



Presidential Address of the American Orthopaedic Society for Sports Medicine Future—The Next Millennium*

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I wish to thank you, the members of the AOSSM, for the privilege of serving as your President this past year. It has been an honor and the highlight of my career in orthopaedics and sports medicine. The AOSSM staff, under Irv Bomberger's direction, has been most helpful and professional in all their endeavors to assist the Board and myself. This has indeed facilitated our many tasks and objectives.

I would also like to thank my loving wife, Jean, for her support and guidance, and my children—John, Matthew, and Carrie—for keeping me in line and on target.

I would be remiss if I didn't thank Harry Kretzler, our Program Chairman, for all his effort in formulating the educational program this year. And many thanks to my mentor, Jack Hughston, for all his words of wisdom and advice over these past 35 years. He certainly kept me out of deep trouble with his notably conservative approach to sports medicine; and for that, I sincerely thank you, Jack!

THE CHALLENGES OF THE FUTURE

In my message today I will discuss a few opinions as to our future challenges in the specialty of sports medicine as we approach the next millennium. My emphasis will be to our

younger members, those of you who are starting your career in sports medicine.

Looking back over the trail, I can see that my choice to establish my practice in a suburb of Denver afforded me many opportunities and challenges. In my practice, I have learned that sports medicine is not just for the professional athlete, but for the high school and junior college athletes, the young woman who wants to stay fit by mountain biking, and the retiree who wants to be able to enjoy tennis and golf in his golden years. Jack McGinty, our Past President of the AAOS, recently wrote an excellent editorial emphasizing that we must be total physicians, not just surgeons. The majority of the patients seen in your office will be there for nonsurgical concerns. They will need your expertise in listening, understanding, and evaluating their sports idiosyncrasies through physical examination and empathy. This is your challenge to be a complete sports medicine physician.

CHOOSING YOUR OWN AREA OF SPECIALTY

I have learned that there are very few barriers to sports medicine participation. I chose the disabled athlete as my vocation, and I have spent many hours promoting and assisting these athletes with their challenging sports endeavors. When I got involved in working with disabled athletes, I was fortunate to have Dr. William Stanek of Children's Hospital in Denver and Dr. Paul Brown of Fitzsimmons Hospital, also in Denver, provide leadership and guidance. After we started a program in 1968 at

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Children's Hospital under the auspices of the Children's Hospital Amputee Clinic, we started our ski program at Arapaho Ski Area under Willy Shaeffler's ski school, which provided instructors and a ski area that was free of charge for the children.

In 1970 we moved to the Winter Park ski area. The George Engel Ski School provided instructors and free skiing for the children. Since then, the Winter Park program has become the premiere center of its kind in the world. With a multimillion-dollar budget, it provides skiing opportunities for persons with conditions like cerebral palsy, amputations, blindness, paraplegia, multiple sclerosis, and many other neurological disorders. The school has also instituted a competition center for training those athletes who have a desire to get involved in competitive racing. These programs have been successfully re-created in other Colorado ski areas and throughout the United States.

It was out of this meager beginning that the U.S. Disabled Ski Team evolved. Now members of the U.S. Ski Team, these athletes have competed on the national and international ski circuit since 1980. In the recent Paralympic Games in Nagano, Japan, the U.S. Alpine Team remained the overall world champions. Watching these elite athletes makes you realize that what Abraham Lincoln said was true: "It is not what happens but how you respond to it that is important."

NEW CHALLENGES

There is certainly no shortage of challenges. Major changes in the insurance industry will continue, and we will need to evaluate our practices carefully. Do we understand the needs of our athletes and the requirements of their sports? Although good sports medicine practices have always involved the coach, the athletic trainer, the physical therapist, and the athlete, in training and rehabilitation, there is added critical pressure from the insurance providers who screen treatment for approval. In the past, treatment guidelines were supervised by our peers and colleagues; now there is often a less qualified person involved who puts a third party's interest above all else.

How can a sports medicine orthopaedist cope in this climate? You may consider offering to serve as an orthopaedic consultant to your health maintenance or managed care organization with the review process. I have done this for the past several years and have found it to be an interesting and enlightening experience. Although I have never been known for surgical aggressiveness—believing in Jack Hughston's words, "There is nothing so bad that surgery can't make it worse"—a small percentage of our colleagues have. This is not to say that we shouldn't perform surgery when the indication is clearly there, but someone who performs 800 arthroscopies a year for shoulder impingement needs to reassess and evaluate his practice's surgical indications, before a third-party payer does it for him.

