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Presidential Address of the American Orthopaedic Society for Sports Medicine

How Good Do You Want to Be . . . Aim High

Peter A. Indelicato,* MD, *President, AOSSM*



It is with unbridled pride and honor that I have been asked to serve as the 40th President of your American Orthopaedic Society of Sports Medicine this past year. It has been the highest honor I have ever received, and I am both humbled and grateful to have been selected.

To start, I would like to briefly share with you my personal journey down the proverbial sports medicine trail. Having been

born and raised in New York, the son of Sicilian immigrants, sports and family have always been a significant part of my upbringing. My parents taught me very early the value of hard work and dedication to a chosen goal. Hard work was expected and responsibility was respected. As a youngster, I vividly remember the first time my father took my brother Joe and I to see the Dodgers. I was 6 years old at the time and to this day, I still recall the magical splendor in seeing the green grass buried in the middle of Brooklyn, New York. As a teenager, my love of sports grew and I became a rabid NFL New York Giants fan. At that time, they spent their summer training camp at Fairfield University, where I eventually attended undergraduate school. In the early '70s, during my surgical internship at St. Vincent's Hospital in downtown Manhattan, I came

under the tutelage of one Dr Anthony Pisani, at that time the team physician for the Giants. He became my first, but not last, mentor and had a significant influence in guiding my early career. After finishing 2 years of a general surgical training, I successfully completed my orthopaedic residency in 1974 at NYU where, to be honest, at that time the subspecialty of sports medicine was basically nonexistent. In fact, the standing joke among my peers was that the only sports medicine we experienced at Bellevue Hospital in midtown Manhattan was when a careless jogger got hit by a taxi cab, sustaining a fractured femur!

In 1974, I decided to devote my professional career to sports medicine because it naturally combined two of my passions, orthopaedics and sports. At the time, there were only two established 1-year fellowships in sports medicine, one in Columbus, Georgia the other in Los Angeles, California. I chose the latter and, as a result, had a wonderful and rewarding year under the tutelage of Drs Robert Kerlan, Frank Jobe, Clarence Shields, Vince Carter, and Steve Lombardo. When done, I was fortunate enough to be offered an academic position at the University of Florida by Dr Bill Enneking . . . to create and head the first Sports Medicine Division in the department as well as serve as the head team physician for the Florida Gators Athletic Association, a privilege that I was honored with for close to 35 years.

Ralph Waldo Emerson once wrote, "Do not go where the path may lead, go instead where there is no path and leave a trail." This became my mantra at the university, and I was very fortunate to learn from many of our early leaders and founders of the AOSSM, a large number of whom served as role models for me in the mid 1970s and '80s. People seldom improve when they have no other model than themselves to look at. Fortunately for me, I have been blessed with a large number of models or mentors who helped me develop both personally and professionally . . . the aforementioned KJOC group, Jack Hughston, John Feagin, Fred Allman, Royer Collins, Gerry O'Conner, John Bergfeld, Russ Warren, Savio Woo, Dan Kanell . . . I could go on and on but, again, a special "thank you" to Dr Bill Enneking, Chairman of Orthopaedics at the University of Florida, who realized more than 40 years ago that sports medicine was a true, legitimate growing subspecialty in field of orthopaedic surgery.

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Having served as the head team physician for a major Division 1 university for all those years, I would like to share with you all a few thoughts on how I perceive the role of team physician to be evolving. Our AOSSM has defined a team physician's role as a medical doctor who is responsible to "provide for the well-being of individual athletes, enabling each to achieve his/her potential with the physician's judgment governed only by medical considerations."

I would like to devote the majority of my subsequent discussion to the topic of team physician. First, some general thoughts and concerns about how one can hope to become a successful team physician and then some specifics about my personal experience in this capacity. Many of our past Presidents, most recently Bob Stanton, have touched upon this topic and now I, also, would like to "weigh in." To begin with, let me emphasize that I have always considered serving as a team physician a very unique honor and privilege. It has provided me with countless moments of fun and professional fulfillment. I have often said that one of my greatest professional rewards is to witness an athlete's return to competition after having sustained a major knee or shoulder injury.

