NEWSLETTER OF THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE

Sports Medicine UPDATE

JULY/AUGUST 2010

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AOSSM

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SPORTS MEDICINE UPDATE is a bimonthly publication of the American Orthopaedic Society for Sports Medicine (AOSSM). The American Orthopaedic Society for Sports Medicine–a world leader in sports medicine education, research, communication, and fellowship–is a national organization 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 Web site at www.sportsmed.org.

TO CONTACT THE SOCIETY: American Orthopaedic Society for Sports Medicine, 6300 North River Road, Suite 500, Rosemont, IL 60018, Phone: 847/292-4900, Fax: 847/292-4905.

Robert A. Stanton, MD

ONE OF AOSSM'S STRENGTHS is that our organization—and profession—was founded to serve all orthopaedic surgeons with an active interest in sports medicine. Our membership and leadership is comprised of educators, researchers, and clinicians who share a commitment to improving the care of athletes, whether they be young or old, amateur or professional.

As a community based orthopaedic surgeon who remains connected to residency training and who also cares for collegiate, professional, and international athletes, I have a special appreciation for the breadth of the Society's constituency. It is a special privilege for me to serve as the AOSSM's president at this point in time when we are thriving as a profession and expanding our collaboration within the orthopaedic and sports medicine communities.

Every president has the daunting task of following in the footsteps of legends, such as Jack Hughston, MD, Jack Kennedy, MD, Robert Leach, MD, and the many other presidents who are such a significant part of our history. But nobody up to now has had the task of following James Andrews, MD, who has brought a whole new level of leadership to our organization. I congratulate him for a job well done and particularly for his tireless efforts in developing and launching the STOP Sports Injuries program. Few individuals could coalesce such broad support or provide the level of visibility this initiative enjoys. I am grateful that Jim has agreed to continue leading the STOP Sports Injuries campaign as we continue to reach out to the public, athletes, and the business community. His involvement will ensure the program will benefit patients for years to come, and it rightfully will reflect Jim's legacy within our profession.

Equally impressive was the 2010 Annual Meeting held in Providence. This issue of *SMU* reviews many of the educational and social high points provided through the leadership of Jim and his Program Chair, Neal ElAttrache, MD. Of special note was the AOSSM-ISAKOS pre-conference surgical skills course which included live surgical demonstrations from renowned orthopaedic leaders. The sponsors of this unique educational experience deserve special recognition for making this a spectacular part of our meeting: Arthrex, Biomet Sports Medicine, ConMed Linvatec, DePuy Mitek, Smith & Nephew, and Stryker.

While Jim has opened new opportunities for the Society and our profession, I know our continued success as an organization will depend on balancing these new activities while carefully evaluating our opportunities for organizational growth. A blessing and unique challenge of our success is that it exponentially increases the requests for AOSSM support and involvement. As wise stewards of our resources—time, energy, and finances—the Society leadership will need to carefully assess and select our opportunities for involvement. During my term as president, my priority will be to engage the Society in strategic planning so that we remain a vibrant, effective world leader in orthopaedic sports medicine education, research, communication, and fellowship. I welcome your opinions about the future direction of the AOSSM.

Thank you for the honor of serving as the 39th AOSSM president.

SKIN CARE IN ATHLETES

ALEC A. MACAULAY
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Sports provide an excellent environment for the spread of infection. Athletes are in close contact on a regular basis and often share equipment, water bottles, clothing, and towels. Cutaneous infections represent the most commonly reported athletic-related infections.[1] Direct contact, as well as indirect contact (sharing of equipment, etc.), between athletes facilitates the transmission of cutaneous infections. Common sports-related trauma to the skin, such as abrasions and lacerations, provide a pathway for infection.

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Poor hygiene, which is the norm in many team locker rooms, allows these infections to perpetuate and spread to others. Outbreaks of infections have been reported on teams and at sport camps.[2] Contact sports, such as football, basketball, wrestling, and rugby, appear to be the most conducive to these outbreaks.[1-3]

There are a number of simple, universal prevention tactics that can be implemented to help protect athletes from the common cutaneous infections. Hand hygiene, preferably with liquid anti-microbial soap and not bar soap, is the first step to prevent infection transmission. Paper towels should be used to dry the hands and not cloth towels. Mandating showers after practice and games is another important step. The sharing of equipment, clothing, and towels should be discouraged. Athletic clothes and towels should be laundered daily and equipment that cannot be laundered, such as headgear or protective pads, should be disinfected regularly. Other high-traffic surfaces, such as locker room benches, training tables, weight room equipment, and wrestling mats, should be disinfected daily. Lastly, all skin lesions should be promptly reported to the team physician, training staff, or coach in an attempt to prevent the spread of the infection.[3-5]

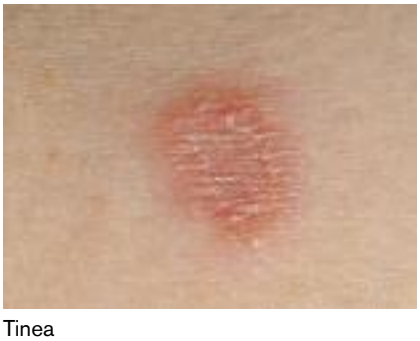
Team physicians play an important role in not only treating athletes with an established infection, but also in preventing the spread of the infection to teammates and competitors. In this article, the diagnosis, treatment, and prevention of the most common cutaneous infections encountered in athletes will be discussed. The infections are broken down into fungal, bacterial, and viral. For each pathogen the ICE-T approach is presented:

- **Identify:** Identification of the offending pathogen is important for treatment and to prevent the spread of the infection.
- **Contain:** The infection must be contained so as not to spread to other areas of the body or to other athletes.
- **Educate:** It is important to educate athletes and coaches about the transmission of these infections and easy preventative measures.
- **Treat:** Treatment of the infection is important for the afflicted athlete and to prevent the spread of the infection to others.

Fungal Infections

Tinea

- **Identification:** These infections tend to localize to warm, moist areas of the body. They are named based on their anatomical location: tinea capitis (head), tinea corporis (body, commonly known as ringworm), tinea cruris (groin, commonly known as jock itch), and tinea pedis (feet, commonly known as athlete's foot). They present as scaly, erythematous lesions with raised borders. Diagnosis is usually clinical. If needed, cultures of lesion scrapings are the gold standard for diagnosis or KOH preparations visualized with microscopy can be used to look for the presence of hyphae.[6]
- **Containment:** Athletes with a tinea infection should be withheld from participation for three days following the initiation of topical treatment. Lesions should be covered when participation is resumed.[4]
- **Education:** Transmission can occur by direct contact or via fomites. Thorough showering and adequate drying of warm, moist bodily areas can help prevent the infection. Using shower sandals, clean socks, clean underwear, and dry shoes are also valuable preventative measures.
- **Treatment:** A topical antifungal should be applied to the lesion at least twice a day. Oral antifungal medications can be added to the topical treatment if necessary.[4]



Tinea

Bacterial Infections

Impetigo

- **Identification:** Impetigo can be caused by either Streptococcus or Staphylococcus. The lesions are well-defined, erythematous blisters.[7] After rupture, these blisters become crusted over and are classically described as "honey-colored." Impetigo typically affects the area around the nose and mouth. Cultures and antibiotic sensitivities should be obtained.
- **Containment:** For bacterial infections it is important to not just cover the lesions and allow a return to sporting activities. Three days of antibiotics, no new lesions for at least 48 hours, and no further drainage or exudates from the lesions should all occur before a return to sport is considered with appropriate coverage of the lesion.[4,6]
- **Education:** The main mode of transmission is direct contact; however fomites may play a role and thus athletic gear should be laundered or disinfected.[8]
- **Treatment:** Topical antibiotics are used, preferably based on the culture sensitivities. Oral antibiotics are often used as well to prevent more serious and widespread infections.[9]

