

Sports Medicine UPDATE

SEPTEMBER/OCTOBER 2010



**STOP Sports
Injuries Continues
Making Impact**

**Most Successful
Match Ever**

**Traveling Fellowship
Tours Announced**

PATELLA DISLOCATION





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Primary, Traumatic Patella Dislocation: Operative Indications

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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.

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Robert A. Stanton, MD

AOSSM'S OBJECTIVE IS STRAIGHTFORWARD—to provide a forum through which its members and the profession can succeed. The relationship by nature is symbiotic. Members contribute to common objectives, whether they involve education, research, communication, or governance. Those related activities in turn enable members to draw from our collective wisdom and efforts to function with greater success than otherwise would be possible. The results can be striking.

No example is more compelling than the Orthopaedic Sports Medicine and Arthroscopy Match, with 96 fellowship programs having signed up to offer 228 fellowship positions for the upcoming Match year. In 2005, the National Residency Matching Program (NRMP) dropped our match because fewer than 35 fellowship programs participated. After several years of frustration with an “open season” in fellowship selection, AOSSM, AANA, and the fellowship directors decided to institute a new match with significantly greater accountability. Today, 96 percent of all accredited programs—representing 98 percent of all accredited positions—participate in the Match. Moreover, 74 percent of all fellowship applicants in the Match received either their first or second choice in fellowship. While we must continue to strive to build upon this success, it is important that we stop and reflect on our remarkable achievement—an outcome that seemed truly impossible a few short years ago, and one that would not have occurred without our collective efforts.

Another example of successful collaboration is the upcoming Post-Injury Osteoarthritis (OA) Conference, chaired by Constance Chu, MD, to be held December 2–5, 2010, in New Orleans. The workshop is a follow-up to the first one held in 2008 in which AOSSM worked with the National Institutes of Health, Arthritis Foundation, industry and leading researchers to identify the critical components in OA research to investigate. The upcoming meeting involves the same organizational participants and will:

- Determine the state-of-the-art in multi-center OA research
- Determine the current and emerging outcome measures for this research
- Develop recommendations for study designs in this area

The success of this approach was further affirmed this past year by a generous commitment by Genzyme to provide AOSSM \$100,000 annually to support OA research. After 33 years in practice, post-injury OA is one of the most frustrating issues I face

daily. Athletes, young and old, all too often present with developing arthritis after an injury, occasionally associated with a successful surgical procedure. I can help them, but not cure them. The research that the AOSSM sponsors may change this. This conference fits with our strategic goal to be a world leader in research.

There are also two recent examples of professional collaboration under the auspices of AOSSM to further the education of our members. In August, more than 280 orthopaedic surgeons attended the 4th annual AOSSM & AAOS Review Course for Subspecialty Certification in Orthopaedic Sports Medicine, co-chaired by Augustus D. Mazzocca, MD, and Michael J. Stuart, MD. The co-chairs assembled more than 20 leading experts to provide in-depth talks on the entire range of sports medicine. The evaluations of the course are a testament to the contributions provided by these noted educators.

That same weekend, on the opposite side of Chicago, 28 other leading educators on the Self-Assessment Committee, under the direction of Tom DeBerardino, MD, gathered to review, refine, and assemble 125 test items that will comprise the 6th Self-Assessment Examination (SAE). For the uninitiated, test item development is a remarkably demanding task that requires the question writers and reviewers to be on top of their professional game. The quantity and quality of the AOSSM SAE would not be feasible without these individuals collaborating for all our benefit.

As president, I want to thank the hundreds of individuals who are actively involved with the above programs and so many more, because they have enabled our profession to enjoy a remarkable level of success. I hope that you, as members, reflect upon this success and look for opportunities to contribute and grow our profession and Society. AOSSM is your organization and I encourage you to participate in any and all ways you can.





PRIMARY, TRAUMATIC PATELLA DISLOCATION: OPERATIVE INDICATIONS

RICHARD Y. HINTON, MD, MPH

Director, Sports Medicine Fellowship,
Union Memorial Hospital
Assistant Professor, Johns Hopkins Institutes

Though controversial, the historical consensus has been to treat primary, traumatic patella dislocation in the athletic population non-operatively. With an increased appreciation of the anatomy and biomechanics of the medial patellofemoral ligament there is a growing interest in anatomic repair or reconstructive procedures for this condition.

