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Sports Medicine Update is a quarterly publication of the American Orthopaedic Society for Sports Medicine (AOSSM). AOSSM is a global leader in sports medicine education, research, communication, and fellowship, and is comprised of orthopaedic sports medicine specialists, including national and international sports medicine leaders. AOSSM works closely with many other sports medicine specialists and clinicians, including family physicians, emergency physicians, pediatricians, athletic trainers, and physical therapists, to improve the identification, prevention, treatment, and rehabilitation of sports injuries.

This newsletter is also available on the Society’s website at sportsmed.org.

To contact the Society: American Orthopaedic Society for Sports Medicine, 9400 W. Higgins Road, Suite 300, Rosemont, IL 60018, Phone: 847/292-4900, Fax: 847/292-4905.
FROM THE PRESIDENT

The AOSSM Tradition of Excellence and Innovation

I have always admired the pursuit of excellence and innovation. I was introduced to the AOSSM early in my career. Following the wise lead of my mentors, I embraced it wholeheartedly as my sports medicine home and the vehicle with which I could grow professionally and strive to be as good as I could be for my patients, my craft, and my profession. My respect has continued to grow over the years for the Society, its members and their collective commitment to excellence in the practice, research, and education of sports medicine.

The socio-economic landscape of medicine has changed since I was an orthopedic resident at the University of Pittsburgh and a fellow at the Kerlan-Jobe Orthopaedic Clinic. There is constant evolution in the ways in which we must educate and support the members of AOSSM. As president, I am committed to providing thoughtful leadership to further the Society’s responsiveness in support of our members while anticipating their needs in the ever-changing environment of our profession.

Our strength and relevance as a Society will continue to grow as we proactively partner with organizations across the sports medicine spectrum. By leveraging the experience, expertise and perspective of our diverse league of colleagues, we will broaden access to world class education and open doors for creative collaboration.

Fostering excellence, vitality and leadership in the next generation of sports medicine physicians, is another high priority for the Society. Working with the Council of Delegates (COD) and sports medicine fellowship programs, we plan to develop a Young Surgeon’s Advisory Committee to help engage our young members and support this endeavor. With a member-driven agenda and a wealth of available knowledge, the AOSSM will reinforce its role as the most relevant and responsive resource for graduate and continuing medical education in orthopaedic sports medicine.

One example of how these priorities are coalescing is the OrthoBiologics: Integrating Biologics and Clinical Ultrasound into Your Practice course this October, chaired by Brian Cole, MD, MBA, Jason Dragoo, MD, and Rachel Frank, MD. A recently-forged strategic alliance with the ON Foundation is allowing AOSSM to harness this new dimension of technical expertise and provide a hands-on learning experience for sports medicine physicians from around the globe, including two orthopaedic sports medicine fellows whose participation is assisted by scholarships.

We welcome the ON Foundation to our aggregate of forward-thinking collaborators, which has for years included the National Hockey League, National Football League, Major League Soccer, American Academy of Orthopaedic Surgeons, Arthroscopy Association of North America, American Shoulder and Elbow Surgeons, Pediatric Orthopaedic Society of North America, and the American Orthopaedic Foot and Ankle Society, to name just a few. We expect the breadth and depth of this list of partners to grow as we continue to develop mutually beneficial initiatives between AOSSM and technology innovators, industry and other sports medicine related societies, such as the National Athletic Trainers’ Association, Sports Physical Therapy Section, and the American Medical Society for Sports Medicine.

Implementation of our refreshed research agenda led by our research Chair Matthew Provencher, MD, is another practical example of how AOSSM and its members are expanding the forefront of evidence-based patient care. The agenda’s well-defined strategic and operational goals ensure transparency, communication and flexibility, for the development of actionable new science and innovative technologies to improve safety, prevent injuries and explore biologic enhancement of tissue healing and emerging issues and opportunities.

As individuals, we are propelled by the collegial community created by AOSSM. Our active engagement enriches our personal and professional lives while our contributions of time, talent and treasure, pay it forward to tomorrow’s sports medicine pioneers. Our shared success is rooted in the pursuit of the AOSSM mission and goals. Together, we raise a voice that speaks on our Society’s behalf and advocates for the best interest of our patients. Together, we can make a meaningful difference in the lives of millions of athletes and sport enthusiasts. Together, we can build on a 46-year foundation of profound excellence through education and innovation.

Neal ElAttrache, MD
CURRENT CONCEPTS IN
PATELLOFEMORAL CARTILAGE
RESTORATION

BY SETH L. SHERMAN, MD, JOSEPH M. RUND, BS,
DIMITRI M. THOMAS, MD
There is an exciting evolution of indications and techniques for cartilage restoration in the patellofemoral (PF) joint. Improved understanding of applied surgical anatomy and biomechanics has helped surgeons to achieve outcomes equal to the treatment of the tibiofemoral joint. It is important to recognize and correct PF malalignment, in order to optimize the outcome of cartilage repair. Appropriate patient selection, meticulous surgical technique, and criteria-based rehabilitation are necessary ingredients for success.

Patellofemoral chondral and osteochondral lesions are common and present in approximately 60% of more than 25,000 arthroscopies. It is critical to understand that NOT all lesions require treatment. The majority of patellofemoral chondral lesions are asymptomatic and should be left alone. Similarly, surgeons must be careful not to blindly attribute symptoms to MRI findings. One study demonstrated up to 82% abnormal findings, including abnormal signal, subchondral edema, and focal defects in NBA athletes who were completely asymptomatic. Patients should be treated based on mechanically identifiable factors and associated chondral defects. Treating symptoms, not MRI or arthroscopic findings, can avoid turning incidental defects into debilitating clinical problems with expensive and morbid treatment options.

Non-surgical attempts, including core-to-floor rehabilitation programs, are standard practice prior to cartilage repair. It is useful to gauge patient compliance and to establish rapport prior to engaging in complex surgery. Similarly, staging arthroscopy is useful, as images often
underestimate the size of chondral lesions.\textsuperscript{5} This is a good opportunity to correlate clinical presentation, examination under anesthesia (EUA), and defect features to formulate a surgical plan. Some patients may respond to debridement alone and may not require definitive cartilage restoration.

Understanding the etiology of disease helps the surgeon formulate a treatment plan. Chondral lesions may arise from patellofemoral dislocation events, chronic maltracking, trauma (superior pole), osteochondritis dissecans, or as the first site of genetically programmed osteoarthritis. Similarly, we must treat with awareness that the “joint is an organ,” appreciating that cartilage defects cannot be successfully managed unless we correct malalignment and instability. Strict alignment correction improves outcomes of cell-based cartilage repair for the patella from 28\% to 70–80%.\textsuperscript{6,7} Importantly, cartilage lesion mapping may allow the surgeon to treat the problem with osteotomy alone, avoiding the added morbidity and expense of cartilage restoration. For example, Fulkerson has shown excellent outcomes unloading distal and lateral chondral lesions with isolated tibial tubercle osteotomy (TTO).\textsuperscript{3} However, caution must be taken for medial, pan-patella, and bipolar lesions, as outcomes were less favorable. Combined cartilage restoration and distal realignment (i.e., TTO) are strongly considered for these situations.