Folliculitis, Furuncles, and Carbuncles

- **Identification:** These entities represent a spectrum of Staph aureus infected hair follicles. They typically present in hairy areas of high friction and perspiration, especially if the area has been shaved, taped, or abraided.[4] Small papules and pustules are seen in folliculitis. Furuncles and carbuncles are larger, deeper, and more inflamed.
- **Containment:** These lesions should be cultured to rule out MRSA infection. Return-to-play guidelines are the same as for impetigo.[6]
- **Education:** Cosmetic body shaving should be avoided as it increases the risk for these infections.
- **Treatment:** For smaller lesions, a warm compress can be used to promote drainage. More serious lesions, such as furuncles and carbuncles, may require incision and drainage as well as systemic antibiotics.[9]

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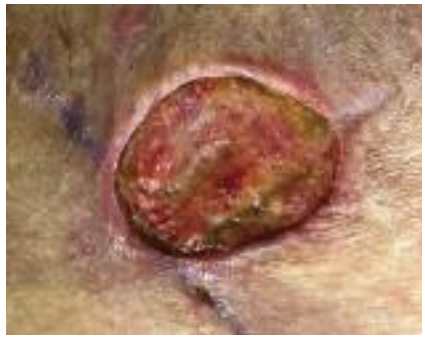
MRSA

- **Identification:** This highly antibiotic-resistant strain of Staphylococcus aureus can present as a skin infection with 2–3 cm erythematous lesions with a purulent center. Cellulitis can also be present or these lesions can grow into abscesses. MRSA skin infections are usually seen on the extremities or at the site of an abrasion or laceration.[5] Cultures of the lesion, along with antibiotic sensitivities, should be obtained.
- **Containment:** Any equipment that was exposed should be thoroughly cleaned and disinfected. As long as there are no systemic symptoms (fever, malaise) return-to-play guidelines are the same as for impetigo.[4-6] It may be helpful to have teammates of an infected athlete shower with chlorhexidine to decrease asymptomatic carriage.[5]
- **Education:** Excellent hygiene practices and avoidance of draining lesions is imperative to prevent the spread of MRSA. Isolating infected athletes from the rest of the team and disinfecting possible fomites are other important precautions.[3]
- **Treatment:** Empiric oral therapy with ciprofloxacin, clindamycin, rifampin, tetracyclines, or Bactrim can be used for the treatment of less virulent forms of community-acquired MRSA.[2] More serious infections necessitate the use of vancomycin, which requires IV administration. Another option is linezolid, which has been shown to be as effective as vancomycin and can be taken orally.[10] Incision and drainage or debridement of necrotic tissue may be necessary for some of these skin lesions.



MRSA infection

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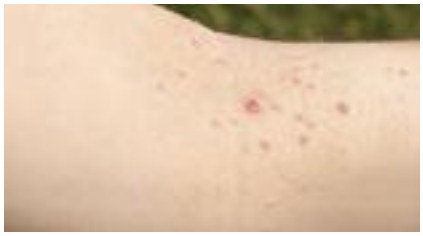
Viral Infections

Molluscum Contagiosum

- **Identification:** Molluscum manifests as small (a few millimeters in diameter), flesh colored lesions that have a dimpled center and an otherwise glossy appearance. They can be solitary or clustered. Lesions are typically found on the trunk or extremities.[4]
- **Containment:** Molluscum is spread by direct contact or via fomites. All possible fomites from an affected athlete should be cleaned. Once the lesions are removed, a covering should be applied to the site of the lesion and return to sport is permissible.[4] Frequent checks for more lesions should be performed since the lesions do not all arise at the same time.
- **Education:** Molluscum is caused by the molluscum contagiosum virus, a poxvirus. It is a self-limited, superficial viral infection. In addition to direct skin-to-skin transmission, sharing of towels, clothing and equipment with an infected individual can lead to transmission.
- **Treatment:** Although molluscum lesions will self-resolve over months to years, athletes should see a dermatologist to have the lesions removed by curettage. Medication has not proven to be effective at curing these lesions.[4]



Molluscum Contagiousm

Herpes Simplex

- **Identification:** After a three- to ten-day incubation period of the herpes simplex virus (HSV) there is a prodromal phase that can vary from mild to flu-like. Following the prodrome, clusters of vesicles appear on an erythematous base, and eventually evolve into dry, crusted lesions. The head, neck and upper extremities are the most common sites of infection.[7] Recurrent outbreaks within an individual tend to be less widespread. If the clinical diagnosis is unclear, a Tzanck smear can be performed to look for giant cells or a culture can be obtained.
- **Containment:** It is important not to simply cover active lesions and allow a return to sport. Resumption of activities can be allowed when there are no new vesicles for at least three days, all lesions have crusted over, and antivirals have been used for at least five days.[4,6]
- **Education:** Wrestlers seem to be at a particularly high risk for HSV infection.[1,11] The infection lies latent in dorsal root ganglia and can reactivate leading to recurrent cutaneous outbreaks. Recurrent outbreaks may be preceded by pain or tingling at the site of the oncoming lesions. Athletes with recurrent HSV can shed the virus intermittently between episodes, even in the absence of lesions.[6]
- **Treatment:** It is not possible to cure HSV but oral antivirals, such as valacyclovir, can shorten the duration of an attack if started early. The use of antivirals can also decrease the chance of transmission.[6]

Conclusion

Cutaneous infections are common in athletes. Vigilance is important on the part of athletes, trainers, coaches and team physicians to make sure that an infection in one athlete does not lead to a widespread outbreak. There are a number of simple strategies that can be used to increase the hygiene of athletes and teams, thus helping to prevent the spread of cutaneous infections.

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AOSSM Post-Joint Injury Osteoarthritis Conference II

Applications Due Soon

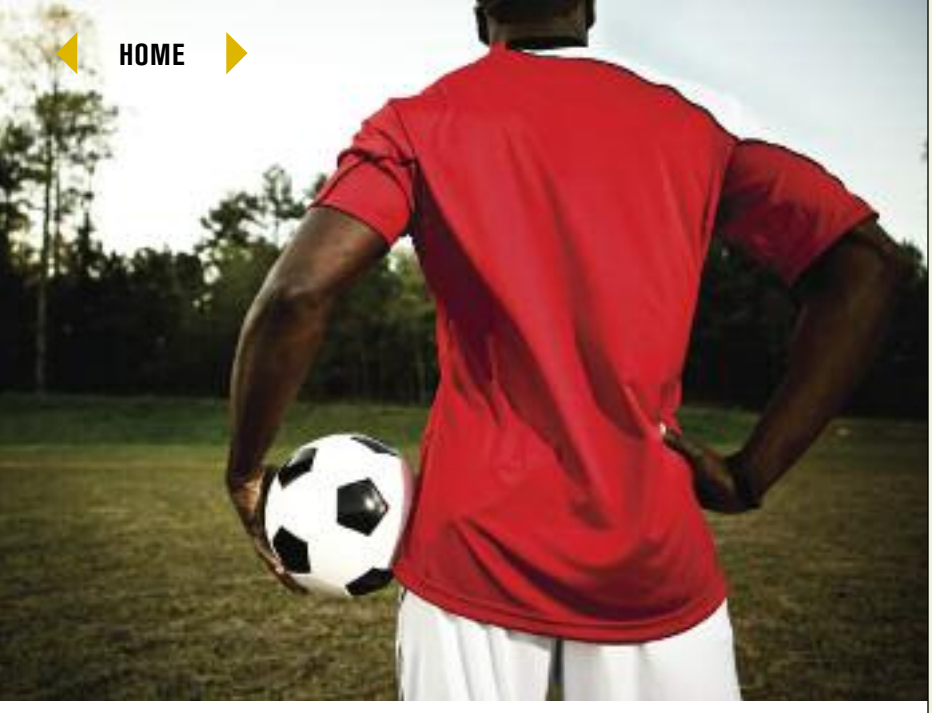
AOSSM is holding a scientific conference that will explore the strong association between joint injury and the development of osteoarthritis. The meeting will be held at the Ritz-Carlton in New Orleans on December 2–5, 2010.

