0363-5465/97/2525-0732$02.00/0
THE AMERICAN JOURNAL OF SPORTS MEDICINE, Vol. 25, No. 6

Presidential Address of the American Orthopaedic Society for Sports Medicine

Who Are We? The Past, Present, and Future*

T. David Sisk,† MD, *President, AOSSM*

Fellow members of the AOSSM, honored guests, friends, and family, it is with much humility but with grateful appreciation that I have had the privilege and honor to serve as your President for the past year. Many of the former presidents of this organization have spoken of the humility that they felt as they assumed office of this fine Society. Several have spoken of their surprise at being elected President. All have spoken of the pride that they felt in being given the opportunity to represent this organization. I am no different. This past year has been a privilege because members of this great Society make it that way.

One of the great privileges of the Presidency is the opportunity to share thoughts with you. In Art Boland's Presidential Address one year ago, he asked, "Who Are We: Are We Orthopaedic Surgeons or Team Physicians?" This year I thought it would be useful to look at "Who Are We?" as an organization. Who, or what, is the American Orthopaedic Society for Sports Medicine? Anniversaries are a time to reflect upon the past, evaluate the present, and look to the future. That is why I have chosen this message to celebrate the 25th anniversary of the founding of this great organization.

THE PAST

In the 1960s, the American Academy of Orthopaedic Surgeons (AAOS) Education Committee began developing continuing education courses. These proved to be so successful that in about 1964 the overworked Education Committee expanded and the Sports Medicine Committee came into being, chaired by Dr. Jack Hughston. Under his leadership, sports medicine courses thrived, some years producing 50% to 60% of the net income to the entire educational efforts of the Academy. Sometimes success is too great! There were not enough of these AAOS courses to satisfy the expertise and vigor of the Academy members who were very interested in sports medicine. The established orthopaedic journals were not lending themselves to publish sports medicine information. It became apparent that we needed a sports medicine society and our own journal.

Our Society was founded in 1972 by 77 members of the AAOS. Dr. Don O'Donoghue was our first president. In the formulation of the bylaws some time later, a more comprehensive structure opening this new forum for sports medicine evolved. The bylaws adopted read thusly, and I quote: "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." Starting with Don O'Donoghue in 1972, each of our past presidents has brought a unique blend of leadership, organizational skills, and vision that shaped this organization and brought us to our present position.

The new Society began as an affiliate of the AAOS. Within the original affiliate agreement, however, lurked a clause that nearly resulted in dissolution of the relationship between the Academy and our Society. Under the affiliate agreement, the Society could not sponsor sports medicine courses for its own members. As a result of strong leadership and some hard negotiations, the Academy set aside this clause in a revised affiliation agreement in 1981. It is an understatement to say that our Society has grown and flourished since then.

Almost concurrent with the formation of our bylaws, the Board of Directors and the membership began working on a new sports medicine journal. The *Journal of Sports Medicine,* later to be known as *The American Journal of Sports Medicine,* was begun in 1972. It had a rocky start. Dr. Jack Hughston became editor in 1976 and much of the credit for the Journal's success is because of Jack Hughston's stewardship and effort. He insisted that to survive and be respected, the Journal had to always remain peer-reviewed, professionally managed and edited, and free from outside political influences. The Journal is owned by the Society and presently has more than 11,000 subscribers and is a financial asset.

The Journal is run by its own Board of Trustees consisting of our current editor, Dr. Robert Leach, a treasurer, certain founding members, and a succession of the Society's current and past presidents. It is unarguably the

* Presented at the 25th annual meeting of the AOSSM, Sun Valley, Idaho, June 24, 1997.

† Address correspondence and reprint requests to T. David Sisk, MD, Campbell Clinic, 1400 S. Germantown Road, Germantown, TN 38138-2205.

finest peer-reviewed journal dedicated to sports medicine, education, and research in the world. However, the journal could not exist without the articles submitted by members of our own organization. It is the vigor and interest of our members that sustain the quality and success of the Journal.

In the mid-1980s, Society leaders realized that there were few available research funds earmarked for sports medicine research. The Foundation for Sports Medicine Education and Research (FSMER) was founded through donations from members and industry and an increase in Society dues. Funding was now available to support first-time investigators and other worthy sports medicine research. Under the effective leadership from the Orthopaedic Research and Education Foundation (OREF), FSMER, and AOSSM, an agreement was worked out that resulted in a unified approach both to fund-raising within the orthopaedic community and for evaluating and granting financial support for sports medicine research. This historic plan allows individuals and industry to donate monies through OREF with designations that a specified amount be used to support the donors' preferred research. This cooperative plan between OREF, FSMER, and AOSSM has worked so well that it has provided a model for other specialty societies. This Society should be proud of the fact that our members' donations, along with industry donations, exceed the efforts of all other societies.