Patellofemoral cartilage surgeons must also be ready to perform soft tissue balancing procedures as indicated. Lateral retinaculum lengthening is performed for lateral retinacular tightness and patella tilt (Figure 1).\textsuperscript{3} This approach also provides excellent access for cartilage restoration in the central/lateral aspect of the patellofemoral joint. Alternatively, limited medial arthrotomy may be performed for more global access. In cases of combined PF instability and cartilage restoration, medial soft tissue reconstruction (i.e., MPFL reconstruction) is an important adjunct to stabilize the soft tissue envelope and to protect the underlying cartilage restoration.\textsuperscript{10,11}

The algorithm for PF cartilage restoration continues to evolve. In general, marrow stimulation is avoided for the patella, given the high-shear environment and suboptimal outcomes that may burn bridges for the future.\textsuperscript{12} In rare situations, marrow stimulation with or without augmentation may be considered for small, well shouldered lesions of the trochlea. If microfracture is selected, meticulous technique (i.e., stable vertical walls of surrounding healthy cartilage, debridement to subchondral bone, even penetration of the subchondral plate creating narrow but deep channels, strict adherence to rehabilitation protocols) is critical to success.

Osteochondral autograft for patellofemoral lesions has good literature support regarding patient outcomes and return to sport.\textsuperscript{13,14} Benefits include the transfer of mature hyaline and rapid autograft bone healing. Concern remains regarding donor site morbidity (particularly when transferring from one aspect of the PF joint to another) and cartilage depth mismatch that limits its use for the majority of larger PF lesions.

Cell-based cartilage repair is the workhorse for the PF joint. Unique PF geometry makes cell-based repair desirable and technically easier. ACI is a two-staged procedure that has up to 20 year favorable outcomes for large lesions.\textsuperscript{15–17} The recent FDA approval of MACI in the United States brings the advantages of uniform cell distribution, improved chondrocyte viability, smaller arthrotomy, expedient surgery, and opportunity for accelerated rehabilitation. First, a cartilage biopsy is performed during routine knee arthroscopy (Figure 2). Chondrocytes are expanded, seeded on a porcine membrane, and then implanted into the patient’s knee (Figure 3). Other single stage cell-based strategies include the use of particulated juvenile allograft chondrocytes or bone marrow aspirate concentrate on a scaffold (Figure 4). There is growing evidence to support these treatment options for small to medium sized lesions of the PF joint.\textsuperscript{18–20}
Osteochondral allograft transplantation (OCA) is an excellent option, particularly for older patients (i.e., early joint space narrowing, early osteophytes), uncontained lesions, subchondral bone involvement (OCD, cystic lesions), or failed prior marrow stimulation or cell-based repair (Figure 5). Results of unipolar patella or trochlea OCA have been favorable at 10 years.21-22 Bipolar OCA for early arthritis should be approached with caution, as literature demonstrates 64% survivorship at 5 years and 46% failure rate.23 Cartilage restoration for the young, active patellofemoral arthritic remains an unsolved challenge.

**Rehabilitation**

Rehabilitation is uniquely tailored for each individual patient, based on concomitant procedures and the selected chondral restorative procedure. Progressive criteria-based rehabilitation is preferred. Biologic injections (i.e., PRP) may be considered to help regain joint homeostasis so that patients may rehabilitate successfully. Strict adherence to post-operative rehabilitation protocols is paramount. Patient compliance and management of expectations is critical to maximize the chance of a good outcomes. Realistic goals should include normalization of daily life and relatively pain-free performance of low impact recreational activities. The goal of return to higher level athletics is somewhat guarded and may require prolonged timeframe for recovery. Patients and surgeons should understand that cartilage restoration is a bridging procedure that will likely not last forever. These lesions will likely require future non-operative or operative intervention throughout the patient’s lifetime. For these reasons, attempts to stay low on the reconstructive pyramid with a treatment strategy that does not burning bridges is highly recommended.

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**Figure 3.** MACI procedure including a) lesion preparation and b) implantation.

**Figure 4.** Surgical technique for particulated juvenile allograft transplantation: a) identification of the lesion, b) preparation of the lesion bed, and c) cell implantation.

**Figure 5.** Surgical technique for osteochondral allograft transplantation. Chondral lesion of the patella that has failed prior microfracture: a) before preparation, b) after preparation with reamer, and c) following OCA transplantation.
REFERENCES


One of the “pearls” I remember well from my fellowship involves examining an athlete’s knee on the field right after injury. Using a classic example from football, immediately after an MCL sprain from a lateral blow/forced valgus moment to the knee, it is not uncommon to find that the player has no medial knee tenderness. But if you examine his ligaments, he may have obvious MCL laxity indicating a Grade II or greater MCL sprain. The pearl is that you cannot depend on tenderness to palpation in this situation to inform you of injury. Whether due to mental distraction from the trauma, acute pain fiber disruption, adrenalin or endogenous (opioid) release, or that the inflammatory cascade has not yet had time to occur, the medial knee may not be tender when you examine them initially on the field. Typically a quick ligament exam will show you any gross abnormal or asymmetric laxity. Re-examination on the sideline after a brief period of rest will then typically allow you to identify a Grade I sprain (tenderness/pain but no laxity when MCL is stressed), because discomfort will progressively begin to be present on a focused anatomic exam. Remember, an immediate lack of tenderness does not always mean a lack of injury.
AOSSM Presents Third Annual STOP Sports Injuries Award

Congratulations to Mark V. Paterno, PT, PhD, MBA, SCS, ATC, and his team from Cincinnati Children’s Hospital who received the STOP Sports Injuries award for their research entitled, “Current Return to Sport Criteria after ACL Reconstruction Fail to Identify Increased Risk of Second ACL Injury in Young Athletes.” The paper was presented during the 2018 Annual Meeting in San Diego. This award, established in November of 2015, recognizes outstanding research presented at the Annual Meeting related to youth sports injury prevention, treatment, or rehabilitation, and is voted on by the STOP Sports Injuries Outreach Committee. Paterno presented his paper in a session focused on knee ligament and meniscus injuries, which highlighted current research and discussion on this topic.

Want to have your own research considered for this award? The Society is currently accepting abstracts for the 2019 Annual Meeting in Boston! All submissions accepted for presentation, and that cover youth sports injury topics, will be considered for next year’s STOP Sports Injuries award. Visit sportsmed.org to submit your abstract by the October 3 deadline.

WELCOME TO OUR NEW COLLABORATING ORGANIZATIONS!

Thank you to the newest STOP Sports Injuries collaborating organizations for their commitment to keeping young athletes safe. Interested in having your practice or institution listed in the next SMU? Head over to STOPSportsInjuries.org and click “Join Our Team” to submit an application!

Medical Institutions
Berkshire Medical Center
Pittsfield, Massachusetts
Bonati Spine Institute
Hudson, Florida
Nassau University Medical Center
East Meadow, New York

Sports Medicine Practices
AMC Sports Medicine Institute
Shanghai, China
Ariel Harley, Sports and Dancers Rehabilitation
Houston, Texas

Diane Hillard-Sembell, MD
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Brunswick, Maine
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Bowling Green, Kentucky
MedSports
Cairo, Egypt
Orthopaedic Associates of Dallas
Frisco, Texas
Performance Physical Therapy of Idaho
Eagle, Idaho
PREP Physical Therapy
Bossier City, Louisiana
Romeo Medical Clinic
Turlock, California
Sports Injury & Ligament Surgery Center Indore
Indore, India
Stelly Physical and Occupational Therapy (SPOT)
Moline, Illinois
Stitches Acute Care Center
Cheyenne, Wyoming
The Ohio State University Family Medicine Residency
Columbus, Ohio
The Orthopedic Center of St. Louis
Chesterfield, Missouri
Winning Smiles Pediatric Dental Care
Pittsburgh, Pennsylvania

Sports & Recreation Organizations
Blue Flame 155 Sport Performance
Venice, California
DCPG Sports
Accokeek, Maryland
Hockey is My Sport
Indianapolis, Indiana
Yogalete Training
Coral Gables, Florida

Share Why Sports Safety Matters to You

Are you an advocate for preventing injuries in young athletes? Share why keeping kids in the game is important to you—just download and print out our “Sports Safety Matters” sheet, write in your answer, and have someone take a photo of your response. Be sure to post on social media with the #SportsSafety hashtag or send to joe@aossm.org to post directly from the STOP Sports Injuries accounts.