This conference is a follow-up to an NIH-funded meeting in 2008 and will focus on considerations and requirements for a multi-center clinical study of human subjects following anterior cruciate ligament injury for the possible development of a clinical initiative in this area.

Similar to the 2008 conference, the small conference size with focused agenda and ample discussion opportunities promote direct discussion and contributions from multiple experts working in related areas but who bring different perspectives to the table. The objectives of the conference are:

1. To determine the state-of-the-art in multi-center orthopaedic and osteoarthritis research;
2. To determine the current and emerging clinical outcome measurements potentially suitable for multi-center clinical study of the post-ACL injured knee; and
3. To develop recommendations for study design, study site requirements, and assessment methods for a possible multi-center clinical initiative studying the acute and longitudinal changes to articular cartilage (imaging), joint health (biochemical biomarkers), joint function (kinematics), and patient outcomes following ACL injury.

To view a preliminary agenda for this meeting, visit www.sportsmed.org and click on the "Research" tab. There are slots reserved for approximately 20 individuals who will not present but who can actively contribute to the discussions. These attendance slots will be competitive. If you are interested in being considered as a participant, please send your CV and a cover letter explaining your clinical and research experience (e.g., record of publication, presentations, or research in OA and/or cartilage) that pertain to the conference topics to Bart Mann, bart@aossm.org. Researchers and clinicians who are under 42 years old, women, minorities, and people with disabilities are especially encouraged to apply.



AANA Knee and Shoulder Arthroscopy Complications Study Participants Needed

The Arthroscopy Association of North America (AANA) Research Committee has initiated a research study to determine the incidence of complications in knee and shoulder arthroscopy. As the Center for Medicare and Medicaid Services (CMS) continues to refuse payment for treating what they consider "Never Events" following surgery, it is important to document the actual incidence of these and other complications. Furthermore, this data base will potentially assist orthopaedic surgeons in a medicolegal setting. The goal is to include at least 150,000 arthroscopic surgeries in the study.

Participation in the study would involve inputting data into a secure independent data base with surgeon and patient information via a simple, short questionnaire. All information will be de-identified and not accessible by anyone except an independent research administrator who is not affiliated with AANA. Data would be input postoperatively at weeks two, four, and six then at six-week intervals over the initial six months post-operative period. This information would be input by a surgeon or designated representative (fellow, resident, research assistant, etc.). If you are willing to participate in this project, simply supply AANA with some basic contact information at www.zoomerang.com/Survey/WEB22ABRK9YTL3. You will be asked for your name, e-mail address, and the approximate number of arthroscopies you perform monthly. The data will only be used to contact you with further information as the study progresses.

If you have any questions, please contact the AANA Research Committee Chair, Julie Dodds, at julie.dodds@ht.msu.edu.

AOSSM Members Needed for Young Pitchers Studies

AOSSM is conducting two research projects this year that focus on elbow and shoulder problems in young pitchers (9–18 years old). The first is a survey-based study that assesses the extent in which young pitchers engage in types and levels of throwing that may put them at risk for overuse injuries. The second project will target pitchers who seek treatment from an orthopaedic surgeon and explore the relationships among pitching variables, elbow and shoulder overuse injuries, and adaptive changes to the elbow and shoulder.

AOSSM members who have ties with youth leagues or teams in their communities and those who treat 20 or more young pitchers each year are needed to help conduct these studies. If you are interested in participating or would like additional information, e-mail AOSSM Director of Research, Bart Mann at bart@aossm.org.

Osteoarthritis Grants Available

AOSSM, in partnership with Genzyme Biosurgery, is pleased to announce a new research grant program to fund investigations related to early osteoarthritis (OA) and/or prevention of OA progression. Two separate grants will be offered. One will provide a $50,000 per year renewable grant, subject to an annual progress review, for three years ($150,000 total) to support a clinical research study. The second will be a one-time award of $50,000 to support a lab/basic science project to separate investigators over successive three years. The submission deadline for both the clinical and basic science grants is August 1, 2010. For more information contact Director of Research, Bart Mann at bart@aossm.org. Additional information and application materials can also be found under the "Research" tab at www.sportsmed.org.

Prestigious Research Awards

AOSSM Presents Prestigious Research Awards at 2010 Annual Meeting in Providence, Rhode Island

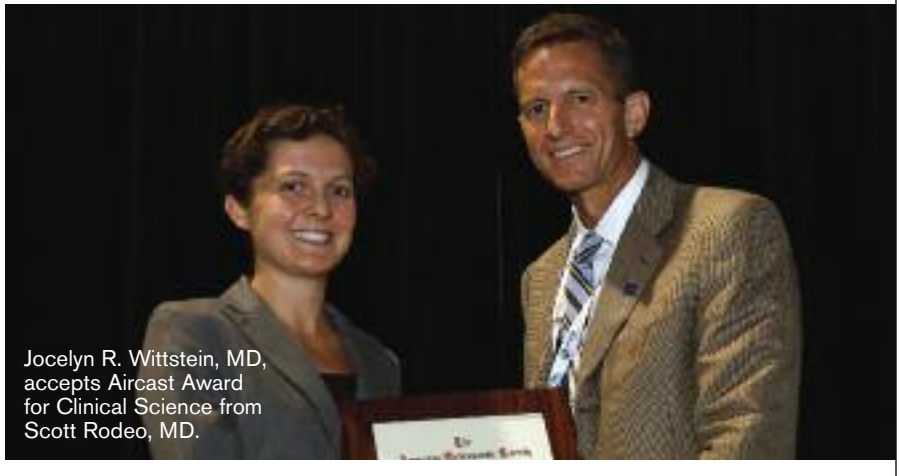
In order to recognize and encourage cutting-edge research in key areas of orthopaedic sports medicine, the AOSSM presented eight research awards and two grants during its Annual Meeting, July 15–18 in Providence, Rhode Island. As a leader in orthopaedic sports medicine, AOSSM annually provides more than $150,000 to research initiatives and projects around the country. Highlights of this year's award recipients include:

2010 Young Investigators Grant

The Young Investigator Grant (YIG) is specifically designed to support young researchers who have not received prior funding. This year's winner, **Demetrios Delos, MD,** is currently an orthopaedic resident at the Hospital for Special Surgery in New York City. His study will evaluate the effects of platelet rich plasma (PRP), on skeletal muscle healing in the rat, utilizing a validated muscle contusion model. The aims of the study are three-fold: (1) evaluate the contractile and histologic effects of locally administered PRP versus saline versus no injection on skeletal muscle contusion healing; (2) evaluate the effect of delayed treatment in this model; and (3) explore the effect of PRP on the post-injury inflammatory response.