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It seems intuitive to compare the treatment of acute patellar dislocations with acute shoulder dislocations which are often successfully treated with primary arthroscopic repair. However, the current literature is controversial and patella dislocators represent a complex population. To be successful, early surgical intervention will have to be tailored to the individual patient's risk factors, injury mechanisms, and sporting demands.

Traumatic primary patella dislocation is not benign. Despite directed rehabilitation, many patients continue to suffer recurrent instability, patellofemoral pain, and significant functional sporting disability. So does early surgical intervention improve their situation? Historically, no consensus exists concerning best surgical practices for patella instability. Many studies suffer from flawed methodology, mixing patient populations with regard to underlying pathology, gender, age, and risk factors. Furthermore, many previous studies poorly define outcomes, surgical techniques and lack standardization.

In an excellent set of epidemiologic studies, Atkins and Fithian et al^{2,8} have defined at least two populations of patients suffering patella dislocations: recurrent dislocators and first-time dislocators. The recurrent group represents patients with higher rates of patellofemoral dysplasia, lower extremity malalignment, multi-ligamentous instability and female predominance.

First-time dislocators had relatively normal knees which were subjected to valgus external rotation overload during



Acute, traumatic patella dislocation

high demand activities. These patients have significantly lower rates of recurrent instability and contralateral involvement. In his classic work, Runow¹² classified patella dislocators with regard to the presence or absence of generalized ligamentous laxity and patella alta. If both risk factors were present, instability presented at a younger age. Furthermore, contralateral involvement was higher, and recurrent dislocation rates were greater. However, if both risk factors were absent, then the age of onset was later, recurrence was lower, significant trauma higher, and the concurrent risk of osteochondral fractures greater. After a thorough review of the literature and clinical consideration, Hinton and Krishn¹¹ have suggested a classification of patella dislocators into two large groups based on patient characteristics, relative risk factor, and natural history: LAACS and TONES (see descriptions below).

LAACS

- L: Laxity, generalized and Lower-aged at initial dislocation
- A: Atraumatic in nature
- A: Abnormal patellofemoral architecture and Abnormal ligamentous laxity
- C: Chronic in nature, Contralateral involvement
- S: Sex dependent with greater number of females

TONES

- T: Traumatic, sports related mechanism
- O: Older at initial dislocation, Osteochondral fracture more common
- N: Normal patellofemoral architecture, Normal alignment
- E: Equal sex distribution
- S: Single occurrence, Single leg involvement

The TONES group more commonly includes patients with medial patellofemoral ligament (MPFL) disruption and concurrent osteochondral fractures; this may require arthroscopic intervention. However, this group tends to have significantly lower rate of recurrent instability. Yet, these patients are often athletic and even infrequent episodes of instability may be poorly tolerated. Prevention of future instability



Patella dislocation is often associated with higher energy mechanisms for TONES patients

may also decrease the risk of recurrent osteochondral fractures within this population.

We typically recommend non-operative management and activity modification for LAACS patients. However, these patients are more likely to develop recurrent instability without surgical intervention. But, the LAACS patient's instability episodes are not associated with the same consequences as those for the TONES patients. In LAACS patients, recurrent episodes of instability are less traumatic, result in fewer osteochondral fractures, less soft tissue disruption, and less disruption of daily routine. If surgery becomes necessary for LAACS patients, they typically will not do well with isolated MPFL repair. The native soft tissues are not robust and the extensor mechanism is often deficient. When surgery becomes necessary, these patients will often require both MPFL reconstruction and distal-based realignment. These can be complex, difficult and extensive surgeries.

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Anatomy and Biomechanics

The medial patellofemoral ligament is an hourglass-shaped ligamentous structure running transversely from the posterior part of the medial epicondyle/adductor tubercle area towards the superior medial patella. Though present as a distinct structure, the ligament varies greatly in structure and size. The MPFL is located within layer two of the medial knee soft tissues and its femoral attachment is intimately associated with the adductor tendon and superficial medial collateral ligament. It has attachments to the underside of the Vastus Medialis Obliquus (VMO) and the quadriceps tendon toward its patella insertion. The MPFL is the primary soft tissue stabilizer to lateral patella displacement. It primarily works in the functional range of early flexion prior to engagement of the patella to the trochlea.

