



Presidential Address of the American Orthopaedic Society for Sports Medicine

Stars and Heroes*

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Our story begins in a city far away from here and a long time ago. Several physicians held a “think-tank” and they began with a vision. They believed that there exists a body of knowledge that is unique to sports medicine. This dream evolved from the drawing board into a reality. These men understood anatomy, physiology, and—above all—patient care. These visionaries created the American Orthopaedic Society for Sports Medicine. They knew how to push the envelope but realized that this new organization must be built on solid ground. Success depended on education, research, and member benefits. Their design has withstood the test of time.

This year your Board of Directors created the Hall of Fame as a tribute to these pioneers. This is one of the highest awards given by the AOSSM, and I was blessed to be able to present the first award recipients. It was truly a special moment for me because one of my mentors and former partner, Robert Kerlan, was in that group. He was the ultimate team physician who taught me that our treatment must always protect the athlete’s future.

As you can imagine, my year as AOSSM President was launched on a natural high. Life is always filled with challenges and my first hurdle was the Journal. Bob Leach, one of our icons, announced his retirement and the search for a new editor was launched. Bob has positioned the Journal as a worldwide influence in sports medicine. What direction do we turn? What do we need in an editor for the future? The Journal found a new young star in Bruce Reider from Chicago. Bruce is the Director of Sports Medicine at the University of Chicago. He was a traveling fellow and has received both the Excellence in Research Award and the Cabaud Memorial Research Award. He has also been a reviewer for AJSM since 1990. We believe that the Journal is in good hands and that he will move us forward.

Returning to our educational mission, the AOSSM Board approved two new courses in hockey and soccer. To continue to be a leader in the sports medicine community, we must develop relationships with other organizations. The first course was jointly sponsored with the National Hockey League physicians and was held at the NHL Hall of Fame in Toronto. The education content was superb and the attendance was great.

In September we were forced to learn two new words: Taliban and Al-Qaeda. Our country was challenged but our spirit of patriotism was never stronger. We were proud

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to be American. Older words become much more powerful. Love. Family. Friends. In a time of crisis, we all turn to a higher spirit. The Dalai Lama gave me inspiration with this quote: "The human bond can become a source of consolation in the event that you lose everything else. Happiness is determined more by one's state of mind than by external events. We can nurture the resiliency of the human spirit."

During a candlelight vigil I met more of my neighbors, and we exchanged the joy of friendship and love. After reflecting for a moment, I think that the words from a Bob Marley song summarize my feelings: "Let's get together and love one another and it will be alright." Living in Los Angeles I understand that the movie industry has created their version of American heroes. This is not reality. Heroes are ordinary people who do extraordinary things. We are also heroes to our athletes because their careers and lives depend upon our skills in medicine.

Moving ahead, we continue our quest for subspecialty certification. This will validate our educational curriculum for fellowships and establish a standard for excellence in orthopaedic sports medicine. The process began over 10 years ago and many of my predecessors sowed the seeds that came to fruition in November 2001. The American Board of Orthopaedic Surgery endorses our application and forwards it to the American Board of Medical Specialists. The ABMS Committee of Certification, Subcertification and Recertification (COCERT) circulate the application to all ABMS members for review and comment. The COCERT and the ABMS executive committees independently review the application and issue separate recommendations to voting members of ABMS. The application is circulated for 6 months. Voting occurs in September and success requires 2/3 or 16 of 24 members voting *yes*. So far, all the members with sports medicine boards have sent me a letter of endorsement.

The Advanced Team Physician Course has been jointly sponsored by AOSSM, the American Medical Society for Sports Medicine, and the American College of Sports Medicine for several years. It has been a vehicle to avoid turf battles and emphasizes partnership in caring for the injured athlete. This course has allowed your leadership to converse with the ABMS membership as peers.

The AOSSM has become medium-technologic and offers several internet features. The Dallas Specialty Day meeting featured on-line abstract submission and registration. The Journal was offered on-line and our website became more interactive. The AOSSM membership directory can be downloaded to a PDA.

After Dallas, we began to wonder about our attendance at meetings. People were not traveling. The Board thought that we must plan to experiment with new methods to deliver our educational messages. Would the members participate in teleconferences for surgical demonstrations? What would the interest be for internet courses? It was springtime and we were beginning to feel good about life. Our joint course with the world soccer association, FIFA, was a reality. The attendance was very good and we were able to establish a new alliance in the sports medicine world.