2010 Sandy Kirkley Clinical Research Outcome Grant

The Kirkley Grant provides start-up supplemental funding for an outcome research project or pilot study in the amount of $20,000. This year's winner is **Daniel B. Whelan, MD, MSc, FRCSC,** Assistant Professor for the Division of Orthopedics at St. Michael's Hospital, University of Toronto. Dr. Whelan's study Emergent Immobilization in External Rotation in the Management of Acute Anterior Dislocations of the Shoulder (EERAADS) is actually the second of a two-stage investigation to evaluate the effectiveness of external rotation (ER) immobilization following first time shoulder dislocations. The ERRAADS trial will attempt to answer the question of whether emergent application (i.e. within hours of dislocation) of an ER brace might be more beneficial. The study will be conducted at a number of Canadian centers.



Jocelyn R. Wittstein, MD, accepts Aircast Award for Clinical Science from Scott Rodeo, MD.

Aircast Award for Basic Science

Voted by the AOSSM Fellowship Committee, this year's recipients are **Frank A. Petrigliano, MD, Volker Musahi, MD, Musa Citak, MD, Eduardo Suero, MD,** and **Andrew Pearle, MD,** for their paper titled: "The Effect of Meniscal Loss on Knee Stability After Single-Bundle ACL Reconstructions: A Cadaveric Experiment." The study looked at the effects of meniscectomy on knee stability following single-bundle ACL reconstruction as measured by a navigated pivot shift examination.

Aircast Award for Clinical Science

Voted on by the AOSSM's Fellowship Committee, awardees receive $1,500. This year's winners are **Jocelyn R. Wittstein, MD, Robin Queen, PhD, Alicia Abbey, BS, ATC, Alison P. Toth, MD,** and **Claude T. Moorman III, MD,** for their paper titled: "Subjective Outcomes, Isokinetic Strength, and Endurance Following Biceps Tenotomy versus Tenodesis." The purpose of this study is to determine whether biceps

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tenotomy (division of a bicep tendon) or biceps tenodesis (moving the attachment of the biceps tendon to a position that is out of the way of the shoulder joint) results in superior subjective outcomes, strength, and endurance.

Cabaud Memorial Award

Given to the best paper researching hard or soft tissue biology, this award is selected by the AOSSM Awards Subcommittee with awardees receiving $500. This year's winner is **Volker Musahl, MD,** of the University of Pittsburgh for his paper, "A Comparison of Single and Double Bundle ACL Reconstructions on Pivot Shift Kinematics in ACL and Meniscus Deficient Knees." Dr. Musahl investigated whether anatomic double bundle ACL reconstruction would better restore knee movement in an ACL meniscus injury model when compared to two common single bundle ACL reconstructions.

Matthew Smith, MD, accepts Excellence in Research Award from Constance Chu, MD.

Excellence in Research Award

This award is selected by the AOSSM Awards Subcommittee with principal investigators receiving $1,000 and $1,500 for the sponsoring institution. **Matthew V. Smith, MD,** of the Washington University is this year's recipient for his paper, "The Effect of Acetabular Labral Tears on Hip Stability and Labral Strain in a Joint Compression Model." Dr. Smith's research analyzes whether in a joint compression model, radial and circumferential acetabular labral tears significantly decrease hip stability and if the tears significantly alter strain patterns in the anterior and anterior-superior acetabular labrum.

O'Donoghue Award

This award is given to **Bruce S. Miller, MD,** of the University of Michigan for his paper, "When Do Rotator Cuff Repairs Fail? Serial Ultrasound Examination after Arthroscopic Repair of Large and Massive Rotator Cuff Tears." The awardee is selected by the AOSSM Awards Subcommittee with recipients receiving $2,500. Dr. Miller's paper investigates the timing of structural failure of surgically repaired large and massive rotator cuff tears and the association between recurrent tears and clinical outcome after rotator cuff repair.

The NCAA Research Award

This award is given to the best paper pertaining to the health, safety, and well-being of collegiate student-athletes. The award is selected by the AOSSM Awards Subcommittee with awardees receiving $500. This year's awardee is **Mark V. Paterno, PT, MS, SCS, ATC,** of the Cincinnati Children's Hospital Medical Center. His paper titled, "Biomechanical Measures during Landing and Postural Stability Predict Second Anterior Cruciate Ligament Injury After ACL Reconstruction and Return to Sport," investigates whether neuromuscular control and postural stability measures after an ACL reconstruction will predict relative increased risk for a second ACL injury.

Hughston Award

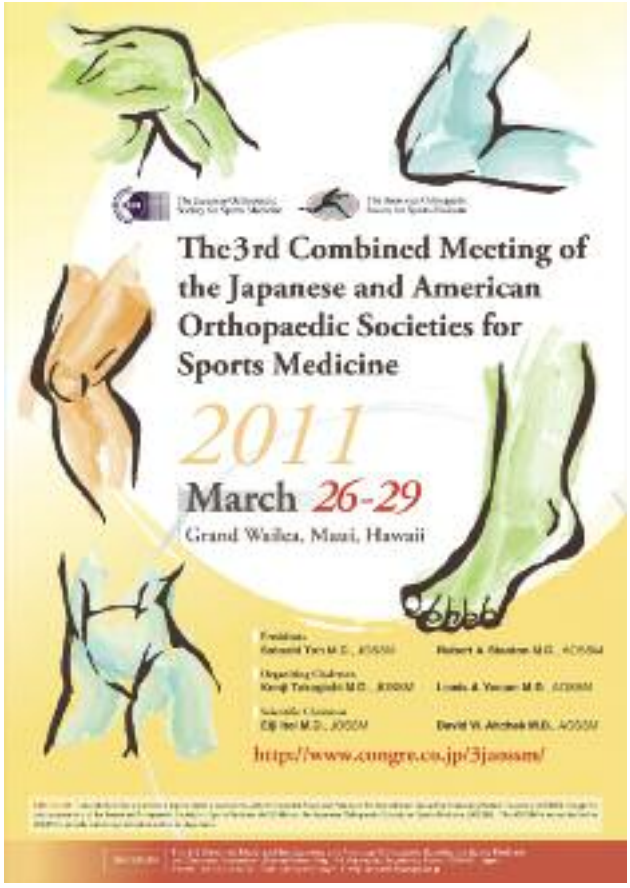
This year's recipients of the Hughston Award are **K. Donald Shelbourne, MD,** and **Tinker Gray, MA,** of the Shelbourne Knee Center, Indianapolis, Indiana. The award is given to the most outstanding paper published in the *American Journal of Sports Medicine* and is chosen by a panel of *AJSM* editors and reviewers and receives $5,000. Dr. Shelbourne's paper, "Minimum 10-Year Results After Anterior Cruciate Ligament Reconstruction How the Loss of Normal Knee Motion Compounds Other Factors Related to the Development of Osteoarthritis After Surgery," discusses whether patients with normal knee motion will have less than normal motion 10-years post ACL reconstruction.

Bruce Miller, MD, MS, accepts O'Donoghue Sports Injury Research Award from Scott Rodeo, MD.

AJSM Systematic Review Award

Verity Pacey, BAS, of the Physiotherapy Department, The Children's Hospital at Westmead in Australia has been given the *AJSM* Systematic Review Award for her paper, "Generalized Joint Hypermobility and Risk of Lower Limb Joint Injury During Sport, A Systematic Review With Meta-Analysis." Ms. Pacey and her team reviewed whether individuals with generalized joint hypermobility (joints that stretch further than normal) have an increased risk of lower limb joint injury when undertaking sporting activities. The winning paper is chosen by a panel of *AJSM* editors and reviewers and receives $5,000.

For more information on AOSSM research projects and awards please visit www.sportsmed.org and click on the "Research" tab.