Imaging and anatomic studies have found the MPFL to be routinely injured at the time of an acute lateral patella dislocation. Disruption appears to be most common at the femoral origin but can take place anywhere along the ligament's length or in multiple locations. The pattern of disruption may have functional consequences with regard to long-term outcomes and surgical intervention.

In a recent study analyzing the injury pattern to the MPFL with acute lateral dislocation, Balcarek et al³ found the MPFL injured in 99 percent of patients. Complete tears were present in 51 percent, with partial tears in 49 percent. Injury to the femoral attachment, mid substance, and patella attachment were found in 50 percent, 14 percent, and 14 percent respectively. Combined injury locations were noted in 22 percent of patients. Sillanpaa et al¹⁵ reported similar results in 53 acute lateral dislocators and reported femoral attachment involved in 35 of 53, mid-substance 11 of 53, and patella insertional involvement in 7 of 53. These 53 patients were treated with a non-operative treatment program and patients with a femoral insertional injury had significantly higher rates of re-dislocation and lower rates of functional ability compared to those with mid-substance or patella insertional injuries.

Balcarek et al⁴ have also reported similar patterns of MPFL injury in adolescent acute dislocators. In their study, 91 percent of adolescents suffered MPFL injuries at the femoral origin, combined, mid-substance or patellar origin (in 40 percent, 35 percent, 15 percent, and 10 percent respectively). These studies highlight the need to obtain an MRI in acute dislocators, if surgical intervention is considered to help focus the acute repair at the appropriate anatomical site.

Current Literature

The current literature on acute lateral patella dislocation is controversial. Small case series lacking controls report on successful early surgical repair, but larger randomized prospective studies have often shown no significant advantage of surgical versus non operative care. Unfortunately, many of these large studies have had significant methodological flaws mixing patient populations and using surgical interventions. Camanho et al⁵ reported significantly decreased recurrent dislocations and higher functional scores in 33 randomized

patients undergoing acute, site-specific suture or suture anchor repair of the MPFL compared to non-operative care. In eight patients undergoing acute femoral side MPFL repair after lateral dislocation, Ahmad et al¹ reported no recurrent dislocations and a 86 percent return to pre-injury activity levels. Nikku¹³ reported no difference in surgical versus non operative care in a group of 127 randomized acute lateral dislocators. However, this study included a mixed group of risk factors and non-standardized surgical interventions.

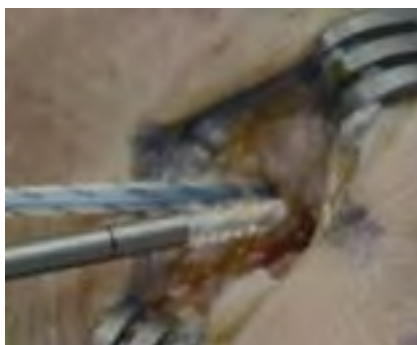
In a large, randomized group of military recruits, Sillanpaa¹⁶ reported that compared to nonoperative care, arthroscopic medial retinacular repair did not result in improved patella stability, functional status or prevention of recurrent dislocation. However, in a similar patient population the same authors reported that an open anatomic-based MPFL repair did yield lower redislocation rates.¹⁶ Christiansen et al⁷ found no difference in outcomes between operative and non-operative re-dislocation rates in acute lateral dislocators when comparing delayed femoral side MPFL repair versus non-operative care. However, their technique included suturing which was placed "more anterior" in the femoral insertion. Camp et al⁶ had previously showed anterior misplacement of MPFL repair to be a primary cause of failure in recurrent patella dislocators. Nam⁹ reported no significant improvement in re-dislocation or subjective outcomes in a group of adolescent dislocators treated with surgery. However, many of these subjects had significant patellofemoral dysplasia and other predisposing LAACS type risk factors.

Current Treatment Suggestions

The appropriate treatment of acute traumatic patella dislocation continues to evolve. Treatment must include a consideration of each individual patient's risk factors and sporting demands. From a review of the current literature, some suggestions can be made:

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- MRI should be considered in all acute patella dislocators especially in TONES type patients. Osteochondral/chondral fractures are common in this group and are often missed on plain films. If acute surgical intervention is considered, MRI plays a significant role in localizing the area of injury and the degree of disruption.
- Acute medial patellofemoral ligament repair must be site-specific and anatomic. Medial reefing in a chronic situation may be successful in tightening up a lax, healed MPFL.