The young professional has a different set of challenges as we move forward in the 21st century. Income levels have decreased. This may partially explain the fact that young doctors move an average of two times in the first 3 years of practice. It was less stressful in the good ole days to perform the balancing act. Your Board has attempted to help through such methods as the young sports medicine specialist workshop at the annual meeting and by restructuring the criteria for the young investigator grants.

An analysis of the AOSSM member and nonmember survey in 1999 revealed the need for a mentoring program for young physicians. The Keystone, Colorado, meeting was the inauguration of this new benefit. Financially, we need assistance to continue with our outstanding educational program and with our research efforts. Our corporate sponsors responded in an extraordinary fashion by donating over a million dollars to the AOSSM. Their generosity has enabled us to continue to lead the sports medicine community.

I would like to share with you some of the highlights. The Member Benefits Committee, along with the help of the Council of Delegates, decided on a practice profile monograph. This tool would provide an overview/profile of each of the selected sites. Members will have an analysis of the trends that are unique to sports medicine practices. The Stryker Corporation accepted this challenge and is sponsoring this monograph on practice profiles.

A research grant from Genzyme Biosurgery will enable the Society to develop the International Knee Documentation Committee form into a comprehensive evaluation system. We hope that there will finally be a universal instrument for outcome studies of pathologic conditions of the knee.

Wyeth will sponsor an innovative program in 2003 that will allow one fellow from every accredited program to travel to the annual meeting as a participant in Fellow's Day. This is another way to add value to our candidate membership package. Younger members are encouraged to take advantage of the following: reduced membership dues, a journal subscription, and complimentary annual meeting registration. These members will become the future of our Society and the leadership has gone to great lengths to better meet their needs.

Expansion of our members' participation in the Society's leadership has been one of my goals. The fall issue of *Sports Medicine Update* featured the AOSSM committee structure and included a volunteer form. This format will expand our talent pool, and it establishes criteria for taking part in the leadership. This will allow the committee vacancies to be filled by members who have expertise in the areas of your Society's future needs. The AOSSM must become proactive in these changing times. Your Board members, committee chairs, and staff have just finished a leadership development workshop. The purpose of this retreat was to attempt to understand how technology will influence the members' future needs and wants; to explore the reconfiguration of our organizational charts so that AOSSM can function as a knowledge-based Society; and to learn the guidelines for establishing world alliances in sports medicine. To increase our effort to become a center

for injury prevention, the research committee initiated the first noncontact ACL collaborative research project evaluation here in Orlando. This project coordinated with the “bone and joint decade.” The world is getting smaller all the time, and tomorrow you will get another perspective of our universe from my guest speaker, Astronaut Dr. Michael Gernhardt.

Community service has always been part of our role as team physicians. In Los Angeles we know that the college level and the professional athlete have adequate health care teams. The high school athletes rarely have a team doctor or athletic trainer. The AOSSM and NATA have collaborated to try to solve this health care disparity, and I have created a model in Los Angeles called team HEAL: Helping Enrich Athletes’ Lives. This program provides a certified athletic trainer, a fully equipped training room, and a team doctor for inner-city high schools. This program is made possible through the Kerlan-Jobe Foundation, HealthSouth, and numerous corporate sponsors. Remember that true fulfillment comes when you help someone less fortunate than yourself. We must teach our young people that athletic participation teaches them life skills. Success requires the same three ingredients—faith, focus, follow-through—for any endeavor you may choose. My friend, Rev. O. C. Smith, always reminded me that

“there are many roads to the mountain top, but once you are there, the view is the same for everyone.”

The foundation of our Society will always be education, research, and member benefits. As I sit and think about my vision for the future, which is that AOSSM has an endowed research chair that will coordinate multicenter studies in sports medicine, I am grateful for my ability to dream great and gentle dreams.

Change can only occur when we move outside our comfort zone. We must keep our Society above the clouds and continue to be the world leader in sports medicine. This will require a search for more stars from the candidate members. I encourage new members not to always ask “What is the value of AOSSM membership to me?,” but rather ask, “What can I do for the Society?” You must become a stakeholder in AOSSM.

I would like to give a special thanks to our Society’s staff and to My Girl, Barbara. Barbara, you are the wind beneath my wings. (Note: At the presentation, an excerpt from the song “My Girl” by the Temptations was played at this point.) Tomorrow you can see and hear this song being performed by the Temptations; bring your dancing shoes!

This year has been an “E” ticket ride.