

Presidential Address

DON H. O'DONOGHUE, M.D.

This address was given before the first meeting of the American Orthopedic Society for Sports Medicine held February 7, 1973 in Las Vegas, Nevada. Dr. Don H. O'Donoghue is the Society's first president and one of its founding members.



In this first Presidential Address of the American Orthopedic Society for Sports Medicine, I do not intend to deliver a scientific treatise which will compete with our excellent scientific program. Rather, on this occasion I think a brief historical survey to make our members and others more cognizant of the *raison d'être* of this organization is in order.

Why an orthopedic society for sports medicine? How does sports medicine differ from any other field of our profession? Certainly the athlete is a human being subject to the same frailties as the rest of the race. One might reasonably expect him to be treated the same way as any other patient. Do we need another society to add to the already large number which are interested in the various aspects of medicine? The very fact that you are here to a great extent justifies the formation of the society. Obviously, you recognize the athletic injury as a special situation, an area in which we as physicians can render a unique service. The athlete expects and demands complete recovery. If recovery is not complete, this fact becomes very obvious to the patient, the doctor, and the community. The athlete is young, healthy, and in good condition or he wouldn't be an athlete. Hence, he can well accept what-

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ever measures should be carried out in order to provide the best treatment available in any given situation. Although in practice we may have to accept some compromise in the selection of the best method of treatment because of some other over-riding situation, this is not often true in the athlete. Hence, our obligation is to know and be able to carry out that specific treatment which is best for that particular condition.

What can we, as physicians, do to prevent injury, to minimize and shorten the period of temporary disability, and to prevent permanent disability? Much indeed has been accomplished in the past few years toward these ends. Not too many years ago the trainer in the average institution was a fugitive from the supply room, graduating from the "wrapping and taping" club. He had no real knowledge of the best treatment for injuries. His main concern was to "keep 'em playing." Too many times this goal of immediate playing was considered to be a more vital one than the ultimate goal of complete recovery of the athlete. The doctor was thought to be a necessary evil and perhaps not so necessary at that. The player felt that once he reached the doctor, his days as an athlete were likely to be over. In too many instances this feeling was justified for two very pertinent reasons. First, since the doctor was considered to be the last resort, he did not see the player until long after treatment should properly have been instituted. Second, and of almost equal importance, was the sad reality that it might not be of any immediate concern to the doctor whether or not the patient was an athlete or whether he was able to return to athletics soon, or ever. All too often the recommendation might be "Well, give up football" or "You must abandon competitive sports." This tended to confirm the conviction of the player, the coach, and the public that athletes and physicians are incompatible. Also, in the past there has been a tendency on the part of the coaching staff to demand that the player continue in spite of injury or be labeled as "chicken." The trainer was urged to "tape them up" and "run them back in"—often to the detriment of the player, the team and the game.

I am happy to report that in the last 15 years there has been increasing

improvement in this situation until the facts I have just recounted are the exception rather than the rule. It has been demonstrated that everyone is better served by having the injured player promptly and ably treated. The successful coach seeks to protect the player to prevent damage to either body or mind. The well educated trainer welcomes the doctor's help and support. In the well run athletic programs, the coach, the trainer, the team physician, the specialist combine in one effective unit designed to keep the player well equipped and in ideal physical condition. The result has been a shorter period of disability and a more complete recovery. Many of these things we have found to be effective in athletes have been transferred over to the care of the non-athlete to the great benefit of our patients.

Increasing interest has been demonstrated by the medical profession along with an imperative demand for improvement in the methods of treatment of injuries. Over ten years ago, Clint Compere, then President Elect of the American Academy of Orthopedic Surgeons, and the Executive Committee of the Academy established the Sports Medicine Committee with the avowed purpose of improving the care of the athlete. This was in response to a demand for Academy members that some special attention be given to this very popular subject. Joining me on this original committee were Bruce Brewer, Ed McDonnell, Jack Hughston and Don Slocum. Each member of this committee had displayed a special interest in the athlete and had contributed much of the improvement of his care.

Following its origination in 1962, an ambitious program was developed by the committee.