THE PRESENT

Enough about the past. Who is AOSSM today? We are the premier sports medicine society in the world.

Our Society has grown from its original 77 members to nearly 1200 today. We have achieved our current success for many reasons. All success is based on focus and concentration. We began when even our own Academy did not truly think we were credible; established orthopaedic journals questioned our credibility by rarely accepting our manuscripts. We have earned our credibility for many reasons. There has been a tremendous explosion in our knowledge in the prevention, diagnosis, treatment, and rehabilitation of sports injuries. The founding fathers of this Society were dedicated to bringing science to the forefront in the care of the athlete. A forum was provided for the best and brightest practitioners of sports medicine. Our continued commitment to this mandate set forth by the founders of the Society is evident through our committees, our journal, our publications, your Board of Directors, and you, our members, who continue to contribute monies for continued research. Every society's credibility stands or falls on the quality of its science. Our credibility has been earned also among our athletes, coaches, school administrators, and the public, and will remain strong as long as we take the moral and ethical high road of keeping the individual athlete's well-being above that of the team's success or our own self-promotion.

Functionally, the AOSSM may be likened to a four-legged stool, with each leg of the stool representing a vital function of the Society. The legs supporting our Society are 1) education, 2) research, 3) operations/staff structure, and 4) health policy and practice (advocacy). Each leg must be strong to support the stool.

An organizational chart of the Society shows that it is composed of a Board of Directors, the Society's administrative staff, a Council of Delegates, internal Standing and Ad Hoc committees, and the Journal Board of Trustees. The Journal Board of Trustees is granted independent editorial and managerial consideration in the Society bylaws.

The role of the Board of Directors is to 1) establish policy, 2) establish strategic direction, 3) approve the annual budget, 4) monitor operational expenses, 5) establish fiscal reserves, and 6) monitor staff performance. In other words, the role of the Board of Directors is to *run the organization like a business.*

The Standing Committees develop and administer each of the four principal functions of the organization. The backbone of the Society is education. Providing high-quality, comprehensive orthopaedic sports medicine education remains number one in the Society's priorities and I am sure it always will be. We have established ourselves as premier educators through our annual meetings, specialty day programs during Academy meetings, our marquee course, and through our scientific journal, *The American Journal of Sports Medicine.* Our Publications Committee continues to expand its educational output by producing pamphlets and sports tips and enlarging the *Sports Medicine Update* newsletter, and they are collaborating with the Academy on the second edition of the Sports Medicine OKU (Orthopaedic Knowledge Update).

For our Society to grow—not just by numbers, but quality of membership—we must continue to attract the best young sports medicine orthopaedists. Perhaps the most attractive pool of candidates is composed of those who have completed accredited sports medicine fellowships. Less than half of these fellows apply for membership in our Society. The Fellowship Committee and your Board are discussing incentives that would facilitate the application process if fellowship candidates choose training programs that have established accreditation by the American Board of Orthopaedic Surgeons (ABOS), as well as incentives to prevent programs that are considering dropping their accreditation because of funding difficulties from doing so. We should consider issuing a "Certificate of Recognition" for completion of fellowship training in an ABOS-accredited program. Individuals or institutions thinking accreditation will not be important in the future is a *big step backwards.* The Fellowship Committee continues to produce and administer the Fellowship Examination.

Our exchange Traveling Fellowship to Europe and the Western Pacific have done much to cement our relationships with our colleagues around the world. *The American Journal of Sports Medicine's* importance to the educational mission of the Society cannot be overstated. The Journal enriches scientifically and materially the value of Society membership. Currently, our Research Committee, with a grant from FSMER, is evaluating and establishing future research priorities. We want our Council of Delegates to assume a more active role in our Society, bringing

to the Board grassroots issues and concerns from each state.

Although we have had great success educating our members and allies in the health-delivery field, we have had less success educating such groups as the public, managed care entities, and politicians. Our Public Relations Committee is working hard in these areas. Expanding our Internet capabilities will assist in informing the public as to who our Society represents and our members' qualifications to be primary musculoskeletal providers. We continue to work closely with the AAOS on health policy, practice matters, and legislative and regulatory issues such as access to specialty care and Medicare reform.

Physicians are working harder than ever before, under enormous stresses for less compensation and grudging respect. They are berated by the media, maligned by special interest groups, pursued by the plaintiff bar, manipulated by business, investigated and intimidated by the government, and, on occasions, are unappreciated by suspicious, fearful patients. We must not allow external pressures from managed care to affect our responsibility to deliver quality and compassionate care.