In general, it's no secret that to be successful at this, one has to make himself or herself available. Availability may be the single most important ingredient to successfully establishing oneself as the head of any sports medicine health care team. Those of you that truly embrace this role know very well that our cell phone is never really "off." This day-and-night responsibility places high demands on both our families and our profession, and I anticipate that these demands and expectations will only continue to grow in the future. Getting MRI results on an injured athlete's knee before the contest ends is considered "standard" in some locations. Despite these increasing demands and pressures, however, we should keep in mind three things all of our student-athletes want to know about their team physician: (A) Can they trust you, (B) Will you always do your best for them, and (C) Do you really care about them as individuals in the context of them being members of a team. Remember what someone said a long time ago: People don't care how much you know until you show them how much you care.

In addition to almost around-the-clock availability and increasing demands and pressures, a team physician must daily deal with the challenges relative to difficult "return-to-play" decisions. These decisions make up the very heart of what it means to be a team physician, and it is by no means a trivial undertaking to assume this responsibility. I recommend that those of you that find themselves in this role should all read an article entitled "Return-to-Play in Sport: A Decision-Based Model," published by David Creighton out of Stanford University.¹ In it, he describes a *multitude* of factors that, in reality, influence that decision-making process and argues that it should not just be based on the degree of healing or the likelihood of aggravating that injury if sent back too soon. In addition, a team physician needs to recognize that there is pressure from the athlete that also could potentially influence their return-to-play decision. The

athlete himself may mask the extent of injury so that he may get to return to play sooner than what is in the long-term best interest. Also consider, for example, the concept of "informed consent." We all know that a sideline evaluation very seldom includes enough time to provide informed consent, as we understand it, where an athlete can actively participate in the decision as to what is best; yet that is the situation we frequently find ourselves in. The harsh reality of the situation should teach us that a team physician should recognize and admit the ever-present existence of external pressures from coaches, teammates, relatives, institutional administrators, agents, sponsors, fans, and the media to release someone to play earlier than what is best for the long-term care of the athlete.

Frankly speaking, there may even be a conflict of interest between the physician's personal career and choosing what is best for the athlete's career. As stated in this article: "Potential conflicts of interest arise when the team's best interest and the athlete's best interests are not aligned. In this context, advocating too strongly for the athlete means that the clinician may enter into a conflict with coaches or risk losing his or her job, including all of the perks, status, and money associated with it."¹ All of the above outside influencing factors are not new, but they certainly have grown in significance over the past few decades. However, in concert with this are those situations when we are approached by players, athletic trainers, coaches, and parents asking us to please consider "pushing the envelope" in contrast to what we would all agree is considered standard protocol. I submit we should thoughtfully consider these somewhat provocative challenges and not just dismiss them simply because they are not "standard" or "traditional." Hasn't the whole specialty of sports medicine distinguished itself by embracing the concept that sometimes athletes require a more aggressive "nontraditional" approach to their problem compared to their more sedentary counterparts? To take it a step further, hasn't sports medicine provided significant advances in the management of musculoskeletal injuries for all our patients, not just our student-athletes, because we did embrace these challenges?

Finally, a challenge to all those who serve or desire to serve in the capacity of team physician: that challenge is to enthusiastically embrace *all* of what a team physician's responsibilities are, not just to keep up with the best way to fix a torn ACL or unstable shoulder. Specifically, each one of us should ask ourselves this question: Do you want to be a "team physician" or a "team surgeon"? I totally appreciate the sexiness and importance of surgery and how critical it is to fix an unstable knee or shoulder. I also know that economically it is more profitable to spend our time in the operating room than in the training room. However, please keep in mind, the management of musculoskeletal injuries, surgical and otherwise, has been and always should be a key focal point in our undergraduate orthopaedic and postgraduate sports medicine fellowship training programs. We spend 4 or 5 years studying the musculoskeletal system and how it responds to injury and disease. Yet, my concern is that I see more and more

of my colleagues defer the nonoperative management of these common nonsurgical musculoskeletal injuries to other members of the sports health care team. The question is, Are we not becoming, consciously or otherwise, the “cardiac surgeons” of sports medicine, where the cardiac surgeon’s only significant involvement with their patient is in the operating room, and pre-op and post-op care is managed by the cardiologist? Therefore, I challenge all of you who serve as a team physician to make every effort to keep up with what’s new in areas other than unstable knees and shoulders. The ability to recognize and manage concussions, heat illness, sickle cell crisis, exertional rhabdomyolysis, and the like are, and should be, part of our CME agenda. Personally for me, a significant source of enjoyment serving as the “team doc” for all those years has been “hanging” with the players, training staff, and coaches during and after practice sessions. Getting to know all these individuals on a personal level makes taking care of them as their doctor such a more unique and rewarding experience. Trust me, I am not so naïve to think that both financial and political factors do not play a role in deciding “who does what” relative to the overall care of a team. I just hope that we, as the most highly qualified and well-trained specialist in the area of musculoskeletal injuries and their prevention, do not abdicate this responsibility to others because, I can assure you, others are anxious to assume it.