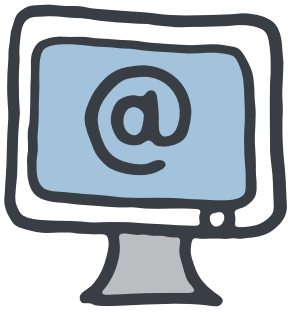
Japanese Orthopaedic Society for Sports Medicine

The Society is pleased to announce its collaboration with the Japanese Orthopaedic Society for Sports Medicine (JOSSM) for the 3rd Combined Meeting of the Japanese and American Orthopaedic Societies for Sports Medicine. The meeting will be held in English from March 26–29, 2011, at the Grand Wailea in Maui, Hawaii. It will feature noted faculty and scientific papers on the overhead throwing athlete and sports medicine. "The meeting is a replication of a similar exchange between Japan and the U.S. in the early 1990s, and it affords AOSSM members with a unique educational and cultural exchange in an unparalleled setting," Robert Stanton, MD, AOSSM President noted.

Abstracts can be submitted August 1–October 20, 2010. Early Bird registration ends January 7, 2011. For more information, visit www.congre.co.jp/3jaossm/. We look forward to seeing you there.

Become a Surgical Skills Instructor

The AOSSM Education & Industry Relations Committee is developing a database of potential instructors for future AOSSM Surgical Skills courses. If you would like to be considered for a future knee and/or shoulder course, please visit www.surveymonkey.com/s/GF2FSWX to access a brief survey of your areas of expertise and your preferred surgical equipment/product set-up for a cadaver course. We anticipate the survey will take approximately five minutes to complete.



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2010 AOSSM/APOSSM Traveling Fellowship

This year the AOSSM hosted the Traveling Fellows from the Pacific Rim. The Godfather, chosen by APOSSM, was Dr. Russell Tregonning from Wellington, New Zealand. The fellows traveling with Dr. Tregonning were: Dr. Justin Roe from Sydney, Australia, Dr. Jose Antonio (Tony) San Juan from Cebu, Philippines, and Dr. Jeffrey Tedjajuwana from Jakarta, Indonesia.

Institutions hosting these fellows were:

- UCLA/Kerlan-Jobe Orthopedic Clinic, Los Angeles, California
- UCSF, San Francisco, California
- Slocum Center, Eugene, Oregon
- University of Michigan, Ann Arbor, Michigan
- American Sports Medicine Institute, Birmingham, Alabama
- Boston University, Boston, Massachusetts

The fellows also attended two meetings this year, including the Magellan Society Meeting in Newport, Rhode Island, and the AOSSM Annual Meeting in Providence, Rhode Island.

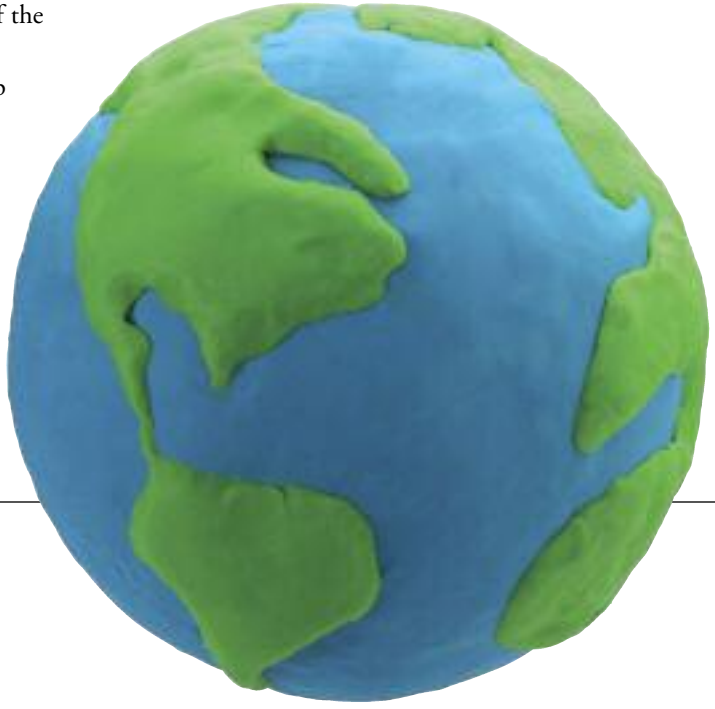
The AOSSM and the Traveling Fellowship committee would like to congratulate all the Traveling Fellows on their selection to the AOSSM/APOSSM tour and thank all of the hosts of this tour for their support. In addition, AOSSM and the Traveling Fellowship committee would like to thank DJO for their continued support of the Traveling Fellowship Program.

Dr. Russell Tregonning

Dr. Justin Roe

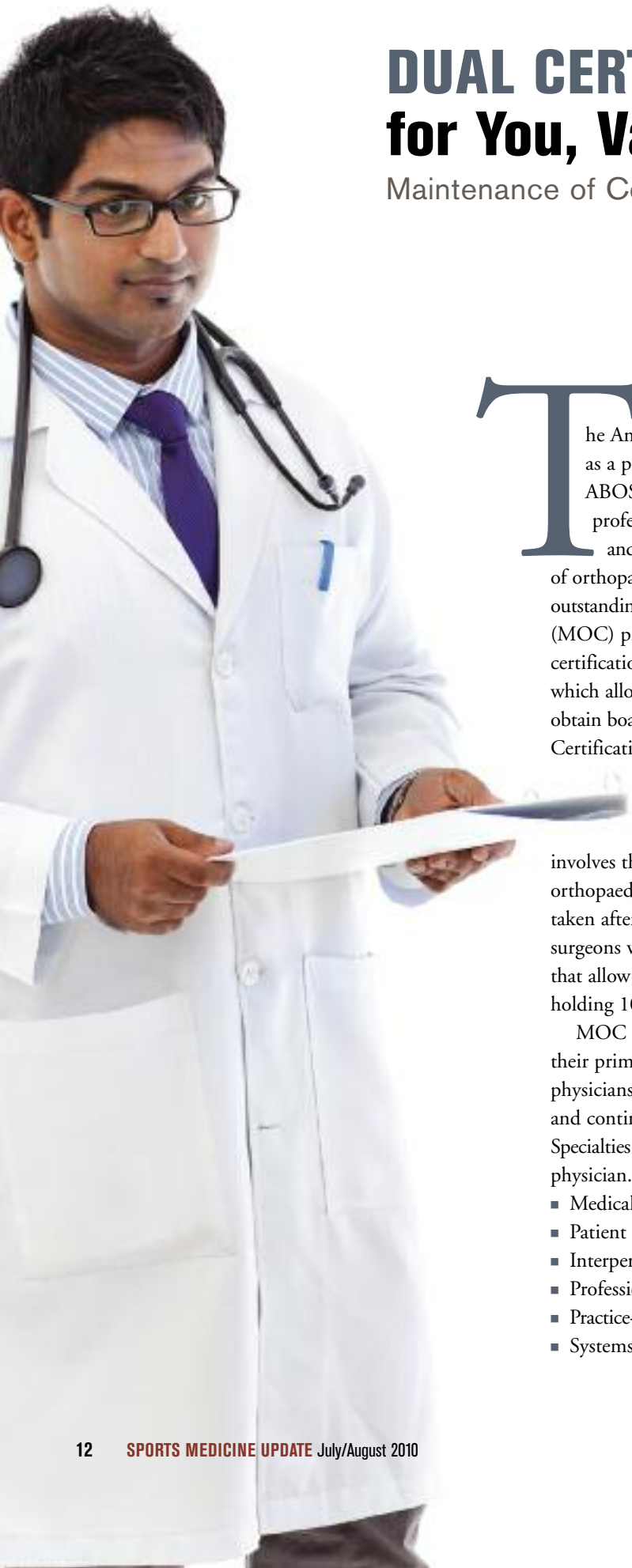
Dr. Jose Antonio San Juan

Dr. Jeffrey Tedjajuwana



Submit Your Idea for a 2011 Annual Meeting Instructional Course

AOSSM is currently accepting proposals for the AOSSM 2011 Instructional Courses being held at the Manchester Grand Hyatt in San Diego, California, July 7–11, 2011. Please visit the AOSSM Web site at www.sportsmed.org to submit a proposal online. You will need to provide your course title, course objectives, and faculty suggestions and course description. Submission deadline is August 31, 2010. Any questions can be directed to Patricia Kovach at pat@aossm.org.