Your Board of Directors and Society staff recognize that we are practicing in a time when health delivery is being completely redesigned. We are having to adapt our practices to the demands of employers, consumers, and managed care payers. Diminishing reimbursement for our services will result in a scarcity of dollars in the future, and we will have to make hard choices on where to spend our membership dues dollars and where we buy products and services. I know that I am assessing the cost-to-value ratio of some of the many organizations to which I belong. Your Board of Directors is very conscious of this reality. The leadership of our Society is committed to ensuring that our educational programs will be "cutting edge," effective, and add value for membership. We will work hard to remain relevant to you, our members.

THE FUTURE

While we have reflected on the past, I believe there is some danger in turning too regularly and too reverently to the past as a means for molding the future of the Society. We can no longer just rely upon history, we must create the future.

The best way to celebrate achievement is to set new goals and establish new priorities. You do that with a strategic plan. Less than two years ago, the Society formulated a strategic plan that sets a well-thought-out course for today and the future, much of it reflecting data gathered from a membership survey. This strategic plan establishes future directions and priorities, emphasizing our strengths and improving our weaknesses, while recognizing that future leadership will need to make adjustments dictated by the ever-changing environment. Leadership, however, is action, not positions; action necessary to turn words into programs and reality. Visionary planning will be the core for future success.

Education remains the fundamental endeavor of the AOSSM. I think we have only scratched the surface of what we can do in our educational mission. The half-life of orthopaedic knowledge today is no more than five years. Future educational offerings will need to be linked to evidence-based analysis. Course content must no longer emphasize only science, technological advances, and clinical outcomes; socioeconomic issues must also be taught. We may have to increase our partnership with industry, educational trusts, and foundations to fund our educational programs. Dues and registration fees alone may not support courses of the future. Without the emphasis on education by our Society, the quality of care provided by our members would be considerably less. New and emerging technologies should be used, such as the CD-ROM production of this and subsequent annual meetings. Interactive technologies can expand our educational capabilities even further. It is conceivable that our hands-on courses using cadaveric parts may be replaced by futuristic virtual reality technology. We must all remain committed to our continuing education.

We must strive to maintain our position as the appropriate sports medicine provider for the athlete by expanding our understanding of science to include not simply physiology, pharmacology, and biochemistry, but also to include epidemiology and clinical evaluative sciences such as outcomes research and technology assessment. Of the many great advances in medicine in the last 20 years, none have been more impressive than those in orthopaedics. Because of this great progress in technology and surgical techniques, I fear we may be facing a dilemma: are we encouraging the development of technicians rather than clinicians? Are we seeing patients only as objects on which to use our technological skills, rather than people who may only want explanation, sympathy, reassurance, and perhaps simple conservative treatment? In other words, patients who need our clinical judgment rather than our technical expertise. Are we suggesting surgery for the patient's benefit or for our own satisfaction and perhaps remuneration? We must document the quality and value of our services with valid outcomes data proving that the sports medicine orthopaedist provides the best quality and the most cost-effective care for our patients.

In our ever-competitive environment, it is frequently asked, who is qualified to be a team physician? Art Boland, in last year's Presidential Address, made the case for the orthopaedic surgeon as the primary sports medicine specialist. Since musculoskeletal injuries are the most frequent problems in athletes, it appears clear to me that the orthopaedic surgeon is an appropriate individual to serve as team physician. The term "team physician," to my knowledge, has not been defined. I think it is a medical physician who accepts the responsibility of providing or coordinating the health care of the athlete, to include preparticipation evaluations, on-the-sideline presence during games, travel with the team to away games when required, diagnosis and treatment of injuries, illnesses, or conditions when qualified, but who is willing to arrange for consultations or transfer of care when the conditions fall outside the area of expertise— clearly, greater responsibilities than a team orthopaedic consultant!

The team physician is usually recognized by the athlete and coaching staff as the "captain of the ship" relative to the health care of the team. Clearly, many different medical physicians could and do qualify to be a team physician. How do we demonstrate or prove to the coaches, school administrators, the athletes, as well as our nonsurgical competitors, that we should be the captain of the ship? To borrow an age-old phrase, "We do it the old-fashioned way—we earn it." We can accomplish this by several means. 1) We must demonstrate not only our knowledge of diagnosis and treatment, but also injury prevention and rehabilitation. 2) We must be available—sideline coverage, preseason evaluation, and expediting appointments when a player is hurt. If a player injures his or her knee and our office offers an appointment in two weeks, we do not deserve the title of team physician. Availability means avoiding elective meetings, vacations, and other such things during the team's season. 3) We must always place the welfare of the athlete above all else. 4) We must not use the position of team physician to enhance our own prestige or practice. And, finally, 5) yes, we must continue to pursue a CAQ in orthopaedic sports medicine, not for any marketing or competitive edge, but because this will signify documentation of expertise and our belief in continuing education.