PERSONAL CHALLENGES

For many of us, the challenge of creating a balance between work and family is ever present. Twenty years ago, when I was building my practice, my wife told me that she and our three children deserved more of my presence than my 80-hour workweeks allowed. Leaving at 6:00 in the morning and not coming home until 9:00 at night was not conducive to a wholesome family life. After evaluating my situation, I agreed with her completely. I was able to cut back on the numerous hospital committees and other responsibilities and not undo any of my clinical practice. You may think that you are doing a great balancing act. I advise you to get your wife and children's perspective as soon as possible. Very few have ever said "I wish I could have spent more time at work" on their deathbeds.

FIND YOUR NICHE

As our specialty changes, so do our challenges. Many of you younger surgeons are concerned that all the professional athletic teams are "taken" and that there is no future for you in sports medicine. Many of my former residents have established practices in towns with populations far less than 15,000, and they have flourished by treating high school and Division II athletes. They have recruited athletic trainers and set up sports medicine clinics in neighboring small towns. The people in these communities have been very appreciative that they don't have to go far to find excellent orthopaedic care. This is much more effective in establishing what the specialty of orthopaedics can provide than any other means. I predict that this *ruralization* of orthopaedics will become more prevalent in the next millennium.

Many younger members can also find opportunities in highly popular sports that will need their professional services, such as track and field, rock climbing, kayaking, lacrosse, rugby, cycling, NASCAR, rodeo, and soccer, to name just a few.

Challenge yourself by exploring the special needs of the *female* athlete. Provide added expertise for the *aging* athlete. I remain convinced that the future is bright for those of you who are willing to meet the challenge. These practices will also provide an excellent way to create high visibility and command respect for our specialty in a way that nothing else can. They are much more effective than using our title as "team physician" for product endorsement or seeking media attention.

GIVING BACK

Bob Leach, in his Kennedy Lectureship this year, asked us all what we had given back to orthopaedics. This is a challenge each one of us should keep in mind as we travel through our careers. How and what can I give back? Get involved with your Pop Warner or Little League program. Volunteer at your park district. Give sports medicine presentations to coaches, trainers, family physicians, and athletes of *every* age. In doing this, you will also be giving back to your community and to the specialty.

I have been asked by several of the Past Presidents of our Society to serve as the bridge between the past and the future of our specialty during these troubled times. This is not an easy task! Now we are engaged in a great challenge, testing whether sports medicine, conceived by our predecessors with strong commitment to affability, availability, and affordability, can long endure. This bridge must be built with *ethical* practices, *quality* patient care, without *undue* concern for the economic returns. By following these principles, the bridge will be strong, sturdy, and capable of surviving the external forces, just like the Golden Gate Bridge. However, if we succumb to lowering our standards, provide less than optimal patient care, and are overly concerned with reimbursement, this bridge will be weak and unsteady and will fall into the river, like the bridge over the River Kwai. This challenge is yours for the next millennium.

CONCLUSION

Deviating from the previous Presidential Addresses, I would like to conclude my remarks by presenting to one of our founding members a small token of appreciation. He left a practice in the large city of Chicago and moved to a small town in Colorado. This small town happened to have skiing as the main sport. Being the first orthopaedist in Aspen, he was confronted with many challenges from the existing medical community. His devotion to orthopaedics

and sports medicine prevailed. Giving back to orthopaedics before it was fashionable, he enlisted several of our members to devote their time, expertise, and love for skiing to give medical coverage for the U.S. Ski Team World Cup circuit. This commenced in 1968 and was enthusiastically embraced by the U.S. Ski Team athletes. At the time, the U.S. Ski Team was the only team that provided a qualified sports medicine specialist for the World Cup circuit. He and his wife Nancy housed, consoled, treated, and rehabilitated many members of the U.S. Ski Team. They did this before it was in vogue and without any self-aggrandizement. I have emphasized commitment and they certainly have fulfilled giving back to orthopaedics. I take great pleasure in asking Dr. Robert Oden and his wife Nancy to come to the podium to receive this plaque in gratitude for their work.

Finally, let me say that I *believe* in our specialty, I *believe* in our Society, and I *believe* in its members. As we approach the millennium, we will be able to meet the challenges ahead and continue to raise the standard of excellence. During this past year I have been challenged and fulfilled by the responsibilities of being your President. I wish to thank you all for having given me this honor and the support I needed to lead the Society. I'd like to ask you to give the same support to my successor, Doug Brown, as he takes on the challenges facing him in the next year.