Next, I would like to take this opportunity to share with you a few specific factors that I have personally found to be helpful in my role as a team physician.

1. Always try and bring a strong sense of purpose and passion to work and share these with coworkers with a clear “can-do” attitude. That is, and should be, the role of any team captain, but passion sometimes means sacrifice that translates to demands on your time and potentially less time with your family. Never forget the need for balance between your profession and your family. There will always be time to see patients, but time spent with your children comes around only once.
2. Be a good listener. It has been shown that the average orthopaedic surgeon interrupts a new patient only 18 seconds after they begin to tell their history. Please give them all at least a minute or two. You will be surprised how much more you will discover about who they are and what they really want from us. The gift of listening will enhance our gift of healing. Be cautious of utilizing physician extenders too much relative to initial patient encounters. They pay money to see *you* and spend time with *you*, a point highlighted by Dr Jesse Delee, who was this year’s Kennedy Lecturer. It is on our website, and I urge you all to read it.
3. Don’t be afraid to “change course” on your way to what appeared to be a predetermined goal. Again, I can’t tell you how often a random suggestion made by an athletic trainer has aided in the successful solution to the problem. The most memorable one for me was in the early 1980s when members of our football team had sustained 5 or 6 complete isolated tears of the MCL of the knee within a few weeks, an injury back then that would definitely have cost them each a full season. After the 6th one, the athletic trainer at the University of Florida at that time whispered in my ear and asked me if I ever thought of treating complete isolated tears of the MCL of the knee without surgery. The result was the article published in *JBJS* in 1983.²
4. Maintain a fascination for new concepts but don’t blindly follow new, unproven trends. We should continue to use analytical thinking in deciding the value of a technique described for repairing an injured structure. Try and avoid “herd mentality,” doing something new just because it’s new and advocated by certain individuals. To me, orthopaedic residents and younger, less-experienced surgeons are more interested in doing “what’s new” rather than “what’s best”! We should keep new trends in perspective. Harry Truman once said, “There is nothing new in the world except for history you do not know.” Never forget all the proven basic science we were taught relative to the principles of musculoskeletal injury and its healing response. Good science has been and should always be the basis for making all of our clinical judgments and decisions. We are learning more and more about evidence-based medicine, and thanks to *AJSM* and *Sports Health* and other respected journals we have access to invaluable data that we can apply in our daily practice to include our exam rooms, operating rooms, and training rooms. Having just said that, however, we should also keep in mind that the practice of medicine is both an art and a science, and we should never minimize the “art” of medicine. Bob Kerlan taught me this long ago during my fellowship. To me, the “art” of medicine means paying attention to that “sixth sense,” “the little hairs on the back of your neck,” or tiny “whispers” in your ear cautioning you not to pursue that surgical option just quite yet on a particular patient who otherwise would fit all the criteria for a trip to the operating room. Which leads me to “experience”:
5. We should reflect frequently and regularly back on our own experience; experience is a wonderful but sometimes painful teacher. Ken Dehaven once said that if you want to give an interesting talk, present your surgical failures. How true is that? In any series of cases, we can probably learn more from what didn’t go right than what did. Jimmy Andrews said 2 years ago, “The only results I ever remember are my bad ones.” Experience for me has been invaluable. From an undergraduate educational point of view, our experience is what orthopaedic residents thirst to hear about the most. At scientific programs what we hear from others regarding their clinical experience should stand shoulder to shoulder with *P* values and statistical significance. Saying it yet another way, it is good to learn from our mistakes, but even better to learn from the mistakes of others. Dr Hugh Smith, a former AAOS President, once said, “No one can learn everything from their own mistakes because no one lives that long.” Dr William Watters may have summarized it best when he advised his fellow physicians to view evidence-based medicine as a three-legged stool: “Look at what the literature says,

apply your own experience, and listen to your patient.” Actively seek what our peers in other countries are doing. I recently had the opportunity to attend the ESKKA meeting and was extremely impressed with the quality of the scientific papers and symposia that were presented. I can assure you we are not alone when it comes to excellent research, both basic and clinical. To help us keep abreast of these discoveries, special kudos to Bruce Reider and Ed Wojtys for editing our 2 greatest educational resources, *AJSM* and *Sports Health*.