"Team Physician Job For Sale." This sign has been showing up more and more, associated with professional teams. Some professional team owners are putting the job of team physician out for bids, expecting that doctors should compete for the privilege of being team physician. This may require the doctor or his agent to contract financial commitments to the professional team. Most doctors would not be fighting for a position under these circumstances were it not for the fact that being a team physician for a professional team is a form of professional advertising that seems to work quite well. In my State of Tennessee, a not-for-profit hospital just agreed to a $50 million commitment to the professional team moving to Nashville for exclusive marketing rights to designate who would be the team physician. In such circumstances, is the doctor an employee of the coach or owner of the team, or the hospital? Will other team physician jobs be for sale, say at your local high school or college? This is not good for sports medicine.

Our strength lies in our abilities to care for the athlete and our willingness to share our knowledge with other sports medicine and ancillary groups. We need to respect each other's expertise, work as a team, and share appropriately in the care of the athlete. Do not forget, we can also learn much from our nonsurgical sports medicine colleagues, which will make us better team physicians. This is why we need to continue liaisons with organizations such as the American Medical Society for Sports Medicine, the American College of Sports Medicine, the National Athletic Trainers Association, and others. We do not need to be the loudest voice in every sports medicine endeavor, but should be—by example—the model to which other sports medicine organizations look.

Research is the engine that drives creditable education. We must continue to seek funds for our research efforts. While we as a group can be proud that we lead all other specialty societies of the Academy in giving, still, only a small percentage of our members donate. Every one of us has an obligation to support our research needs. Give something back to the specialty that has been so good to all of us. We should consider approaching philanthropic individuals, groups, and foundations to consider matching the dollars that we raise. I recently read an editorial by Szabo and Avila (*American Journal of Orthopedics 25(11):* 742–747, 1996) pointing out that the professional sports industry benefits greatly from research that develops advances in musculoskeletal medicine such as CT scans, magnetic resonance imaging, and arthroscopic surgery and it does so without investing any significant money in the research. We need to develop a dialog with professional sports ownership for a small percentage of revenues to support research that ultimately benefits the owners' "assets."

The Society is developing a strategy to enhance its role with the National Institute of Arthritis and Musculoskeletal Related Diseases, which includes potential money designated for sports medicine research.

CONCLUSION

Before concluding, I would be remiss not to recognize and thank a number of people who have made this year most rewarding. First, my wife Alice, who has understood and tolerated me when she had every reason not to. Second, I would like to recognize the Society staff that runs the organization: Irv, Camille, Lisa, Theresa, Michelle, and Marilyn. I want to sincerely thank all of them for their support of me this year and their dedication to the Society. I believe a professional Society staff should be asked and entrusted to provide sophisticated analysis of issues to the Board. The Board of Directors must trust its organization, its operational staff, and its committee structure. The Board of Directors and the hard-working committees have been a joy to work with this year. Also, I want to thank the commercial exhibitors, our sponsors and contributors, and especially our major sponsors—Aircast, Breg, and Smith & Nephew—for their substantial support, without which our meetings would not be the same. You have all earned an A+.

No doubt our Society, AOSSM, will face challenges in the future. But with challenges come opportunities. Future leaders must be sure our resources are deployed wisely and efficiently, and I firmly believe that policy-making should remain a member-driven activity. I would like to extend a challenge to the young members of this Society to become involved. Our future is bright. We need to have the benefit of the talent, energy, and creativity of you, our members, to build upon our current programs and develop new ones that will be needed in the future.

I am reminded of the words of Sir Issac Newton when presented the highest award of the Royal Academy of Science. His humble words were, "If I have been able to see further, it is because I have stood on the shoulders of giants." We should believe that the horizon is not a place

but an opportunity. If your leadership can see over that horizon in planning our future, it is because we stand on the shoulders of giants who have built this Society, some mighty, some gentle, some not so well known, some without the privilege to lead this Society, some no longer with us, but many who have stooped to lift you and me higher so that all might see further and the Society might stand taller.

The strengths of the AOSSM reside in the personal strengths of each of you. Hold relentlessly to professionalism, compassion, wisdom, ethics, and hard work as the bright future of this Society unfolds. I believe, "If we can dream it, we can do it!"

Being President of your organization is the greatest honor accorded me during my professional career, and I can only hope that I have served you well. I want to truly thank you for this moment, which I will cherish forever. Thank you, and God Speed.