COME GROW WITH US

Did you know more than 1,100 organizations currently collaborate with STOP Sports Injuries? The program was founded on the idea that grassroots efforts could help spread awareness and information about preventing overuse and trauma injuries in young athletes. This number includes more than 800 sports medicine practices, which hold local events and share our injury prevention information with patients. If you have not already signed up, be sure to visit STOPSportsInjuries.org and click “Get Involved” to learn more.
AOSSM Journals Rank Among the Best

The 2017 Impact Factors were released in late June, and AJSM has once again received the designation of the #1 journal in the Orthopaedics category, with its highest-ever Impact Factor of 6.057. Additionally, Sports Health has received its first-ever Impact Factor and is debuting within the Sports Sciences category at a 2.694. Congratulations to the teams behind both journals for these impressive achievements, and thank you to our authors, readers, and subscribers for making this possible!

Gain a Global Sports Medicine Perspective—Become an AOSSM Traveling Fellow

Applications are currently being accepted for the 2019 AOSSM Traveling Fellowship Tour to the Asia Pacific. Tentative tour dates will be March 27–April 21, 2019 with the tour ending at the APKASS Summit in Cheng Du, China. Three individuals will be selected to participate in the tour with a “Godparent” selected by the incoming AOSSM President. During the tour, you’ll have the opportunity to view surgical procedures, visit surgical and rehabilitative facilities, attend local sporting events, and connect socially and professionally with regional experts in sports medicine.

To qualify you must be:
1. An AOSSM member
2. A board certified orthopaedic surgeon
3. Currently practicing in the U.S. or Canada
4. Be 45 years of age or under at the time of the tour

For complete details and to apply, please visit sportsmed.org and click on traveling fellowship. The selection of the Traveling Fellows for this tour will be made by the AOSSM Traveling Fellowship committee around December 1. Deadline for applications is October 15, 2018. If you have questions, please call the Society office at 847/292-4900 or email Debbie Czech, AOSSM Membership Manager at debbie@aossm.org.

AOSSM gratefully acknowledges DJO Global for an educational grant in support of the Traveling Fellowship program.

SOCIETY NEWS

NAMES IN THE NEWS

Johnson Receives Honorary ESSKA Membership

Congratulations to AOSSM member and Past President, Robert Johnson, MD, who received honorary ESSKA membership at their Annual Meeting in Glasgow, Scotland in May for his long-time service and commitment to the organization.

Amendola, Andrews, Indelicato Receive NATA Awards

Congratulations to AOSSM Past President, Peter Indelicato, MD, on receiving the National Athletic Trainers’ Association’s Jack Weakley Award of Distinction, which honors an individual for a lifetime of outstanding contributions that directly impact health care in the area of athletics, athletic training, or sports medicine and are of major and lasting importance.

AOSSM Past President Ned Amendola, MD, also received an honor at the NATA meeting in June with an honorary membership which is awarded to individuals who have shown profound interest in and have made significant contributions to the profession of athletic training. These persons display a dedication to advancing, promoting, and championing the efforts of NATA and its members.

AOSSM Past President, James Andrews, MD, received the 2018 NATA President’s Award for his unwavering leadership and support of the athletic training profession. According to NATA, Andrews has been a strong supporter of athletic trainers since his early days in medicine and is a firm believer in the value an athletic trainer adds to health care.
SOCIETY NEWS

Moved Recently? Got a New Position? Let Us Know

Keeping your email and address up to date helps AOSSM better share the latest news and education in sports medicine with you! Please take a few minutes to review and update your information by logging into your profile page at sportsmed.org and making any updates to your contact information. You can now also upload a picture of yourself—which may increase your visibility to patients seeking care. Thank you in advance for helping improve our outreach efforts!

New Membership Categories for Associates Announced

DOs Now Active Members

Members that are accredited by American Osteopathic Board of Orthopaedic Surgeons (AOBOS) will now be considered Active Members instead of Associate. These individuals will receive the same benefits and be given the same consideration for committees and leadership positions. Dues fees for DOs will stay the same but meeting attendance requirements will change from one sponsored meeting every six years to one sponsored meeting every four years.

New International Membership for Associates

AOSSM has created a new International Membership category for those currently designated as Associate Members. Keeping in line with other orthopaedic specialty societies, the AOSSM Board of Directors has decided to give our international members a reduced dues rate of $400 effective August 1, 2018. This reduction is a savings of $350! We will also now have a new International Membership category available to members who do not reside in the United States. Please visit sportsmed.org for complete details and to apply.

If you have questions, please contact Debbie Czech, AOSSM Membership Manager at debbie@aossm.org.

Get in the Sports Medicine Conversation

Want to stay up-to-date on all things sports medicine? Connect with us on social media.

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Looking for the resources from Specialty Day or a recent course you attended or to connect with other attendees or exhibitors? AOSSM has you covered in our app! You can download it for free from your Apple or Android store today and stay in touch with all things AOSSM. This is not just a single meeting app but includes all AOSSM meetings and other Society activities. Once downloaded, you will need to log in to the app with your AOSSM credentials, to view materials. Questions? Call the Society at 847/292-4900 or send us an email at info@aossm.org.

Renew Your Membership

It now only takes a few minutes to renew your AOSSM membership. Simply login at sportsmed.org and click on your MyAOSSM tab to pay. Don’t let any of your membership benefits expire, including your journals access and reduced rates at upcoming courses! Questions? Please contact Debbie Czech, Membership Manager at Debbie@aossm.org or call the Society office at 847/292-4900.

Download the AOSSM App
ABOS Web-Based Longitudinal Assessment Program

BY DAVID F. MARTIN, MD, EXECUTIVE MEDICAL DIRECTOR, AMERICAN BOARD OF ORTHOPAEDIC SURGERY

DURING THE AOSSM ANNUAL MEETING, I heard a lot of excitement about the upcoming January 2019 launch of the American Board of Orthopaedic Surgery Web-Based Longitudinal Assessment Program (ABOS WLA). This new ABOS Maintenance of Certification (MOC) assessment program has also generated many questions. While I wrote about the ABOS WLA in the last issue of SMU, I want to give AOSSM members a recap and provide additional information.

Beginning in 2019, the ABOS is offering Diplomates this new pathway in order to satisfy the Knowledge Assessment portion (Part III) of the ABOS MOC program. While I wrote about the ABOS WLA in the last issue of SMU, I want to give AOSSM members a recap and provide additional information. While I wrote about the ABOS WLA in the last issue of SMU, I want to give AOSSM members a recap and provide additional information.

Diplomates who would like to participate in the ABOS WLA with Certificates that expire in less than five years, ABOS Board Certification will be extended as long as the Diplomate is earning Quality Years. Those individuals who have their Certificates extended will have a shorter term to complete the ABOS WLA in their next 10-year cycle. Diplomates with extended Certificates who do not meet the passing standard of the ABOS WLA in any year will be required to take a computer or oral Recertification Examination.

FEBRUARY 1, 2019

is the deadline to apply for the 2019 American Board of Orthopaedic Surgery (ABOS) Orthopaedic Sports Medicine Subspecialty Certification Examination. The application is available to ABOS Diplomates at abos.org after logging in to the ABOS Dashboard.

Part III Knowledge Assessment portion of the ABOS MOC Program. The ABOS WLA is open to all Diplomates who have a current ABOS Board Certificate and who are within their 10-year cycle.