1. Qualified speakers: A list of qualified speakers and demonstrators was collected which recorded those who could and would present courses and appear on demand at various localities to participate in programs of sports medicine. A complete file of several hundred capable speakers was made available in the American Academy of Orthopedic Surgeons' Central Office. These teachers cover almost every category of athletic medicine and have expressed their willingness to cooperate in programs of local or general nature

throughout the country. This study was made in an effort to determine the sources available for expanding education in the care of the athlete. This list was prepared by sending a questionnaire to members of the Academy asking if they had any special material and had any interest in presenting programs and teaching more about the orthopedic care of the athlete. The tremendous interest of the Academy membership was demonstrated by the fact that over 1,000 file cards were developed from the response to this mailing. The cards list the location of the man, his qualifications, his special interests, and his willingness to participate in teaching either locally or area wide. This file is currently in the Academy office.

2. Audiovisual file: A file of pertinent audiovisual materials, particularly motion picture presentations on various aspects of sports medicine was prepared. These are currently catalogued and this catalog is kept up to date in the Academy office. The Academy is also developing a very comprehensive sound slide program. The committee has been active in developing adequate sound slide educational material for general dissemination through various categories of people interested in the care of the athlete. These are also catalogued and kept up to date in the Academy office.

3. Sports medicine exhibits: The Committee has prepared exhibits on sports medicine to be presented at various meetings, not only those developed by the American Academy of Orthopedic Surgeons but also programs by local groups. These exhibits are readily portable and are available for local, regional, or general meetings on request to the American Academy of Orthopedic Surgeons' Central Office.

4. Meetings and programs: The Committee is active in helping to produce regional sports medicine meetings in cooperation with local Academy members and has produced very active programs at the Annual Meeting of the American Academy of Orthopedic Surgeons. These programs were initiated by Instructional Courses and progressed to presentations on the scientific program.

5. Organization of sports medicine committees: The Sports Medicine Committee cooperates with similar committees of other organizations

related in this field of sports medicine. The American Medical Association's Committee on Medical Aspects of Sport has taken the lead in arranging an organization of committees of various medical and para-medical societies in order that we can pool information and avoid duplication of effort. More than 50 health organizations have special and active committees on sports medicine and participate in these combined sessions.

6. Postgraduate courses in sports medicine: In 1967 the Committee itself produced a postgraduate course in Oklahoma City directed toward orthopedic surgeons and others with an interest in athletic medicine. In succeeding years the annual number of such courses has steadily increased. These various sessions have attracted a steadily larger audience so that from the one meeting held in 1967, the committee has expanded under the able chairmanship of Jack Hughston and in 1973 will present 5 different postgraduate courses on sports medicine. The policy was early established to limit one location to 3 consecutive annual courses in order to disseminate the influence of these courses throughout the country with wider utilization of resources. The interest and attendance of these courses has increased so that it has become necessary to limit the attendance in some instances.

Many other projects have been ably undertaken by the Committee since. It continues to be very active in producing excellent material for the medical literature and in encouraging others to follow suit.

With all of this effort going so well, why an A.O.S.S.M.? Is this organization in competition with the Academy Committee? Not so! This is not true in any sense. In spite of the increasing efforts of the Committee, there remains a largely untapped resource of interested orthopedists who need a forum. The very nature of the postgraduate course demands that the best and most experienced faculty be obtained. This results in repetition of faculty members. The drawing power of a course often depends largely upon its faculty. True enough, new names are added at each session, but even with 5 courses per year the potential of people who have specific contributions to make is largely untouched.

It is our hope that this Society, by bringing together larger numbers of people with especial interest in sports medicine, can make a substantive contribution to the field. We expect our efforts will go far beyond an Annual Meeting. True enough, the Annual Meeting will provide a forum for a greater number of teachers and so is quite important. Even more important is the potential that each of our members will have in his own community. Seminars for coaches and trainers already are popular but with encouragement can be vastly expanded. Our members can be a major resource in this respect.

We have no intention of competing with the Academy postgraduate seminars although our members will, and should, participate individually to a great extent in this very worthwhile effort.

