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Presidential Address of The American Orthopaedic Society for Sports Medicine*

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This year, the American Orthopaedic Society for Sports Medicine is celebrating its tenth birthday. It seems to me that completing our first decade provides a good opportunity to take note of past developments and future possibilities. Ten years ago, I was pleased to become a charter member of this organization. In the time that has passed, I have seen invitations to join our Society extend to more than 750 others. I've served on Association committees and have represented the Association in meetings with other sports medicine groups. From the vantage point of this experience, coupled with the honor of serving as your President over the past year, I would like to share some of my observations with you.

What strikes me most strongly about what has happened in our profession is the enormous increase in the credibility of the field of sports medicine. In my address today, I plan to address this issue. I want to approach this assessment by first reviewing the growth of credibility; second, by examining the ways of maintaining our credibility; and finally, by suggesting some ways in which we might enhance our credibility in the years ahead.

Now let me turn to the first point, the growth of credibility. Much has happened in the last ten years, from that time back in February, 1973, when the charter members of this Association met in Las Vegas, under the leadership of Doctor Don O'Donoghue. Clearly, there are many indicators of growth since that first meeting. As I already mentioned, we can point with pride to the outstanding work of our Membership Committee. We have experienced a steady growth in our membership. In addition, we can point to the creation of new liaisons with a variety of sports associations, new affiliations with others in the medical field, and the expansion of our research and educational projects. We have seen our operating budget grow from $82,000 to $500,000 in just the last five years. Our Journal, *The American Journal of Sports Medicine*, is currently distributed to over 8,000 surgeons, health professionals, and other interested parties. But beyond these tangible areas, we have also seen growth in the area that is not as easily tabulated as counting heads, examining our budget, or reviewing the annual reports of our various standing committees. It is my observation that those of us in sports medicine, in the Association which brings us together, have witnessed a substantial growth in the credibility of our field. A growth clearly felt by those who have been in practice over the years. And a growth which, in my opinion, is far more important than any other factor that we might select for analysis.

Permit me to reflect for a moment on this growth of credibility. I can remember a time when, in many instances, the "team doctor" was not considered an important part of an athletic organization. His presence at practices and games was a result of a rule or a regulation. But I am pleased to say that through the years I have witnessed a growth in our acceptance, a growth in our credibility. Athletic administrators now see the team doctor as an essential part of an athletic organization. Coaches once leery of those in sports medicine now routinely turn to us for advice. Fans who once thought of us as frustrated athletes following a Walter Mitty existence, now follow our advice in columns devoted to sports medicine and seek our opinion about various injuries

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that they may have incurred. And most importantly, the athletes, once ambivalent about us as health professionals, now turn to us with good faith that they will be treated expertly and in their own best interest. They know and the record shows that they will be less likely to suffer permanent injury if they follow our treatment and rehabilitation procedures.

It is through the experience of watching, with more than interested pride that I have seen our profession grow in stature. I attribute this growth in our acceptance of several factors. First, there has been a dramatic increase in our knowledge of treating sports-related injuries. I credit this Association for having an important leadership role in this regard. Secondly, our credibility has increased because we have followed an ethic which says that beyond our obligation to rehabilitate, we have an obligation to inform our patients of the risks of continued participation. Third, there has been a dedication to the athlete that transcends a dedication to a particular coach, school, or team. Concern for the individual sports participant must be placed ahead of all other considerations. And, we as health professionals have been able to do just that. Fourth, our credibility has grown because we have devoted our energies to a field worthy of attention. Exercise, athletic competition, and general fitness programs are important factors in the quality of life of our fellow citizens. We have realized tremendous growth through the years because we are involved in an important endeavor and because we have done our job well. It is for these reasons that I believe our credibility has grown over the last decade.

Moving to the ways in which we have been maintaining our credibility, I'm proud to discuss our recent achievements. The Association has clearly established its own identity and at the same time has fostered relationships with others for the mutual benefit of all. A passage in the 1977 Presidential Address of Dr. Leslie Bodnar points to the initial stages of this particular development. Dr. Bodnar reminded us that in our early days we were concerned with whether a society set up within the framework of American Academy of Orthopaedic Surgeons would really work. In the beginning, that concern related almost exclusively to getting along with people in our own specialty. Since then, there has been an explosion of interest in the sports medicine area. More than 90 medical and paramedical organizations now have a stake in sports medicine in more than one way or another. Nonorthopaedic specialists have always had an interest in sports medicine, but in the last ten years, the number who came from outside our ranks has steadily risen. And, as you know, the field continues to open up.

What kind of relationships have we developed with all of these groups and how have relationships allowed us to retain our credibility? As far as our Academy is concerned, President Bodnar noted in 1977 that we have worked within the framework very well and at the same time we have preserved an independent spirit that is necessary to further a particular interest that might not involve the Academy as a whole. We can say six years later that this happy verdict still applies. Our legitimate concerns have been established and recognized. Our Association should be proud of this fact.