Under the ABOS WLA pathway, each January Diplomates will be given access to approximately 100 Knowledge Sources (journal articles, practice guidelines, appropriate utilization criteria, and other similar options) on the ABOS website. From these Knowledge Sources, Diplomates will choose 15 to review in-depth, with the potential for the ABOS to require a Knowledge Source that every Diplomate must review.

Each April, a five-week window will open in which Diplomates will be presented 30 questions based on the 15 Knowledge Sources that they have chosen in that particular year. Three minutes will be allotted to answer each question, administered in an open-book fashion on a personal computer. The questions can be answered in multiple sittings or in one sitting. All questions must be answered during the five-week window.

A “Quality Year” under the ABOS WLA program will be defined as correctly answering at least 24 out of the 30 questions (80%). Five Quality Years are needed to successfully complete the ABOS WLA Pathway. Alternatively, reaching a level of 120 questions answered correctly over six years of participation can satisfy the requirement for successful completion of the ABOS WLA program. Meeting one of these standards will satisfy the Part III Knowledge Assessment requirement for the ABOS MOC program for that 10-year cycle.
You will be able to use the ABOS WLA to recertify your Orthopaedic Sports Medicine Subspecialty Certificate, if you have one. While you will still need to take a computer examination when applying for the initial Subspecialty Certificate, you will be able to recertify the Subspecialty Certificate with the ABOS WLA pathway. This will be similar to the Combined Examinations for computer and oral recertification that those with subspecialty certificates currently complete. Interested Diplomates will need to choose five Knowledge Sources from their subspecialty area in each year of participation in the ABOS WLA program.

Those Diplomates who participate in the ABOS WLA pathway must also complete a recertification application and submit a case list, as well as meet the minimum standard of 240 orthopaedic-related Category 1 Continuing Medical Education (CME) credits. Forty of the 240 credits must be from scored and recorded Self-Assessment Examinations (SAE). The ABOS also obtains peer review as part of the MOC process.

The ABOS Knowledge Source Groups were comprised of individuals nominated by the appropriate orthopaedic societies. For sports medicine sources, those orthopaedic surgeons were nominated by the AOSSM and the AAOS. They will serve a three-year term. That group has been given the opportunity to write questions for the pathway, as well. However, more volunteers are needed. If you would like to volunteer, please complete the ABOS volunteer form which can be found by logging in to your ABOS Dashboard and clicking on the “Volunteer” button. Feel free to email dmartin@abos.org with any questions.

Make sure you read ABOS’s monthly e-newsletter The Diplomate and regularly review abos.org for updates about ABOS WLA.
AOSSM Announces Research Grant Winners

2018 Steven P. Arnoczky Young Investigator Grant

The Young Investigator Grant (YIG) is designed to support early career orthopaedic surgeons who have not received funding from sources outside of their institution. The award is named in honor of Dr. Arnoczky’s contributions to orthopaedic sports medicine and is supported by individual donations given to the Society. This year’s recipient is Jorge Chahla, MD, PhD, from Cedars-Sinai Medical Center for his research project “Revisiting the Vascularity and Stem Cell Population of the Meniscal Avascular Zone Using 3D Imaging Technique.”

2018 Sandy Kirkley Clinical Outcomes Research Grant

To honor the memory and spirit of Dr. Kirkley, AOSSM awards this grant for a clinical, outcomes-focused, research project or pilot study in orthopaedic sports medicine that represents Dr. Kirkley’s legacy to support outcome research that informs evidence-based practice. This year’s recipient is Nikhil Verma, MD, from Rush University Medical Center for his research project entitled, “Patient Outcomes Collection: How Can We Do Better? A Randomized Trial to Determine Factors Which May Affect Patient Compliance.”

2017 AOSSM/Sanofi Osteoarthritis Grant

The recipient of this year’s AOSSM/Sanofi Osteoarthritis Grant is Alan Getgood, MD, of Fowler Kennedy Sport Medicine Clinic for the research project entitled, “Stimulation of Endogenous Repair Following ACL Reconstruction (SERFAR)” This grant funds a basic science project or clinical research study related to early osteoarthritis and/or prevention of osteoarthritis progression. AOSSM gratefully acknowledges Sanofi for their support of this grant.

Submit Your Research for a 2019 AOSSM Research Award

The AOSSM Research Committee selects the best original research manuscript for the AOSSM Research Awards, including:

- **Excellence in Research Award**—given to the best manuscript concerning any topic in sports medicine research with a primary author under the age of 40 at the time of the AOSSM Annual Meeting.

- **Cabaud Memorial Award**—given to the best manuscript submitted concerning hard or soft tissue biology, in-vitro research, laboratory or “bench-type” research, or in-vivo animal research.

- **O’Donoghue Award**—given to the best manuscript submitted concerning clinical based research or human in-vivo research.

Award winning manuscripts are high-quality, original research. Retrospective studies and systematic reviews are not considered for Research Awards. All manuscripts submitted by October 1, 2018 are considered for the 2019 Research Awards. Winners receive a $2,000 honorarium and an invitation to present their research at the 2019 Annual Meeting in Boston.

For complete research awards policies and submission instructions, visit sportsmed.org/Research or email Kevin Boyer, AOSSM Research Director at kevin@aossm.org.
2019 AOSSM Research Grant Opportunities

Be sure to review the guidelines and instructions for the grant opportunities as they have been updated. Applicants should ensure they have the most recent information from our website at www.sportsmed.org/Research. Please contact Kevin Boyer, AOSSM Research Director, at kevin@aossm.org with questions. Grant winners will be selected by the AOSSM Research Committee at the 2019 Annual Meeting in Boston.

**Steven P. Arnoczky Young Investigator Grant**
All interested applicants are REQUIRED to submit a pre-review to be eligible for this grant opportunity.
- **Grant Amount:** up to $50,000
- **Pre-Review Deadline:** January 5, 2019, 11:59 p.m. PST
- **Final Deadline:** April 1, 2019, 11:59 p.m. PST
- **Award Selection:** July 2019
- **Project Period:** 12–24 months, starting no earlier than August 2019 and completed by August 2021

**AOSSM/Aircast Foundation Return to Play Grant**
- **Grant Amount:** up to $150,000
- **Application Deadline:** April 1, 2019, 11:59 p.m. PST
- **Award Selection:** July 2019
- **Project Period:** 30–36 months, starting no earlier than August 2019 and completed by August 2022

**Sandy Kirkley Clinical Outcomes Research Grant**
Pre-Review is strongly encouraged but not required for this grant opportunity.
- **Grant Amount:** up to $20,000
- **Pre-Review Deadline:** January 5, 2019, 11:59 p.m. PST
- **Final Deadline:** April 1, 2019, 11:59 p.m. PST
- **Award Selection:** July 2019
- **Project Period:** 12–24 months, starting no earlier than August 2019 and completed by August 2021

**AOSSM/Sanofi Osteoarthritis Grant**
- **Grant Amount:** up to $50,000
- **Application Deadline:** April 1, 2019, 11:59 p.m. PST
- **Award Selection:** July 2019
- **Project Period:** 12–24 months, starting no earlier than August 2019 and completed by August 2021

**AOSSM/JRF Ortho Basic Science Allograft Grant**
- **Grant Amount:** up to $50,000
- **Application Deadline:** April 1, 2019, 11:59 p.m. PST
- **Award Selection:** July 2019
- **Project Period:** 12–24 months, starting no earlier than August 2019 and completed by August 2021
Team Physician Legislation Advances

Legislation to protect team physicians as they travel with their teams across state lines has for the first time passed a critical committee test in the Senate. S. 808, the Sports Medicine Licensure Clarity Act, was referred out of the Senate Health, Education, Labor, and Pensions (HELP) Committee on June 26, 2018, by a unanimous voice vote.