Dual loaded anchor fixation for patella insertional repair

- Femoral avulsion injuries of the MPFL may warrant early operative intervention since outcomes appear to be worse compared to intra-substance or patellar insertional site injuries. Special attention should be given to anatomic repair of the MPFL which is relatively posterior on the femur.

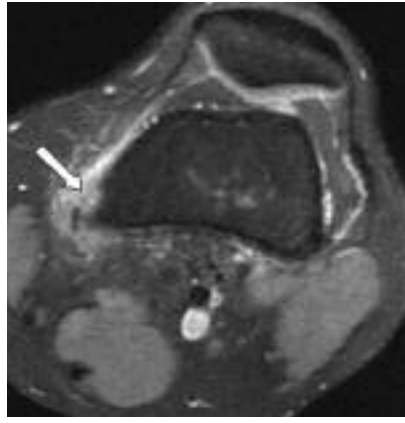


Femoral attachment site MPFL



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- LAACS type patients do not do well over the long-term with acute medial patellofemoral ligament repair alone.^{14,10} These patients will often require combined reconstruction procedures to augment insufficient tissue combined with distal realignment to address underlying architectural problems.
- Anatomic, acute repair of a disrupted medial patellofemoral ligament may decrease the risk of recurrent dislocation in TONES patients and may be considered in the athletes in which recurrent dislocation may present significant disability. This is more likely still if femoral attachment disruption is documented by MRI.



Femoral insertion site injury of MPFL

Summary

Patellar dislocators fall into two large groups: TONES and LAACS. For

TONES patients, the primary issue is MPFL overload in an otherwise relatively normal knee. The MPFL is the primary soft tissue stabilizer to lateral patellar dislocation and is routinely injured with dislocation episodes. Injury at the femoral origin of the MPFL appears to result in higher rates of re-dislocation and functional disability. Although TONES patients have lower rates of repeat instability, site-specific repair of the MPFL addresses the primary underlying pathology and may be considered to decrease sporting downtime with future instability events and prevent osteochondral injury with future instability episodes.

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STOP SPORTS INJURIES

Continues to Expand and Excite



New Resources Available

The STOP Sports Injuries campaign has been busy adding new resources to the Web site, www.STOPSportsInjuries.org, including downloadable public service announcements and tip sheets on hockey, golf, and lacrosse. Other new additions coming this fall include tip sheets on rowing, wrestling, figure skating, skiing/snowboarding, and martial arts. Our new blog written by members, organizational supporters, and parents was also recently launched and hopes to provide additional resources and insights. Don't forget to become a fan and follower of STOP Sports Injuries on Twitter and Facebook! If you have questions, suggestions or need more information, please contact Lisa Weisenberger at lisa@aossm.org.

Supporter Activities

Nathan Littauer Hospital

Institution supporter, Nathan Littauer Hospital, in upstate New York has been taking the STOP Sports Injuries message to the practice field and the classroom. They recently partnered with the local school district, Perth Broadalbin, to announce their participation in the campaign and the importance of injury prevention during a press conference on August 25. The event was a pre-cursor to their youth sports safety clinic that was held mid-September. Both events garnered significant local media attention, including front page stories in the area newspapers and hits on the nightly news. The hospital will be working with



William Oates, MD, sports medicine and rehabilitation team director for Nathan Littauer and STOP Sports Injuries liaison, speaks during press conference.

the school district and local community to provide a year-long educational endeavor related to youth sports injury prevention. "With our medical team, we are fully committed to help our area's youth as they participate in the sport of their choosing. With our region's love of sports we were compelled to take on this weighty, albeit largely unknown issue," explained Laurence E. Kelly, Littauer's CEO and President.

East Texas Rehabilitation Group, Longview, Texas

AOSSM member, Randy Williams, MD, has been working the radio talk show circuit and recently got the East Texas Radio Group (stations KOOI, KYKX, KOYE, KKUS) to publicize the campaign and add information and promotions to their Friday night high school football show. He also has been putting the posters and handouts up around the local communities he works with.

