program, which is available in print and online. In less than 1 year, 500 of these programs have been sold.

These multiple accomplishments, most of which are ongoing, are a result of a tireless group of volunteers who come from the Society's membership but also a very hard-working staff whom I would like to thank at this time. These individuals have helped us create a unique organization that clearly will give much back to the profession. I thank them so much for their help.

I would be remiss if I did not identify specific individuals. Camille Petrick has been with this organization for many years, probably more than she and I would like to remember. I have known her since she began in her current position as the managing director for the AOSSM. She does an outstanding job and has made my task and my wife's task in preparing for this meeting ever so much easier.

Finally, I would like to recognize someone who has become a very important person in my life during this past year, a close friend and someone I would trust implicitly in any activity in my life. Irv Bomberger has made a commitment to sports medicine and the sports medicine society and, because of that commitment and the quality of volunteers he has to work with from this Society, has created an organization that is unparalleled in the area of medical professional groups. I have had the opportunity over the years to observe many different societies from the large AAOS to much smaller local organizations. Irv is a unique individual who has brought this Society from a time of severe financial and philosophical deficits to a time in which we have unparalleled success and can plan with confidence for future successes as time goes on. So I would like you to recognize and thank Irv Bomberger.

Now I would like to talk about 3 areas I think are important: stewardship, mentoring, and life-long learning.

Last year at this meeting, Tom Wickiewicz characterized the president's job as being a task of stewardship rather than of governing control or authority. I was taken with that assessment of this job and thought I would expand on

it just a bit. Most of our Society's activities are projects and events that have life of more than 1 year and hence will span multiple presidents of the organization. There is a commonly held myth about the presidency of this Society, which is that the president is the leader of the AOSSM. I want to debunk that concept. Leadership is the process of persuasion or example by which an individual or team induces a group to pursue objectives held by the leader or shared by the leader and his or her followers.

On the other hand, a manager is someone who directs, governs, heads, or runs a venture. This definition is really what the president does for the AOSSM, and one aspect of management is stewardship. As steward of the organization, you take responsibility for the organization, whether you agree entirely with what it does or not. Webster's defines a steward as "one who is responsible for domestic concerns, supervises servants, collects rents or income, keeps accounts."<sup>1</sup> The secondary definition is "an administrator or supervisor, or manager." The derivation is from 2 words in French that mean "house" and "warden"—so the warden of the house. As a steward, the leader of the AOSSM assumes the responsibility for the welfare of the organization. When one searches the Internet for *stewardship*, a series of sites appear that relate to the organized church, to the environment, or to the world as a whole, and the gist is that a good steward takes responsibility for using the resources of the environment or market to the best of his or her ability and for the good of the organization.

Anyone who comes to the AOSSM in a leadership role and thinks he or she will dramatically change the manner in which the organization's activities and business are conducted is in for a rude awakening. Our practices and policies have been established over a long period of time and reflect the successful upward trend that our educational programs, our research programs, our journal, and our finances have taken over the last 10 to 15 years. As president, I can best serve by making certain that we continue to move forward with the programs already established, that we establish good programs for the future, and that this is all done with the appropriate governance of our members, the rest of the leadership of the organization, the Board, the Council of Delegates, and our well-qualified staff.

That is what being president of this organization is all about: moving things along a track that has been well established and that will continue to be defined by strategic planning meetings, like the one we had this past spring, and by the needs assessment and surveys that we make of the Society membership. Leadership of the AOSSM means being a good steward of the Society's resources, programs, and strategic plans.

In every practice setting from full-time faculty to private office, there has always been at least one person who insists on doing things differently from the group or who wants to go outside the normal business practices and procedures to get a little more for himself or herself, whether tangible or intangible. You quickly find that you spend 90% of your time on that person's issues and 10% on the rest of the group. That is an unworkable problem in a practice as well as in a board of directors. Just as there is no "I" in "team", there is no "I" in "board". Governance of the AOSSM is by

consensus and relies on input from the members and staff, considering the historical context in which the organization has arisen.

A second aspect of this stewardship is mentoring. Mentor was a figure in Greek mythology who was a trusted confidant of King Odysseus and was given the responsibility of tutoring Odysseus' son Telemachus. In addition to this responsibility, Mentor was also the steward of Odysseus' home when Odysseus was off at the Trojan War. Mentor was responsible for managing the household and maintaining its activities. So, stewardship and mentoring are connected. Certainly, I have had a number of important mentors in my life, beginning with my own parents. Now my mentors are every colleague, resident, and fellow because they teach me to think critically and to aspire to create new knowledge. Those of us who are members of this fraternity of physicians have a very strong personal relationship that was created on the basis of trust and common experience, which guides us and for which we are advocates. Mentoring transformed each of us from a student and a neophyte physician into a colleague.

I am proud to say that many of my mentors are in the AOSSM's Sports Medicine Hall of Fame, created by the board to recognize the accomplishments of those members who have made substantial contributions of time, wisdom, and expertise to our Society and to sports medicine as a subspecialty field. These members are considered by other orthopaedic surgeons to be icons in the field. They are role models who have selflessly given of their skills and energy to a field they love dearly. Many allocated their own time and money to keep this fledgling subspecialty going early on. They defined themselves by their contributions to the field.

Thirty years ago, there were fewer doctors and less knowledge available to use in treating the patients. There was also better reimbursement with fewer hassles from insurers and patients.