The vote follows a coordinated support effort from AAOS and AOSSM involving meetings, letters, grassroots efforts, and more. The legislation provides licensure and liability protection for healthcare professionals treating their team while outside their primary state. A similar version of the bill passed the House of Representatives on January 9, 2017.

Sports medicine professionals are responsible for the organization, management, and provision of care for athletes in individual, team, and mass participation sporting events. These professionals travel with the athletes across state lines. Out-of-state athletic team medical staff may not be able to treat players and others because they lack a license in the visiting state. In these circumstances, the sports medicine professional must choose between treating injured athletes at great professional risk or handing over the care of an injured player to another professional who is not familiar with the individual's medical history.

In addition to the federal effort, AAOS and AOSSM have been active in a state-by-state effort to guarantee licensure recognition for traveling sports medicine professionals. Currently, 40 states recognize traveling sports medicine physicians. These states, in total, represent about 90 percent of the American population. With leadership from state orthopaedic societies, AAOS, AOSSM, and partners, legislation has passed in Georgia, New York, Nevada, Idaho, Minnesota, Wisconsin, Maine, Tennessee, Missouri, and Texas in 2017 and 2018.

The team sports medicine professional adds value to the treatment episode that cannot be duplicated by a physician who does not have a long-standing awareness of the individual athlete's medical history. For sports medicine professionals who travel into multiple states, obtaining and maintaining licensure in each state—especially under a scenario where they are not even providing medical care to residents of the secondary state—constitutes an excessively high administrative and cost burden. Yet, sports medicine professionals should be able to engage in the treatment of injured athletes, whose medical histories they know well, across state lines without the fear of incurring great professional risk.

AAOS has created a toolkit with model state legislation, a letter to the editor, talking points, and official Federation of State Medical Boards policy. If you are interested in getting involved, please visit www.stateortho.com/wp-content/uploads/2017/04/Game-Changer-Toolkit.docx.
ORTHOPAEDIC SPORTS MEDICINE AND ARTHROSCOPY MATCH

AANA and AOSSM are pleased to announce that the following sports medicine/arthroscopy fellowship programs are participating in the Orthopaedic Sports Medicine and Arthroscopy Match for 2019:

Allegheny General Hospital Program
Sam Akhtavan, MD
Pittsburgh, PA

American Sports Medicine Institute (St. Vincent’s) Program
Jeffrey R. Dugas, MD
Birmingham, AL

Andrews Research and Education Foundation
James R. Andrews, MD
Gulf Breeze, FL

Barton/Lake Tahoe Sports Medicine Fellowship Program
Keith R. Swanson, MD
Zephyr Cove, NV

Bayomer College of Medicine Program
J. Bruce Massey, MD
Houston, TX

Beacon Orthopaedic Research & Education Foundation, Inc. Program
Timothy E. Kremchek, MD
Sharonville, OH

Boston Children's Hospital/ Harvard Medical Schools
Lyle J. Micheli, MD
Boston, MA

Boston University Medical Center Program
Robert Nicholato, MD
Boston, MA

Brigham & Women’s Hospital, Harvard Medical School Program
Elizabeth G. Matzkin, MD
Coral Gables, FL

Brown University Program
Paul D. Fadale, MD
Providence, RI

Case Western Reserve/ University Hospitals Cleveland Program
Michael Jonathan Salata, MD
Cleveland, OH

Cincinnati Sports Medicine & Orthopaedic Center Program
Frank R. Noyes, MD
Cincinnati, OH

Cleveland Clinic Foundation Sports Medicine Program
Luthal D. Farrow, MD
Cleveland, OH

Columbia University - New York Presbyterian Hospital Program
Christopher S. Ahmad, MD
New York, NY

Congress Medical Associates Program
Gregory J. Adamson, MD
Pennsylvania, PA

Detroit Medical Center Program
Stephan E. Lemos, MD, PhD
Warner, WA

Doctors Hospital/UHZ Sports Medicine Institute Program
John W. Urbe, MD
Coral Gables, FL

Duke University Hospital Program
Dean C. Taylor, MD
Durham, NC

Emory University Orthopaedic Sports Medicine Fellowship Program
Spero K. Karan, MD
Atlanta, GA

Fairview Southdale Hospital/MOSM Program
Carey Wulf, MD
Minneapolis, MN

Henry Ford Hospital/ Wayne State University Program
Patricia A. Kolowich, MD
Detroit, MI

Hoag Orthopedic Institute Sports Medicine Fellowship Program
David Stuart Gazzaniga, MD
Irvine, CA

Hospital for Special Surgery/Cornell Medical Center Program
Anil S. Ranawat, MD
New York, NY

Hugheston Foundation Program
Champ L. Baker Jr., MD
Columbus, OH

Jackson Memorial Hospital/Jackson Health Systems Program
Michael G. Barago, MD
Coral Gables, FL

Jefferson Health Northeast
Arthur R. Bartolozzi, MD
Lansdowne, PA

Kaiser Permanente Orange County Program
Brent R. Davis, MD
Irvine, CA

Kaiser Permanente San Diego Knee and Sports Medicine Program
Naqeeb Khan, MD
San Diego, CA

Kerlan-Jobe Orthopaedic Clinic Program
Neil S. ElAttrache, MD
Los Angeles, CA

Lenox Hill Hospital Program
Stephan J. Nicholas, MD
New York, NY

Massachusetts General Hospital/Harvard Medical School Program
Scott D. Martin, MD
Boston, MA

Mayo Clinic (Rochester) College of Medicine Program
Aaron John Kyrcy, MD
Rochester, MN

Mayo Clinic (Arizona) College of Medicine Program
John M. Tokish, MD
Phoenix, AZ

Methodist Hospital (Houston) Program
David M. Lintner, MD
Houston, TX

Mississippi Sports Medicine & Orthopaedic Center Program
Larry D. Field, MD
Jackson, MS

New England Baptist Hospital Program
Glen Ross, MD
Boston, MA

Northwestern University McGaw Medical Center Fellowship Program
Michael A. Terry, MD
Chicago, IL

NYU Hospital for Joint Diseases
Laith M. Jazarwi, MD
New York, NY

Odyssey Clinic Foundation Program
Deryk G. Jones, MD
Jefferson, LA

Ohio State University Hospital Program
Christopher G. Kneiding, MD
Columbus, OH

Orlando Orthopedic Group
Daryl C. Osbahr, MD
Orlando, FL

OrthoCarolina Sports Medicine, Shoulder & Elbow Program
James E. Fehske, MD
Charlotte, NC

The Orthopaedic Foundation for Active Lifestyles
Kevin D. Plancher, MD, MPH
Stanford, CT

Orthopaedic Research of Virginia Program
Shannon Wolfe, MD
Richmond, VA

Penn State Milton S. Hershey Medical Center Program
Wayne J. Sebastianelli, MD
State College, PA

Pennsylvania Hospital of the University of Pennsylvania Orthopaedic Sports Medicine Program
Brian J. Sennett, MD
Philadelphia, PA

Rush University Medical Center Program
Nikhil N. Verma, MD
Chicago, IL

San Diego Arthroscopy & Sports Medicine Program
James P. Teaste, MD
San Diego, CA

SOAR Sports Medicine Fellowship Program
Michael P. Billingham, MD
Redwood City, CA

Southern California Orthopaedic Institute Program
Richard D. Ferkel, MD
Voor Nieuw, CA