How have we gotten along with other organizations and individuals interested in sports medicine? Clearly, we are working to establish meaningful relationships with them. Of the many groups concerned with the health and well-being of the athlete, we are especially interested in developing a closer working relationship with the President's Council on Physical Fitness, the Olympic Committee on Sports Medicine, the American College of Sports Medicine, and the National Athletic Trainer's Association. Representatives from your Association have met with these groups and maintain good relationships with them. We are now making plans to make this interrelationship even closer by exploring the possibility of a coalition. This is a development I strongly support.

The cooperation that comes with joining with others greatly enhances the total contribution we can make to the welfare of the athlete. Clearly, the alliances help us grow. Expanding our knowledge of exercise physiology, biomechanics, and nutrition are examples of the ways in which we can increase our understanding of the human body and thus be better able to serve our patients. The recognition that sports medicine is a unified discipline involving the cooperation of many different specialties is one of the signal developments in the past ten years. Through this year we have strengthened these ties and we have maintained credibility by doing so.

Just as the range of people interested in practicing sports medicine has expanded, so has our concept of who should be its subjects. In the beginning, our main concern was what to do with the elite athlete, the member of a university team, or a professional performer. But, as we concentrated on this area, a great many other young people were taking part in sports at a lower level. More and more we recognized our responsibilities to these young athletes. There is no question that they desperately need our attention. A major concern is a lack of facilities and expert help available to them. Today the coach of a university or professional team can seek advice from the experienced team physician and has extensive backup facilities at his disposal. Many high school coaches lack these resources in handling injuries. The situation for the younger athletes is even more alarming. In 1978, a Lansing, Michigan, institute conducted a study of youth sports injuries. Among its findings was the revelation that 78% of the organized leagues did not provide emergency first aid procedures. Even more disturbing, it was discovered that in 71% of the cases no emergency transportation was available at the competition site. I think that you will agree with me that our concern for assisting in correction of this situation is appropriate.

Another example of the way that our interest has expanded is the attention we are now giving to women athletes and the special problems that their participation in sports entails. Title IX requirements are making varsity sports for women a common place on the university campuses. You will recall the papers published by members of our Society a number of years ago were among the first to draw on our responsibilities to this area. Title IX requires that women be provided equal opportunities to participate in sports

programs. For those of us involved in schools sports programs, this means that we are obligated to provide equal medical service to both men and women.

So far, I have talked mainly about the way that our interest has expanded with reference to sports carried on by schools and professional sports enterprises. However, another major phenomenon in the last ten years is the tremendous increase in recreational sports activity. The best example is jogging and running. Ten years ago, far fewer people ran for exercise than is the case now. One clear measure of the increasing interest in running is the soaring sales of athletic shoes. Sales have quadrupled in the last ten years. A decade ago, some 1,500 people took part in the Boston Marathon. This year more than 6,000 people participated. In Atlanta, during the last Fourth of July weekend, 28,000 people participated in a long distance race. There have been similar increases in other areas of recreational sports. Interest in what you might call the more exotic sports has grown dramatically. Among these are hang-gliding, scuba diving, and hot-air ballooning. All of these new recreational sports as well as the more traditional ones have potential for injuring their participants.

Softball is very popular in my hometown. I regularly see people whose enthusiasm for playing this game has led to a variety of muscular and skeletal injuries. The softball players who suffer these injuries and the people injured in other kinds of recreational sports activities expect and should receive the same expert treatment that we provide the elite athlete. Our experience in dealing with the injuries received by people participating in organized sports has helped us to respond to the needs of those who are injured while taking part in recreational sports. As the spectrum of organized sports acitivities widens, we learn that a particular kind of sport invites a particular kind of injury. This same principle has application to the recreational sports area. For example, we as orthopaedic surgeons have realized our obligation to learn as much as we can about the injuries and problems that joggers and runners may experience, considering the great increase in this recreational activity. In response to that obligation, this Society has sponsored programs at Annual Meetings and held symposiums devoted entirely to the runner's problems. Our Association must continue to promote better understanding of potential injuries in all recreational sports.

We have maintained the credibility that we have worked so hard to establish by reaching out. I can only hope that we will continue to serve the needs of those who seek our advice. Our credibility as health professionals and members of a vital association has been maintained by a dedicated effort and by our ability to address problems as they come to our attention.

I have been talking about the major developments of our first decade of existence. But anniversaries are times for looking forward to. What about our future? One thing that I look for is greater concern with preventing injuries. I don't mean to imply that this has not been one of our concerns. When Don O'Donoghue gave his first Presidential Address to this Society, he asked, "What can we as physicians do to prevent injury?" I think, however, that in the future we will place even greater emphasis on this aspect of our service. It is obvious that if we prevent injury, we don't have to treat it and, therefore, it is increasingly important for us to understand the biomechanics of many potential injuries if we are interested in preventing their occurrence. We have encouraged our members to present papers dealing with biomechanics. A quick review of this year's program will verify the emphasis that we now give to the prevention of injuries. I urge the continuance of this practice.