Why an "orthopedic" society for sports medicine? The College of Sports Medicine provides a partial answer. In this very worthwhile society, the orthopedic aspect of sports medicine has gradually deteriorated and presently the orthopedist plays a relatively minor role in its activities. I have no intent to downgrade the importance of physiology, biochemistry, endocrinology, cardiology, psychology, immunology, pneumonology, and others. The very number illustrates the dilution that has taken place. There is plenty of room for an orthopedic society for sports medicine.

Affiliation with the Academy is of tremendous importance to our group. A constant fear among our leaders has been that our speciality of orthopedics may become fragmented with a divisive effect. However, the orthopedic field has expanded so much, a certain amount of subspecialization seems inevitable. Witness the Hand Society, the Foot Society, the Scoliosis Society, the budding Hip Society. If all of these groups can operate within the aegis of the Academy, the major clout of orthopedics is not diluted. The result is an expanding influence far beyond that of a conglomerate of free standing groups, each acting alone.

We are very pleased to announce at this meeting that our affiliation has been accomplished and the A.O.S.S.M. is a full fledged Academy affiliate to the mutual benefit of both parties. Also to

the benefit of the athlete! There was heartening enthusiasm freely expressed by the Academy Board of Directors in regard to this affiliation. With our Board expressing the same enthusiasm, this affiliation should be fruitful indeed. We anticipate no problems that cannot be resolved between parties of such evident good will.

A few words as to our organization procedure. A letter was sent out to a group of Academy members who had demonstrated their interest by being team physicians, by having participated in Academy courses, or who were otherwise identified with this field. Obviously, many equally qualified were not contacted. Of 66 letters sent out, 63 answered that they were vitally interested in formation of this new society and 53 said they would attend an organizational meeting in Washington, D.C. This group expanded in Washington to 76 who are the "founding members." Now there is nothing magic about being a founding member. We had to have an organization in order to incorporate, elect officers, adopt by-laws, etc. The founding member has no rights or privileges over any other active member. We simply had to stop somewhere to permit the organization to formulate by-laws and then abide by these regulations. This has been done.

Officers:

Joseph Godfrey, President Elect
Cameron Hall, Vice President
Leslie Bodnar, Secretary
William (Bill) Allen, Treasurer

Membership Committee:

Donald Slocum, Chairman through 1974
Marcus Stewart (Chairman 1975)
Frank C. McCue (Chairman 1976)
Gerald O'Connor (Chairman 1977)

Program Committee:

Fred Behling, Chairman 1973 Meeting
Martin Blazina (Chairman 1974 Meeting)
Bernard Cahill (Chairman 1975 Meeting)

Committee on Publications:

Charles Rockwood, Chairman
Royer Collins
James Nixon
John J. O'Hara
Americo Savastano

Committee on Research and Education:

Kay Clawson, Chairman
Gael Frank

Stan James
Jack Kennedy
James Nicholas

I hope this talk has brought you up to date with the thinking of the Board and with the hopes, aspirations and desires of the organization. If we carry out one half of what we have planned, I feel sure that the formation of the A.O.S.S.M. will have been fully justified. We expect great things from our members individually and collectively. We hope our membership will expand by the addition of new members chosen, not so that they could say they belong, but rather with the aim of fostering the ideals and helping to implement the projects of the society. We have no political or self aggrandizing projects in our future plans. Our goal as stated in our Articles of Incorporation are:

"Exclusively to foster, promote, support, augment, develop and encourage investigative knowledge of sports medicine and its many ramifications: to develop and encourage the teaching and education of the same by developing educational materials and to provide specialized training for Orthopedic Surgeons, to foster, promote, support, augment, develop and encourage education in allied professions in the recognition, prevention and orthopedic treatment of sports injuries."

"Exclusively to foster, promote, support, develop and encourage charitable scientific or literary purposes, provided, however, no part of the net income of the corporation shall inure to the benefit of any private shareholder or individual; no substantial part of the activities of the corporation is carrying on propaganda or otherwise attempting to influence legislation; and the corporation shall not participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office."

In conclusion I realize that our goals are high but not inattainable. If this becomes, as I expect it to, a real working society, I know we will all be amply repaid for our efforts by the knowledge that we have contributed useful and measurable advantages to the protection and care of the athlete. I welcome you all aboard and know that we shall all profit each from the other in this new relationship. Ⓜ