Stapleton Orthopaedic Sports Medicine Fellowship Program
Marc R. Solfran, MD
Redwood City, CA

Steadman Hawkins Clinic - Denver Program
Theodore F. Schlegel, MD
Greenwood Village, CO

Steadman Hawkins Clinic of the Carolinas Program
Michael J. Kistenberth, MD
Greensville, SC

Steadman Phillips Research Institute Program
Marc J. Phillips, MD
Vol, CO

Taos Orthopaedic Institute and Research Foundation Program
John B. Reid III, MD
Taos, NM

Thomas Jefferson University Program
Michael G. Ciccotti, MD
Philadelphia, PA

TRIA Orthopaedic Center Program
Gary B. Fettner, MD
Blissfield, MI

UCMA Medical Center Program
David R. McAllister, MD
Los Angeles, CA

Union Memorial Hospital Program
Richard Y. Hinton, MD, MPH, MED, PT
Baltimore, MD

University of Buffalo Program
Leslie J. Bisson, MD
Buffalo, NY

University of California San Francisco Program
Alan L. Zhang, MD
San Francisco, CA

University of Chicago Program
Sherwin S.W. Ho, MD
Chicago, IL

University of Cincinnati Medical Center Inc.
Angelo J. Colaissimo, MD

University of Colorado Health Science Center Program
Eric C. McCarty, MD
Boulder, CO

University of Connecticut Program
Robert A. Arciero, MD
Farmington, CT

University of Illinois at Chicago Program
David Gruen, MD
Chicago, IL

University of Iowa Hospitals & Clinics Program
Matthew Bollier, MD
Iowa City, IA

University of Kansas Program
John Paul Schroepel, MD
Lawrence, KS

University of Kentucky Sports Medicine Program
Scott D. Mair, MD
Lexington, KY

University of Massachusetts Program
Brian D. Busconi, MD
Worcester, MA

University of Michigan Program
Bruce S. Miller, MD, MS
Auburn, AL

University of Missouri at Kansas City Program
John E. Browne, MD
Lawrence, KS

University of Missouri-Columbia School of Medicine Program
James P. Stannard, MD
Columbia, MO

University of New Mexico Program
Matthew C. Matava, MD
Albuquerque, NM

University of North Carolina Sports Medicine Fellowship Program
R. Alexander Creighton, MD
Chapel Hill, NC

University of Pittsburgh/UPMC Medical Education Program
Volker Moschali, MD
Pittsburgh, PA

University of Rochester Medical Center Program
Michael D. Maloney, MD
Rochester, NY

University of South Florida Masrani Program
Charles F. Watlinger, MD
Tampa, FL

University of Tennessee - Campbell Clinic Program
Frederick M. Azar, MD
Memphis, TN

University of Texas Health Science Center at Houston SPORTS Medicine Fellowship Program
Christopher D. Harner, MD
Houston, TX

University of Texas Health Science Center at San Antonio Program
John R. Green III, MD
San Antonio, TX

University of Utah Program
Patrick E. Greis, MD
Salt Lake City, UT

University of Virginia Program
Stephen E. Brockmeier, MD
Charlottesville, VA

University of Wisconsin Program
John F. Orwin, MD
Madison, WI

USC Sports Medicine Fellowship Program
George F. Picklitch III, MD
Los Angeles, CA

Vanderbilt University Program
Charles L. Cox III, MD
Nashville, TN

Wake Forest University School of Medicine
Cristin M. Ferguson, MD
Winston Salem, NC

Washington University Program
Matthew J. Matava, MD
Chesterfield, MO

William Beaumont Hospital Program
James Biros, MD
Royal Oak, MI
The 2018 AOSSM Fellows Course: Kickoff to Your Orthopaedic Sports Medicine Training Year took place on July 27–28, 2018 at the OLC in Rosemont, Illinois. A record number of 115 incoming fellows were in attendance, representing 53 orthopaedic sports medicine fellowship programs.

Led by Co-Chairs Stephen F. Brockmeier, MD, Jeffrey R. Dugas, MD, and Kurt P. Spindler, MD, the course served as a welcome to the sports medicine fellowship year with an overview of what the fellows will see in the upcoming months in the form of lectures, small group spine boarding demonstrations and hands-on lab sessions. More than 26 faculty presented key topics, such as sideline emergencies, spine injuries, common orthopaedic injuries, most common medical conditions, and imaging/arthroscopy of the knee, shoulder and elbow. The presentation and panel highlights included the principles of success for team coverage and finding a job after fellowship. The hands-on lab portion of the course covered labral repair/SLAP, rotator cuff repair, elbow UCL reconstruction, meniscal repair, and ACL reconstruction. An ultrasound session was added this year for those who registered after the lab spaces were filled.

Sideline Guidelines, the free iOS app, served as an educational resource for the course. It is an evidence-based app with more than 250 figures and references that connect directly to PubMed.

Thank you to Athletico and Rosemont Public Safety for providing the spine boarding and football equipment.

This course was also made possible with the generous support and commitment of our AOSSM corporate partners, including:

Arthrex®  smith&nephew  stryker  VERICEL

AOSSM Presents Hip Session at NATA Annual Convention

Under the expert direction of chair Brian D. Busconi, MD, AOSSM faculty presented a symposium entitled, Hip and Groin Pain in the Athlete, on June 27th during the National Athletic Trainers Association’s 69th Clinical Symposia and AT Expo in New Orleans. The standing room only, session highlighted the latest in the evaluation, diagnosis and nonoperative as well as operative treatment of complex hip problems. Cases incorporated examples of athletes participating in contact, as well as non-contact sports. The course covered different treatment modalities at the high school, college and professional level. Many thanks to Brian Busconi, MD, Jen Brodeur, MS, ATC, CES, Anthony Cerundolo, MS, ATC, LAT, CSCS, Frank Winston Gwathmey, Jr., MD, and Misty Suri, MD, for representing AOSSM at this important event.
Keep Your Edge: Hockey Sports Medicine Course

The hockey sports specific course, *Keep Your Edge: Hockey Sports Medicine* 2018 in mid-August was full of exceptional presentations by leaders in hockey sports medicine and player development. Thank you to course chairs Gary W. Dorshimer, MD, FACP, FCPP; Peter B. MacDonald, MD, FRCSC; Bradley J. Nelson, MD; and Michael J. Stuart, MD. Their development of an outstanding agenda and faculty to discuss the latest in evidence-based medicine for the prevention, treatment and rehabilitation of ice hockey injuries along with lively panel discussions, and tips to help make better decisions with players, made for hours of outstanding education.

Keynote speakers included Hall of Fame member Ken Dryden and David S. Mulder, MD, an icon in hockey sports medicine. Both speakers shared personal stories of their journeys and the changes to hockey over the years.

Thank you also to the NHLTPS, NHL, NHLPA, USA Hockey Foundation, HECC, IIHF, and PHATS for their support of this course.

AOSSM/AAOS Orthopaedic Sports Medicine Review Course Provides an Excellent Overview

Under the expert direction of co-chairs Christopher C. Kaeding, MD, and Bruce S. Miller, MD, MS, AOSSM hosted another successful Orthopaedic Sports Medicine Review course in Chicago on August 10–12, 2018. Close to 200 participants spent two and a half days hearing presentations from 15 faculty covering all sports medicine content areas.

This course is not only an excellent way to prepare for the sports medicine subspecialty certification exam and recertification exam, but it also provides a tremendous overview of the field of sports medicine. As an added benefit, physician attendees received a complimentary copy of the 2018 AOSSM Self-Assessment Examination to help them apply the information they learned in the course and to gain self-assessment credits for Part II of Maintenance of Certification.