DUAL CERTIFICATION—Valuable for You, Valuable for the AOSSM

Maintenance of Certification and Subspecialty Certification

BY DAVID F. MARTIN, MD
CHRISTOPHER D. HARNER, MD
SHEPARD R. HURWITZ, MD

The American Board of Orthopaedic Surgery (ABOS) was founded in 1934 as a private, voluntary, nonprofit, autonomous organization. The goals of ABOS include "serving the best interests of the public and of medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and knowledge of orthopaedic surgeons." Two recent developments in ABOS processes offer an outstanding opportunity for AOSSM members: the Maintenance of Certification (MOC) program which allows orthopaedic surgeons to maintain their board certification in 10-year cycles and the Subspecialty Certification (SSC) process which allows orthopaedic surgeons to demonstrate additional qualifications and obtain board certification in the field of orthopaedic sports medicine. This Dual Certification option enhances the subspecialty of orthopaedic sports medicine and is valuable for individual surgeons, for the educational process of our fellows, and for the AOSSM.

The initial pathway to board certification in orthopaedic surgery involves the Part I Written Examination, taken after the completion of an orthopaedic surgery residency program, and the Part II Oral Examination, taken after two years in the practice of orthopaedic surgery. Orthopaedic surgeons who successfully navigate the application and credentialing processes that allow them to sit for and pass those two examinations become Diplomates, holding 10-year certificates in orthopaedic surgery ("Board Certified").

MOC is the process through which diplomates of the ABOS can maintain their primary certificate in orthopaedic surgery. It is a method that allows physicians to document that they are maintaining the necessary competencies and continue to provide quality patient care. The American Board of Medical Specialties (ABMS) has defined the general "competencies" of a competent physician. These include:

- Medical knowledge
- Patient care
- Interpersonal and communication skills
- Professionalism
- Practice-based learning and improvement
- Systems-based practice.

The ABMS has identified four of these components as necessary in the MOC process. These components are:

- Evidence of Professional Standing
- Evidence of Life-long Learning and Self-Assessment
- Evidence of Cognitive Expertise
- Evidence of Performance in Practice

The ABOS MOC program was developed with input from an AAOS/ABOS Task Force with the goal of compliance with ABMS requirements, representing the interests of the public, and offering a quality improvement model for ABOS Diplomates. The ABOS satisfies each piece of the MOC puzzle in the following ways:

I. **Evidence of Professional Standing**
   - Licensure Status
   - Admitting Privileges

II. **Evidence of Life-long Learning and Self-Assessment**
   - Continuing Medical Education
   - Self-Assessment Exams

III. **Evidence of Cognitive Expertise**
   - A Secure Examination (Computer or Oral)

IV. **Evaluation of Performance in Practice**
   - Case List Submission
   - Peer Review

This process has been developed by orthopaedic surgeons for orthopaedic surgeons and the ABOS is committed to continuing to review and refine the process to make it value-added to practicing orthopaedic surgeons. The ABOS will continue to look for new resources that assist orthopaedic surgeons in navigating the MOC process and improving quality of care. MOC allows orthopaedic sports medicine physicians the ability to maintain orthopaedic board certification—the first essential piece of dual certification—and a designation available to only two subspecialty groups in orthopaedics: hand surgery and sports medicine.

Subspecialty Certification

The subspecialty certification process involves an online application with submission of a hard copy signature page accompanied by appropriate letters of recommendation. Candidates also submit an online list consisting of all sports medicine cases in a one year period, with a minimum of 125 cases (at least 75 arthroscopic cases and at least 10 non-surgical cases). The list is limited to cases that "treat injuries or conditions that are related to or interfere with exercise, sports participation or a physical lifestyle." A list of acceptable CPT codes is available on the ABOS Web site, www.abos.org.

The initial requirement window with regards to cases and fellowship completion has been kept wide. As we continue to obtain case list data, the acceptable CPT code list will be modified. Through 2011, no fellowship requirement exists. After the 2011 examination, candidates will be required to have completed an Accreditation Council on Graduate Medical Education (ACGME) accredited Sports Medicine Fellowship to sit for the examination. The application for that last exam not requiring an accredited fellowship will be available on the ABOS Web site in August 2010 and will be due in March 2011. This five year "grandfather" period is an opportunity for those sports medicine physicians who did not complete a fellowship to demonstrate their sports medicine prowess and expertise. This process will improve patient care and add value to a sports medicine practice.

In the coming years, dual certification in orthopaedic surgery and orthopaedic sports medicine will provide value-added benefits to sports orthopaedic surgeons. This opportunity is one that should not be missed! The subspecialty certification process will be linked to the MOC process so that both orthopaedic surgery certification and orthopaedic sports medicine certification will be combined. In other words, a surgeon will be able to renew both certificates with a single application/examination.

Throughout the last three years, the ABOS has conferred Subspecialty Certification in Orthopaedic Sports Medicine to 1,140 highly qualified individuals. Those surgeons comprise a varied and talented group—in terms of age, practice type, background, and geography. But they do have one valuable thing in common: dual certification. If you are one of those individuals, congratulations! If you are involved in the process, good luck! If you are not, consider it! And if you are not involved and have not completed an accredited fellowship, your "grandfather" period is ending next year and you need to begin the application process now! Dual Certification—good for you, good for your patients, good for your practice, and good for our subspecialty.

AFTER THE 2011 EXAMINATION, candidates will be required to have completed an Accreditation Council on Graduate Medical Education (ACGME) accredited Sports Medicine Fellowship to sit for the examination.

Join the STOP Sports Injuries Movement—Become an Official Supporter

The STOP Sports Injury campaign continues to gain speed and now we need your help to spread the word even further.

Visit the website at www.STOPSportsInjuries.org and click on the "About" tab and then "Additional Supporters" to fill out the simple online form to have your practice, institution, sports organization or sports league listed on the site as an official supporter. Once we get your agreement, you can also post a specialized logo and link on your site for increased awareness. If you have questions or need additional information, please send an e-mail to Lisa Weisenberger, Director of Communications at lisa@aossm.org

AOSSM would also like to thank Depuy Mitek, Smith & Nephew and new champion level supporter, Arthrex for their support of the STOP Sports Injuries campaign.

STOP SPORTS INJURIES

Get involved and help us spread the word about keeping kids on the playing field and out of the operating room! Send your stories or outreach efforts to Lisa Weisenberger at lisa@aossm.org.

Be sure to follow the latest developments of the STOP Sports Injuries campaign on Facebook and Twitter too!