Another development I look for is a greater emphasis on getting out the word regarding the prevention and treatment of sports injuries. Again, our concern with this activity is not new. In our Articles of Incorporation, we said that one of our goals is to develop and encourage teaching and education in the field of sports medicine. As I noted earlier, sports activity is being carried out in many situations and in many places where adequate health care facilities are not available. It is impossible to have a physician and trainer present at all the many softball games going on during a summer evening. We must take the lead in educating people to recognize injury and to teach them that they must seek expert help. In meeting this obligation, we have recently published a booklet on skiing injuries and another called "Pathways to Sports Medicine." We are now working on several other publications, including the one on runners injuries. We must continue to meet the challenge of sharing our expertise with the supervisors of sports activities and the general public.

While on this subject of sharing information with others so that injuries may be prevented, it is important that the Rules Committee keep hearing from us too. We must keep the rulemakers informed as to the sports practices that may invite injury. We must continue our contacts with these committees and we must be forthright and vigorous in presenting our views.

The gap between research findings and their application in practice is another aspect of a problem facing us in disseminating information. This Association will designate at least $200,000 for various research activities over the next five years. I am particularly concerned with the need for carrying out long-term follow-up studies. Until we have them, we have to be especially cautious about applying new technologies simply because a favorable preliminary study supports their use. It is often wiser to wait until well-documented evidence shows that a new procedure is superior to others before we apply it in treating our patients. When we now advocate new techniques, we must be able to do so with complete intellectual honesty.

On another front, I fully expect that certain ethical problems will confront us in the future as they do now. The eagerness of coaches to field successful teams sometimes runs headlong into what is desirable from a medical standpoint. There has been unquestioned improvement in this area. Twenty years ago, a coach might ask regarding an injured player, "How soon can I get him back?" Now, he or she is more likely to say, "I don't want him back until he is ready." Another aspect of advancement is the fact that

coaches appreciate our contribution now more than ever. They recognize the growth of our knowledge of sports medicine makes it possible for us to return players to full effectiveness more quickly than ever before.

I am sure that I don't need to stress to this group the importance of making sure that an athlete is fully rehabilitated before we recommend his return. In meeting this trust, we must not resist possible pressure from the coach, but we must also control our own enthusiasm with the success of a team. Pressure from a player may be another problem. In the world of professional sports, a player whose injury has threatened his ability to continue playing, may face the loss of a very large income. It is understandable that he would make every effort to continue his athletic career. We cannot tell him not to play. That choice is his. But we are obligated to make the risk absolutely clear. If a player's continued participation in a sports threatens to make him a lifetime cripple, we must forcibly tell him so. In the area of recreational sports, we have exactly the same responsibility. The problem of malpractice suits makes this responsibility more important than ever before. The necessity of using good medical judgment in every case is obvious. We must be careful to avoid being influenced by outside considerations. We have to be sure that our warnings about the danger an athlete faces are on the record. Only by using these safeguards can we hope to defend ourselves against the hazards of the "take them to court" attitude that pervades the society in which we live.

Another problem that confronts us now is the use of drugs by athletes. Some of us tend to be naive about the drug problem. We have a responsibility to recognize that it exists and to take steps to meet the problem when it arises. A particular responsibility is to make sure that the athlete knows and fully understands the problems that are created by the use of drugs.

Finally, there is a rather unique problem that sometimes arises because of the publicity surrounding leading sport teams. Some of us tend to become almost as well-known as the athletes that we treat. I firmly believe that it is important to guard against using this notoriety to enhance our own prestige and practice. We cannot escape publicity entirely, of course. People are interested in the welfare of their favorite athletes and it is natural that they would come to have some knowledge of the physicians who treat them. We must accept a certain amount of media coverage but we must be careful not to exploit it to our own advantage. This problem as well as the others that I have mentioned will have to be addressed if we hope to enjoy the same growth and credibility in the future that we have experienced in the past.

It is with particular pride that I have been able to describe the decade of growth at this meeting, making it our tenth year as an association. Clearly, it is my conclusion that we are a credible, well-established organization. And I fully expect us to continue down this road of success in the years ahead. But we must remember, as we reflect upon our growth and the programs that we have established to maintain our work, that future problems will have to be addressed with great care. And we must also remember that we will not always have those early pioneers of our Association to turn to for guidance and counsel. Recently, we lost the services of Dr. Don Slocum. Early on Dr. Slocum was recognized by members of the Academy as an outstanding orthopaedic surgeon. The high regard that his colleagues had for his work helped to give our Association credibility in its formative years. Dr. Slocum's research interest in the unstable knee stimulated many of our present members to pursue this study of biomechanics of the knee. He was the first Membership Chairman of our Association and he was a major contributor of our Journal and programs. He will be missed by all of us. Fortunately, the work started by Dr. Slocum and other founding Association members is being carried on and will be carried on by physicians equally dedicated to sports medicine. In fact, I firmly believe that our Association has the talent, wisdom, and desire to continue even more expertly, more effectively, and more professionally in the years ahead.

It has been my great pleasure to see our Association grow. And it has been my distinct honor to serve as the Association President. I assure you that I look forward to continued involvement in the work of our Association and in the field of sports medicine.