For those interested in viewing the recordings from the course, they are available for purchase. Visit sportsmed.org for details or call the AOSSM office at 847/292-4900.

*AOSSM gratefully acknowledges Arthrex for an educational grant in support of this course.*
More than 1,200 sports medicine professionals from around the globe descended upon San Diego, California from July 5–8 for the AOSSM 2018 Annual Meeting. Attendees engaged in insightful discussions on the latest in sports medicine injuries, treatment protocols and research.

The meeting began on Wednesday afternoon with the annual pre-conference workshop in collaboration with the Sports Physical Therapy Section (SPTS).

After an amazing 4th of July fireworks display in San Diego Harbor that evening, attendees were up early to take a quick morning run/walk along the harbor for the 1st Annual AOSSM Fun Run, hosted by OR Hub. No better way to start your day of learning and education! Attendees then took part in early morning instructional courses on knee ligament injuries in skeletally immature patients, controversies in rotator cuff surgery, approaches to failed hip arthroscopy and knee joint preservation techniques. Following the ICs, AOSSM President Charles Bush-Joseph, MD, and Program Chair, Nikhil Verma, MD, kicked off the official start of the meeting and began the day’s presentations in the General Session with a discussion on knee ligament and meniscus research and treatments. Other topics during the morning concurrent sessions included ACL: Case-Based Learning, The Business of Sports Medicine, Hip, Knee Video Demonstrations, Team Physician: Science of Injury, and Patellofemoral.

More than 100 people were in attendance for the AOSSM Medical Publishing Workshop on Thursday afternoon which discussed Ethical Issues in Medical Research and Publication by AJSM and OJSM Editor-in-Chief, Bruce Reider, MD, and Time Zero Biomechanical Studies by Brenden Flemming, PhD. There were also a variety of industry symposia to keep the learning going throughout the lunch hour. New product demonstrations starting on Thursday and running through Saturday morning allowed attendees to visit the Exhibit Hall and have direct engagement to learn about the latest orthopaedic sports medicine tools.

2018 MEETING MATERIALS

Annual Meeting materials, including abstracts, outlines and posters can be viewed by those who attended the meeting by logging into sportsmed.org and clicking on your MyAOSSM page then Meeting Materials. Instructional Course handouts for ICs you attended can also be found in this location. You can also purchase a 2018 Online Meeting Subscription to revisit the general session presentations from both the Annual Meeting and Specialty Day for just $200. Visit sportsmed.org for details.
The General Session picked back up on Thursday afternoon with discussions on shoulder cuff and Concurrent Sessions on the overhead athlete, shoulder instability/bone loss, and cartilage issues. The afternoon also offered a special free NIH Reviewer Workshop on what it takes to serve on a study section. AJSM also hosted its second Facebook Live event with AJSM author Tom Vangsness, MD, discussing his article, “The Efficacy of Platelet-Rich Plasma on Tendon and Ligament Healing: A Systematic Review and Meta-analysis with Bias Assessment,” moderated by Jason Dragoo, MD.

The day ended with the annual welcome reception held poolside at the Manchester Grand Hyatt. Attendees and their families had the opportunity to socialize and catch-up with colleagues and friends, while enjoying delicious food and a spectacular view of the San Diego area. AOSSM gratefully acknowledges CEP-Topical Gear for their support of the Welcome Reception.

Friday’s session began with discussions on shoulder instability. Following these insightful presentations, Dr. Bush-Joseph gave his presidential address entitled, “The Thread That Runs Through Us.” He encouraged and inspired attendees to look at AOSSM’s current priorities and accomplishments, what brings all of the AOSSM family together, as highlighted in the new AOSSM video, and to remind everyone of the many external influences that could change the way sports medicine is practiced and how to move beyond those. He noted that, “Our members set themselves and our Society apart with our tried and true approach: Providing open forums for thought leaders, identifying the gaps in knowledge, developing hypotheses and facilitating collaboration to answer important questions is what makes us great.”

Some of the Society’s most prestigious awards were then presented with James Tibone, MD, being selected as the recipient of the 2018 Robert E. Leach Sports Medicine Leadership Award, one of the Society’s highest honors. Dr. Tibone’s many achievements and tremendous dedication to sports medicine were highlighted. In addition, Allen Anderson, MD (posthumously), Bernard Bach, Jr., MD, Walton Curl, MD, Roland Jakob, MD, and Edward Wojtys, MD, were inducted into the AOSSM Hall of Fame.

During the business meeting on Friday, members’ names were submitted for the Nominating Committee and other new board members were approved, including:

**Nominating Committee**

Elizabeth A. Arendt, MD
Stephen F. Brockmeier, MD
Freddie H. Fu, MD
Peter A. Indelicato, MD
Christopher C. Kaeding, MD
Lee D. Kaplan, MD
Patricia A. Kolowich, MD
John E. Kuhn, MD
Walter R. Lowe, MD
Thomas Sean Lynch, MD
David R. McAllister, MD
Bradley J. Nelson, MD
Richard D. Parker, MD
Matthew T. Provencher, MD
Seth L. Sherman, MD

**Board Members**

Michael G. Ciccotti, MD, Vice President
Armando F. Vidal, MD, Member at Large
Under 45

John E. Conway, MD, Member at Large
Over 45

**New members of the Medical Publishing Board of Trustees include:**

Jo A. Hannafin, MD
Elizabeth A. Arendt, MD
Michael T. Freehill, MD

Friday late morning concurrent sessions included shoulder rotator cuff case-based learning, outcomes in sports medicine and facial and head injuries. The learning continued through the afternoon with nine more instructional courses and 13 sold out round table discussions on a variety of topics from large cuff tears to foot and ankle injuries. AOSSM gratefully acknowledges Smith & Nephew, DePuy Synthes Mitek Sports Medicine, Vericel and Stryker for educational grants in support of several of the round table case discussions.

Saturday afternoon activities were capped off with Poster Tours with the authors outside the Exhibit Hall. Awards were given to the top three posters:

- **First Prize ($750): Poster #229**
  Comparison of Short-Term Biodex Results After Anatomic ACL Reconstruction Between Three Autografts
  Jonathan Daniel Hughes, MD, Jeremy M. Burnham, MD, Angela Hirsh, Volker Musahl, MD, Freddie H. Fu, MD, James J. Irrgang PT, PhD, ATC, Andrew D. Lynch PT, PhD

- **Second Prize ($500): Poster #232**
  Graft-Recipient Anteroposterior Mismatch Does Not Affect the Clinical Outcomes of Osteochondral Allograft Transplantation of the Femoral Condyle
  Francesca R. Coxe, Dean Wang, MD, George Christian Balazs, MD, Brenda Chang, MS, MPH, Kristofer J. Jones, MD, Scott A. Rodeo, MD, Riley J. Williams, MD

- **Third Prize ($250): Poster #227**
  Incidence and Risk Factors for Failure of Arthroscopic Posterior Capsulolabral Reconstruction
  James P. Bradley, MD, Justin W. Arner, MD, Sachidhanand Jayakumar, BS, Dharmesh Vyas, MD, PhD

Attendees headed back to the Manchester Grand Hyatt on Saturday for another day of educational sessions with discussions and presentations on biceps/SLAP tears, hip, high school and collegiate athletes, shoulder instability, osteoarthritis, and a special international discussion with our partners from ISAKOS and SLARD on the ACL. Live surgeries also took place on superior capsule...
reconstruction, shoulder resurfacing, hip arthroscopy, and meniscal transplant. Special thanks to Midwest Orthopaedics at Rush in Chicago, Illinois for hosting the live surgeries. AOSSM also gratefully acknowledges Stryker for an educational grant in support of the hip arthroscopy live surgery.