Now it is not our peers who define sports medicine icons; instead, public relations departments and the press, wooed by institutions and industry, select the icons. Perhaps these icons become defined by their own press releases and interviews. Their opinions are accepted uncritically by a press unable to discern scientific fact. Experience is important, but critical evaluation of treatment by evidence-based methods is a standard by which we should judge results today. Unfortunately, science is not what sells newspapers, and the success stories of a few high-profile athletes mask the continued woes of many who may not return to play. Perhaps those stars would have done just as well treated nonoperatively, but we will never know because there is less recognition without surgery and, of course, less drama.

I believe that the real icons of sports medicine are the thousands of orthopaedic surgeons who spend days and nights in the summer time doing preparticipation physicals. They spend Friday nights without compensation in the fall covering high school football games and providing in-service training for coaches, nurses, physical therapists, and trainers. They want to make sure their players get the best care, whether from themselves or from someone else. They are not interested in franchising themselves or their

practice: They only want to do a good job, one patient at a time.

Being a physician is an extension of human life, and relationships mean more than anything else. We are not born knowing how to build relationships; we have to learn this skill. Particularly in today's society, with the impersonal nature of the Internet and e-mail communication, we have a relationship-starved population. There was a great article in the *New York Times* last year about text messaging and how it lets us avoid human contact.<sup>2</sup> People use each other but do not care for each other. Caring begins by building personal relationships. In the *USA Today* article "Study: 25% of Americans have no one to confide in," author Janet Kornblum said,

Americans have a third fewer close friends and confidants than just two decades ago—a sign that people may be living lonelier, more isolated lives than in the past . . . In 1985, the average American had three people in whom to confide matters that were important to them . . . [and] in 2004 that number dropped to two [with] one in four [having] no close confidants at all.<sup>3</sup>

"You usually don't see that kind of big social change in a couple of decades," said Lynn Smith-Lovin, the coauthor of the study.

In our profession, to be a good mentor as well as a good physician requires that we demonstrate respect for patients in every setting. We have to be confident in our role as physician and teacher and our ability to bind relationships by answering patients' and students' questions clearly and appropriately.

So there are 2 elements important in this. One is setting an example of an approach to the profession and to life that is worthy of emulation and focuses on relationships. The second is developing the ability to teach. Will Rogers said, "Some men learn from reading, some men learn from observation, but the rest of us have to learn by peeing on the electric fence for ourselves."<sup>4</sup> Each of us does that in a different way. What we teach is not only information but also the ability to think critically, to evaluate data, and then to implement action based on a diagnosis derived from the data.

Moreover, ethical behavior is a central element in medical education. Ethical behavior involves the personal traits, such as honesty and a sense of responsibility, that are intrinsic to allowing one to become an outstanding physician. What are the proper uses of our medical knowledge and skills? We will face many new ethical questions. Some will arise in the rapidly evolving areas of genetics, genetic engineering, and tissue engineering. Potent new capabilities will challenge us to reconsider the limits, if any, of our sphere of action beyond which we should not go. What if any are the economic limits? We have to review these issues for ourselves because we are also controlled to a large extent by those who pay for health care.

One clear goal emerges from all of this, and attaining it requires a significant balancing act. We have an unqualified obligation to tell the truth and to transmit this information to our patient. Sam Rayburn, the former Speaker

of the House, said, "Son, always tell the truth. Then you'll never have to remember what you said the last time."<sup>4</sup> We have to do that in a very personal way for the individual patient. We need to explicitly disclose to the patient what our relationship is to the payer or any other third party. Our specialized knowledge and skill must not be a justification for exercising control over the patient. Patients want to be involved in their care, and it is our obligation to ensure they provide full consent on a truly informed basis. Unfortunately, too often today, marketing efforts by both physicians and third parties precede a critical evaluation of the evidence basis for the patient's treatment. Once again, Will had it just right when he said, "Good judgment comes from experience, much of which is the result of bad judgment."<sup>4</sup>

Finally I want to say a word about lifelong learning. You heard me say earlier that the AOSSM is intimately involved in this process with self-assessment, comprehensive review, and our many other educational programs.

In sports medicine today, the body of knowledge in which we must demonstrate expertise is much larger than it was 30 years ago. Things have changed so dramatically in the last 30 years that it is naïve to think that there will be a time when you can sit back and live off the knowledge you obtained 10 years ago. The American Board of Orthopaedic Surgery has created Maintenance of Certification (MOC) as the process by which self-assessment and recertification will occur.

The new Certificate of Subspecialty Certification (CSC) for MOC has caught up with this process and attempts to refocus our efforts on the process of lifelong education. It is hoped that our fellows and our members will live their professional lives appropriately. Albert Einstein said, "Never regard study as a duty, but as the enviable opportunity to learn, to know the liberating influence of beauty and the realm of the spirit for your own personal joy and to the profit of the community to which your later work belongs."<sup>4</sup>

We must all remember our commitment to our patients and that we must involve ourselves in this lifelong learning process. We will now focus on this task through the MOC process. The Society has involved itself in this process by taking a hands-on approach to preparation for the CSC in orthopaedic sports medicine. Review courses and self-assessment exams will allow the eligible practitioner to test his or her knowledge and prepare in the best way possible.

So, in summary, I would say my experience as president of the AOSSM has taught me a great deal about stewardship, about the relationship between stewardship and mentoring, and about the importance of lifelong learning to provide the best teaching for my colleagues, residents, fellows, and patients.

I am going to close by thanking 2 other groups of people. First is the faculty at the University of Arizona, whose tremendous contributions to the university continue to amaze me. They do their jobs with very little thanks from the orthopaedic community as a whole or from the university as an institution. Nonetheless, they have made it possible for me to do the job I have done this year as president. Second, I recognize and thank the members of my family who are here today.

It has been an honor and a pleasure to serve, and I leave this job with great expectations for the Society's future.

## REFERENCES

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