STOP SPORTS INJURIES OFFICIAL SUPPORTING ORGANIZATIONS AND INSTITUTIONS

as of July 24, 2010

Dixie Softball, Inc.
Birmingham, AL

Association of Independent Camps (AIC)
Munford, AL

Youth Football Coaches Association

Athletic Republic
St. Louis, MO

Premier Physical Therapy
North Charleston, SC

University Orthopaedic Center
Hackensack, NJ

East Texas Orthopaedic Clinic
Longview, TX

USC Sports Medicine
Columbia, SC

Easton Orthopaedic Group
Bethlehem, PA

Santa Monica Orthopaedic & Sports Medicine Research Foundation
Santa Monica, CA

Western Orthopaedics & Sports Medicine
Grand Junction, CO

Northtown Orthopaedics
Amherst, NY

Henry Performance Lab
Lafayette, LA

High Performance Sports Medicine
Beverly, MA

Athlete Orthopedics and Sports Medicine
Bloomington, IN

Good Shepherd Medical Center
Longview, TX

College of New Jersey

Andrews Paulos Research & Education Institute
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Children's Hospital of Wisconsin
Milwaukee, WI

Henry Ford Hospital System
Detroit, MI

Henry Ford Health System
Detroit, MI

St. Vincent Hospital
Birmingham, AL

University of Michigan Bone and Joint Injury Prevention and Rehabilitation Center
Ann Arbor, MI

Exeter Hospital and Core Physicians
Exeter, NH

Nathan Littauer Hospital and Nursing Home
Gloversville, NY

National Cheer Safety

Pediatric Orthopaedic Surgeons of North America

California Athletic Trainers Association

Academy for Sports Dentistry
Gloversville, NY

FOUNDING MEMBERS OF THE STOP SPORTS INJURIES CAMPAIGN

American Orthopaedic Society for Sports Medicine

American Academy of Orthopaedic Surgeons

American Academy of Pediatrics

American Medical Society for Sports Medicine

National Athletic Trainers' Association

National Strength and Conditioning Association

SAFE Kids USA

Sports Physical Therapy Section

AOSSM 2010 ANNUAL MEETING

Providence, Rhode Island | July 15–18

For the first time ever, AOSSM invited members to Providence, Rhode Island for our Annual Meeting and the end result was a huge success. With more than 1,400 attendees, the meeting proved to be one of the largest ever.

Attendees were in for a unique educational experience from the very start with the pre-conference surgical skills course taking place on Wednesday, July 14. More than 125 individuals joined co-chairs Frederick M. Azar, MD, Felix H. Savoie III, MD, Annunziata Amendola, MD, and Stephen S. Burkhart, MD, for a series of live surgical demonstrations on the latest sports medicine techniques from the world leaders in the field. The pre-conference was jointly sponsored by AOSSM and ISAKOS.

Also, on Wednesday, the Sports Physical Therapy Society (SPTS) and AOSSM held their combined session with more than 70 attendees. One of the highlights of the meeting was Dr. Barbara Hoogenboom's discussion on ACL injuries in women and how they can be prevented. This hot topic provided interesting interactions between attendees.

The meeting began bright and early on Thursday morning with eight instructional courses on a variety of topics from surgical management of failed ACL surgery to stress

Continued on page 16

management for the sports medicine specialist. AOSSM President, James R. Andrews, MD and Program Chair, Neal S. ElAttrache, MD, welcomed everyone to the official start of the meeting and began the morning's session with an interesting discussion on the team physician and game time pain management. A variety of other topics were presented, including concussion, maintenance of certification, foot and ankle injuries and hip impingement.

During the business meeting on Thursday, new members were accepted and several individuals confirmed as new additions to the Board of Directors, including:

- Christopher D. Harner, MD, Vice President
- David R. McAllister, MD, Under 45 Member at-Large
- Mark E. Steiner, MD, Over 45 Member at-Large
- James P. Bradley, MD, Secretary-Elect
- Annunziato Amendola, MD, Treasurer-Elect
- Andrew J. Cosgarea, MD, Chair, Education Council
- Constance R. Chu, MD, Chair, Research Council
- Daniel J. Solomon, MD, Chair, Communications Council
- John D. Kelley, IV, MD, new member, Membership Committee

The first day concluded with a wonderful welcome reception in the Rhode Island Convention Center, supported by Breg, Inc., with excellent food and drink for both the adults and children in attendance. Individuals were also treated to some interesting entertainment from a local magician and a specialist in origami.

Photos from the Annual Meeting are available for viewing at www.photographyg.com. Go to "View Your Event" in the lower right corner of the site and then click "AOSSM." Many photos of the scientific sessions, award presentations, and family fun are there for your enjoyment and to purchase.

Friday's session began with Moderator, Claude T. Moorman III, MD, overseeing the AMSSM exchange lecture on biologic therapies for tendon and ligament injuries by Kimberly G. Harmon, MD. Another interesting discussion occurred during the biologics symposium moderated by James P. Bradley, MD. Additional educational highlights for Friday included Dr. James E. Tibone's presentation on decision making for arthroscopic versus open repair for glenohumeral instability.

In addition, AOSSM inducted Robert P. Mack, MD, into the Hall of Fame and Dr. Andrews' presidential address, "Success in Your Sports Medicine Career with a Purpose Driven Life," highlighted how members can be successful in not only their practice but in life.

Members were on their own Friday afternoon to explore Providence and the nearby seaside towns of Newport and even Nantucket and Cape Cod. Some individuals decided to take in a round of golf at The Montaup Country Club for the 21st Annual Golf Tournament, sponsored by DJO. The tournament raised more than $10,000 for sports medicine education and research.

After a relaxing Friday afternoon, attendees packed the convention center Saturday morning for an engaging educational experience, including the Hughston, Herodicus and O'Donoghue research award presentations. (Complete details of the research awards can be found on page 8). One of the biggest highlights of the meeting occurred on Saturday, during Presidential Guest Speaker, Dale Brown's speech discussing his life philosophy, winning, and what leadership truly entails.

Following the speech, Champ Baker, Jr., MD, of the Hughston Clinic received the Robert E. Leach, MD, Mr. Sports Medicine Award, one of the Society's highest honors, for his outstanding career. Dr. Andrews and his wife, Jenelle, then presented the presidential medallion and pin to incoming President, Robert A. Stanton, MD, and his wife, Debby, signifying Dr. Stanton's induction as the 2010–2011 AOSSM President.

Awards were also given for outstanding posters to the following individuals:

- **1st Place ($750)** — "Effect of Medial Opening Wedge Proximal Tibial Osteotomy on Patellofemoral Contact" by Gregory J. Adamson, MD, Pooya Javidan, BS, Jennifer R. Miller, MD, Pierre Durand, Jr., MD, Patrick A. Dawson, MD, Marilyn Pink, PhD, MPT and Thay Q. Lee, PhD

Continued on page 17

- **2nd Place ($500)** — "Comparing the Effects of Lateral Meniscus Injury and Meniscectomy on Tibiofemoral Joint Mechanics In Vitro" by Diane Thi Tran, MD, Kanu Goyal, MD, Sam Dumpe, BS, Joon Ho Wang, MD, Madelyn O'Farrell, MS, Brandon Bryant, MD, and Christopher D. Harner, MD
- **3rd Place ($250)** — "Three Different Components of the Superior Labrum-Histoanatomical Study for the New Etiology of the Anterior SLAP Lesion" by Ryuzo Arai, MD, Masahiko Kobayashi, MD, Yoshinobu Toda, PhD, Takashi Miura, MD, PhD, Shinichiro Nakamura, MD, Takashi Nakamura, MD

The day ended with a magnificent event at WaterFire. This one-of-a kind event, sponsored by AOSSM and Biomimetic Therapeutics was an experience of all one's senses with fires being lit along the river, music playing and a variety of other activities for attendees and the public to enjoy. At the AOSSM tent, kids of all ages were entertained by the local puppets of Big Nazo, a button maker and finger print artist. A magnificent blue starfield sponsored by Smith & Nephew and numerous individual donations helped support the STOP Sports Injuries campaign.