One of the biggest highlights of the meeting also occurred on Saturday, with Presidential Guest Speaker and NBA Legend Bill Walton. Walton discussed his life experiences, including overcoming many obstacles and orthopaedic surgeries to become a Hall of Fame basketball player and color commentator. He reminded attendees of the importance of the team and how honor, grace and discipline can take you far not only in your career, but in life. He also highlighted the elements of being a good leader and making sure you are illuminating a path forward for others behind you while still embracing the uncertainty of where in life your path takes you. AOSSM gratefully acknowledges Breg for an educational grant in support of the Presidential Guest Speaker.

Following the speech, Dr. Bush-Joseph then presented the presidential medallion and pin to incoming president, Neal ElAttrache, MD. This ceremony signified Dr. ElAttrache's induction as the 2018–2019 AOSSM President.

The day ended with a fun-filled, family event at the USS Midway which had something for everyone from a history of the US Navy, to sitting in airplanes for the kids, to amazing food and drinks for all.

The meeting concluded on Sunday with some final instructional courses and general session presentations on foot and ankle and pediatric issues.

AOSSM would like to thank all of our sponsors and exhibitors for their ongoing Annual Meeting support. See you next year at the AOSSM Annual Meeting in Boston, Massachusetts, July 11–14, 2019.
AOSSM Awards Presented at Annual Meeting

For complete details and descriptions of each award, please visit sportsmed.org.

Fellow Research Award—Basic Science

Influence of Naproxen, Age and Body Mass Index on the Biological Composition of Leukocyte Rich Platelet–Rich Plasma: A Prospective, Therapeutic, Cohort Study
Sandeep Mannava, MD, PhD, Kaitlyn E. Whitney, BS, Jillian King, BS, Mitchell Kennedy, BS, Katarina Klett, Grant Dorman, MSc, Jorge Chahla, MD, PhD, Thos A. Evans, MD, Johnny Huard, PhD, Robert F. LaPrade, MD, PhD

Fellow Research Award—Clinical Science

Non-Operative Treatment of Elbow Ulnar Collateral Ligament Injuries with and without Platelet-Rich Plasma in Professional Baseball Players: A Comparative and Matched Cohort Analysis
Aakash Chauhan, MD, MBA, Peter McQueen, MD, Michael G. Ciccotti, MD, Christopher Camp, MD, John D’Angelo, Hollis Potter, MD, Brandon J. Erickson, MD, Stephen Fealy, MD, Heinz Hoenecke, MD, Daniel Keefe, MD, Julie McCauley, MPHc, Jan Fronek, MD

Cabaud Memorial Award

The Influence of Graft Tensioning Sequence on Tibiofemoral Orientation During Bicruciate and Posterolateral Corner Knee Ligament Reconstruction: A Biomechanical Study
Gilbert Moatshe, MD, Jorge Chahla, MD, PhD, Alex Brady, MSc, Grant Dorman, Kyle Muckenhirn, Bradley Kruckeberg, BA, Lars Engebretsen, MD, PhD, Robert F. LaPrade, MD, PhD

Thomas A. Brady Award

W. Ben Kibler, MD

George D. Rovere Award

Allen F. Anderson, MD (posthumously)

Excellence in Research Award

Tissue Engineered Meniscal Replacement Using a Fiber-Reinforced Scaffold in a Two-Year Ovine Model
Jay M. Patel, PhD, Salim A. Ghodbane, MD, Andrzej Brzezinski, MD, Charles J. Gatt, MD, Michael G. Dunn, PhD

O’Donoghue Sports Injury Research Award

Arthroscopic vs. Open Anterior Shoulder Stabilization: A Prospective Randomized Clinical Trial with 15-Year Follow-Up and an Assessment of ‘On-Track’ and ‘Off-Track’ as a Predictor of Failure
Craig R. Bottini, MD, John D. Johnson, DO, CPT, Liang Zhou, MD, Sarah G. Raybin, BA, MAJ, James J. Shaha, MD, COL (ret), Kenneth K. Lindell, MD, MAJ, David D. Thoma, DO

Hughston Award

Double-Bundle Versus Single-Bundle Anterior Cruciate Ligament Reconstruction: A Prospective Randomized Study with 10-Year Results
Sally Järvela, MD, PhD, Tommi Kiekara, MD, PhD, Piia Suomalainen, MD, PhD, Timo Järvelä, MD, PhD

AJSM Systematic Review Award

High Rates of Osteoarthritis Develop After Anterior Cruciate Ligament Surgery: An Analysis of 4108 Patients
Mark E. Cinque, MS, Grant J. Dornan, MSC, Jorge Chahla, MD, PhD, Gilbert Moatshe, MD, Robert F. LaPrade, MD, PhD

Herodocus Award

The Use of a Bio-Inductive Collagen Patch to Supplement Repair of Large and Massive Rotator Cuff Tears Including Revisions: Clinical and Radiographic Outcomes at 2-year Follow-up
Stephen Thon, MD, Lawrence K. O’Malley, MD, Michael John O’Brien, MD, Felix H. Savoie III, MD

T. David Sisk Award for Best Original Research

Lateral Meniscus Posterior Root and Meniscofemoral Ligaments as Stabilizing Structures in the ACL-Deficient Knee: A Biomechanical Study
Jonathan M. Frank, MD, Gilbert Moatshe, MD, Alex W. Brady, MS, Grant J. Dornan, MS, Ashley Coggins, BS, Kyle J. Muckenhirn, BS, Erik L. Slette, BA, Jacob D. Mikula, BS, Robert F. LaPrade, MD, PhD

2018 William A. Grana Award for Best Original Research

The Role of Lateral Extra-articular Tenodesis in Primary Anterior Cruciate Ligament Reconstruction: A Systematic Review With Meta-analysis and Best-Evidence Synthesis
The recipients of this award were Brian M. Devitt, MD, FRCS, FRACS, Stuart W. Bell, FRCS, Clare L. Adern, PhD, Taylor Hartwig, BExSc, Tabitha J. Porter, BAppSc, Julian A. Feller, FRACS, Kate E. Webster, PhD
UPCOMING MEETINGS

Learn more and register at sportsmed.org.

**OrthoBiologics: Integrating Biologics and Clinical Ultrasound into Your Practice**
*October 12–13, 2018*
*SOLD OUT but space still available for didactic sessions*
OLC Education and Conference Center
Rosemont, Illinois

**20th Annual AAOS/AOSSM/AANA Sports Medicine Course**
*Register at aaos.org*
*January 30–February 3, 2019*
Park City, Utah

**Specialty Day**
*March 16, 2019*
Las Vegas, Nevada

**AOSSM/NFL Football Sports Medicine 2019**
*March 29–31, 2019*
Nashville, Tennessee

**Osteotomies Around the Knee: From Ligament Insufficiency to Cartilage/Meniscus Pathologies and Arthritis**
*April 12–13, 2019*
OLC Education and Conference Center
Rosemont, Illinois

**AOSSM Annual Meeting**
*July 11–14, 2019*
Boston, Massachusetts
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internally with cleat and externally with bone

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AOSSM & ISAKOS Surgical Skills Course

Osteotomies Around the Knee: From Ligament Insufficiency to Cartilage/Meniscus Pathologies and Arthritis

April 12–13, 2019
OLC Education and Conference Center
Rosemont, IL

Course Co-Chairs
Elizabeth A. Arendt MD
Alan M. Getgood MD, FRCS (Tr&Orth)
Robert F. LaPrade MD, PhD

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Attendees will learn techniques for realignment osteotomy that provide a clear rationale and practical treatment applications to implement into every day practice.