6. “Find some joy in your life” is a popular quote from the movie *The Bucket List*. Almost 8 years ago I underwent emergency quadruple-bypass surgery. While recovering, I reflected back on my life and recognized all the stress I unknowingly allowed to creep into it on a day-to-day basis. The biggest strain on me was attempting to change many little things that, at the end of the day, really meant nothing. As a result, I began to surround myself with people who were lighthearted, had a robust sense of humor, and held similar values. It’s amazing how much laughter can brighten your view of things. Happiness is a choice. Albert Schweitzer once said, “Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful.”

And now, I feel it important, as President, to briefly update you relative to the accomplishments of our society of the past year. Twelve years ago, when I served on the Board as Chairman of the COD, Tom Nelson was invited to a Board meeting to discuss our long-term strategic plan. I remember him telling us all that “if the rate of change inside an organization is less than the rate of change outside, then the end is in sight.” As reflected in my title “How Good Do You Want to Be . . . Aim High,” I am happy and proud to report that our Society continues to evolve and to aim high and raise the bar in terms of its core values, namely, education, research, medical publishing, and communication. Under the guidance of our recent leadership, the AOSSM revisited our Strategic Plan and how it should relate to these core values going forward. Without going into detail, I can assure you that your Board of Directors has taken the best parts of what makes this society so unique and valuable and rededicated their efforts to make it even better for not only its membership but for the entire field of sports medicine. There have been some exciting challenges this past year: a new home in Rosemont, enhanced partnership in the new Orthopaedic Learning Center, bylaws revisions, adopting an appropriate conflict of interest policy similar to that of the AAOS, a possible new open access journal, and many more. Each challenge has been addressed and managed with our collective best interest in mind.

Like my predecessors, I encourage all of you to become more active in our Society. There are many opportunities each year to submit your name to participate on various committees, each of which underscores the critical

individual missions of our Society. We were founded on the concept that we are here to serve and represent you, our membership, and this concept is still the foundation and focal point of our leadership.

Finally, many thanks to the staff of the AOSSM. I have always been told that they are all fantastic, but that doesn’t come close to describing their dedication and loyalty to you and this great organization. Irv Bomberger, our CEO, continues to help make our Society the premier national and international sports medicine society in the world. Camille Petrick, our Managing Director, has done an outstanding job over the past 20+ years keeping the Board focused and functional. Debbie Cohen, Director of Corporate Relations, is leaving us this year—“thank you”—over the past 13 years she has grown our vital industrial sponsorship from \$50,000 a year to \$1.5 million. Mike Konstant continues to shepherd the STOP program, and that too continues to grow under his watchful eye. Special thanks to Jan Selan, Bart Mann, Susan Serpico, Debbie Czech, Lisa Weisenberger, Mary Mucciante, Heather Heller, Dick Bennett, Joe Siebels, Kristy Overgaard, Michelle Shaffer, Pat Kovach, and Susan Brown Zahn. I also want to offer a special welcome to Judy Sherr, who is assuming Debbie Cohen’s role of Director of Corporate Relations.

It has been said that it’s our choices that make us who we are. Therefore, I strongly encourage all of you to continue to choose to support each other, for success is defined not necessarily by what we accomplish but rather what we help others accomplish. Looking forward, I can assure you that this Society, under the new leadership of Chris Harner, Jo Hannifin, and the Board of Directors, will accomplish great things over the coming years and continue to build the strongest possible future for our orthopaedic profession, particularly our area of sports medicine. Rest assured that this Society will continue to invest in education, membership advocacy, quality research, and its ever-important infrastructure to keep it the most forward-looking orthopaedic subspecialty in the world.

In closing, someone once said, Your world is made of your memories, and your memories are given to you by your world. I have been truly blessed with many, many great memories given me by my personal world: my three children Peter Michael, Danny, and Lauren, my two sisters Catherine and Nina, my brother Joe, all my close friends, my peers, patients, coaches, and trainers. Thank you all for one of the greatest years of my life and for the special roles each of you played!!!!

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