The meeting concluded on Sunday with presentations on thrower's shoulder, injuries in young athlete, literature interpretation that can affect your practice and the NATA Exchange Lecture, given by Reed Ferber, PhD, on biomechanical factors associated with running-related injuries.

AOSSM would like to thank our sponsors and exhibitors for their ongoing Annual Meeting support. The next AOSSM Annual Meeting will be in San Diego, July 7–10. Join us for all of the sun, sand and fun.

The AOSSM Board of Directors thanks these committee members for their contributions to the Society's goals and mission. Their terms of service expired in July 2010.

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Walton W. Curl, MD
Kenneth E. DeHaven, MD
Edward M. Wojtys, MD

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Peter Jokl, MD
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Bradley J. Nelson, MD
David R. Diduch, MD
Richard D. Parker, MD
Champ L. Baker, Jr., MD
Bernard R. Bach, Jr., MD

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Publications
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Research
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Traveling Fellowship
Marc R. Safran, MD

2010 COUNCIL OF DELEGATES

Outgoing Delegates

Ferdinand J. Liotta, MD, Colorado, 2007–2010
Benjamin S. Shaffer, MD, Washington, D.C., 2007–2010
Thomas F. Murray, Jr., MD, Maine, 2007–2010
Thomas M. Matelic, MD, Michigan, 2007–2010
James W. O'Mara, Jr., MD, Massachusetts, 2007–2010
Brett W. Fischer, MD, Nebraska, 2007–2010
John A. Hurley, MD, New Jersey, 2007–2010
Robert C. Schenck, Jr., MD, New Mexico, 2003–2010
James S. Williams, Jr., MD, Ohio, 2007–2010
Kevin Hargrove, MD, Oklahoma, 2007–2010
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David M. Lintner, MD, Texas, 2003–2010
Jesse C. DeLee, MD, Texas, 2007–2010
James R. Slauterbeck, MD, Vermont, 2007–2010
John R. Green III, MD, Washington, 2003–2010
COL Joachim J. Tenuta, MD, MIL, 2007–2010
J. Robert Giffin, MD, FRCSC, Canada, 2005–2009

Incoming Delegates

Armando F. Vidal, MD, Colorado
Wiemi Douoguih, MD, Washington, D.C.
Stephen D. Katz, MD, Maine
Bruce S. Miller, MD, MS, Michigan
W. Todd Smith, MD, Massachusetts
W. Michael Walsh, MD, Nebraska
Raphael Longobardi, MD, New Jersey
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Christopher C. Kaeding, MD, Ohio
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Annual Meeting Awards 2010

Each year AOSSM presents several members with awards for service and outstanding dedication. This year's award winners include:

2010 Robert E. Leach, MD, Mr. Sports Medicine Award

This award honors an individual who has made a significant contribution to the world of sports medicine and includes a $5,000 donation to the winner's charity of choice. It is one of the top awards the Society presents each year. This year's recipient was: **Champ L. Baker, Jr. MD.**

Thomas A. Brady, MD, Community Service Award

This annual award is given to an individual who has dedicated himself or herself to community service. This year's recipient was: **O. Thomas Johns, MD.**

George D. Rovere Award

This annual award is presented to members who have made a significant contribution to orthopaedic sports medicine education. This year's recipient was: **Champ L. Baker, Jr., MD.**

Newest Member Inducted into 2010 AOSSM Hall of Fame

In 2001, AOSSM established the Hall of Fame to honor members of the orthopaedic sports medicine community who have contributed significantly to the specialty. This is the Society's highest accolade, reserved for only a select few individuals who are outstanding leaders in sports medicine. Nominations are submitted by AOSSM members and reviewed by and selected by the Hall of Fame Subcommittee. In November 2009 the AOSSM Board of Directors approved the addition of **Robert P. Mack, MD,** into the AOSSM Hall of Fame.

Camille Petrick Marks 20 Years with AOSSM

During the 2010 Annual Meeting, the AOSSM leadership recognized the service of Camille Petrick, AOSSM Managing Director, who completed 20 years of service to the Society. As Managing Director, Camille's influence over day-to-day operations is instrumental to AOSSM's success and makes her a trusted executive to the Board of Trustees, an indispensable advisor to and collaborator with the executive director and a source of direction and support to staff. Her expertise and perspective transcend nearly every facet of the Society's activities and allow her to fulfill her many responsibilities with unparalleled efficiency and grace. AOSSM thanks Camille for her service and commitment, and we look forward to many years of her continued leadership. Those who have had the benefit and pleasure of working with Camille are encouraged to send her a note of appreciation to Camille@aossm.org.

The Society strives to provide you with the best educational experience possible. You will receive an e-mail from the Society asking for your comments on the meeting and how we can improve for next year. Please be sure to take a few minutes to fill this evaluation out, so we can continue to make our meetings the best in sports medicine. You should also be receiving an email from the Society regarding your CME credit by the end of August. Thank you!

Ski Safety Pioneer, Robert P. Mack, MD, Inducted into AOSSM Hall of Fame

Sports medicine leader and ski safety pioneer, Robert P. Mack, MD, was inducted into the AOSSM Hall of Fame, Friday, July 16 during our Annual Meeting in Providence, Rhode Island.

Robert P. Mack grew up in Canton, Ohio, where he graduated from Canton-McKinley High School. He graduated from Princeton University in 1957 and attended Case Western Reserve University (CWRU) Medical School, completing his orthopaedic training at University Hospitals in Cleveland, Ohio in 1966. Dr. Mack served two years in the U.S. Air Force in Bitburg, Germany as Chief of Orthopaedic Surgery at the 36th TAC Hospital. He returned to Cleveland, Ohio in 1968 as an Assistant Professor of Orthopaedics at CWRU and became Chief of Orthopaedics at Metropolitan General Hospital, where he was responsible for clinical care and residency training, a position he held until 1977. In 1972, he founded the Rainbow Sports Medicine Center at University Hospitals in Cleveland. In June, 1977, Dr. Mack moved to Denver, Colorado to join the Denver Orthopaedic Clinic in full time private practice and currently works with Orthopaedic Associates of Aspen and Glenwood Springs. He has contributed 24 publications and 133 presentations during his long orthopaedic career.

His laboratory research conducted in Cleveland resulted in the development of an internationally accepted device for testing ski bindings. Data from that research showed that not one of the existing ski bindings were safe. This resulted in the formation of the ASTM (American Society of Testing and Materials) F-8 Ski Safety Committee that established safety standards for ski bindings. The net result of this research was the virtual elimination of tibia fractures in alpine skiing.

Another unique program created and developed by Dr. Mack and Rainbow Sports Medicine Center was the establishment of a high school junior athletic trainer program where inner city schools were covered by sideline trainers for athletic injuries.

Dr. Mack joined AOSSM in 1974 and has served on multiple committees, including membership and Council of Delegates and as treasurer and member of the Board of Directors.

Dr. Mack's contribution as a team doctor is extensive, continuously covering multiple high school teams throughout his career. He served as team doctor for the Cleveland Crusaders/Barons from 1972–1977. Additionally, he served as an original member of the U.S. Ski Team Physician's Group from 1972–1985.

He and his wife Patty live in Carbondale, Colorado, and La Quinta, California, where they spend time with their three children and nine grandchildren.

Upcoming Meetings and Courses

AOSSM/AAOS Board Review Course
Chicago, Illinois
August 6–8, 2010

Advanced Team Physician Course
Washington, D.C.
December 9–12, 2010

AOSSM Specialty Day
San Diego, California
February 19, 2011

AOSSM 2011 Annual Meeting
San Diego, California
July 7–10, 2011

For more information and to register visit www.sportsmed.org and click on the "Education and Meetings" tab.

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