First State Orthopaedics

AOSSM member, Dr. Randeep Kahlon, recently scored a new partnership with seven different Delaware YMCAs. He is helping to coordinate prevention and treatment talks with different physicians around the area as part of the "STOP Sports Injuries Night at the Y." "It should be a great turnout and a good PSA done in person," said Kahlon.

Get Your Practice, Sports Organization or Hospital Involved

You can also easily get involved in the campaign by becoming an official supporter. Simply fill out the online form under the Join Our Team tab and submit your sporting organization, hospital/institution, or practice information and then e-mail a bio and logo to lisa@aossm.org. We will then add your information to the site and you will have access to a specialized logo to place on your Web site, utilize in presentations, events or other materials. Visit the Web site today to download the agreement and become a supporter!

Arthrex Joins Campaign

The campaign is pleased to announce a new supporter in the fight against youth sports injuries, Arthrex. The organization has committed to provide \$250,000 over the course of the next five years. We appreciate their support and look forward to a long partnership.



AOSSM Members Needed for Young Pitchers Studies

AOSSM launched 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, please email AOSSM Director of Research, Bart Mann at bart@aossm.org.

RESEARCH AWARD DEADLINES

AOSSM Research Award Deadline
November 1, 2010

Young Investigator Grant and Sandy Kirkley Clinical Research Grant Application Deadline
December 1, 2010

For more information and to submit applications visit, www.sportsmed.org and click on "Research."



MEMBERSHIP APPLICATION DEADLINES

**Active, Associate and
Affiliate Membership**
November 1, 2010

**Upgrade to Active or
Associate Membership**
November 15, 2010

Candidate Membership
December 15, 2010

For more information or membership applications, visit www.sportsmed.org, e-mail Debbie Turkowski at Debbie@aossm.org, or call the Society office at 847/292-4900.



Don't Forget to Meet Your Attendance Requirements!

Did you miss the fun in Providence? Just a reminder, that Active and Candidate members must attend one meeting every four years in order to fulfill AOSSM's membership requirements. Can't remember the last meeting you attended? This information is just a click away by logging onto the Society's Web site at www.sportsmed.org and visiting the My AOSSM page. You can also call the Society office at 847/292-4900 to check on your past meeting attendance.

Candidate Members Receive FREE "Starter Package," Including Application Fee and First Year Membership Dues

For the fifth consecutive year, **Ossur**, has generously underwritten the AOSSM Candidate Member Starter Package for all fellows in ACGME-accredited sports medicine fellowships. This grant underwrites the \$150 membership application fee as well as first-year Society dues of \$250 for all sports medicine fellows in accredited programs who apply for candidate membership.

Interested fellows must submit their Candidate membership application and Candidate reference forms by **December 15, 2010**. Society staff will review the application and ensure the application has met all requirements. Applicants that meet the December 15, 2010, deadline and Candidate membership requirements will begin immediately receiving the following benefits:

- Complimentary registration for the AOSSM Annual Meeting
- Complimentary subscription to *The American Journal of Sports Medicine*
- Complimentary subscription to *Sports Health: A Multidisciplinary Approach*
- Complimentary subscription to the Society's newsletter, *Sports Medicine Update*
- Discounted registration fees for AOSSM-sponsored meetings and products
- Access to the "Members Only" features on the Society's Web site, www.sportsmed.org.

If you haven't yet taken advantage of this opportunity and wish to do so, please contact Debbie Turkowski, Manager of Member Services at Debbie@aossm.org.



AOSSM thanks Ossur for their support of sports medicine fellows.



New Search Capabilities at the AOSSM Online Library

If you haven't visited the AOSSM Online Library lately, check it out! You can search the AOSSM's educational resources quickly and efficiently with our improved search. Need an image for an upcoming presentation? Download the perfect image from the image library. Visit www.sportsmedlibrary.org today.

GOT ENOUGH CME Credit?



Maintenance of Certification™ (MOC) is the process through which Diplomates of the American Board of Orthopaedic Surgery (ABOS) can maintain their primary certificate in orthopaedic surgery. The MOC process requires documentation of a minimum of 20 credits of Category 1

CME credits obtained for completion and scoring of self-assessment examinations (SAE) during a three-year cycle.

AOSSM has developed the print version of the Self Assessment and Board Review Version 5 to help you fulfill this MOC requirement. The print version of the AOSSM Self Assessment and Board Review contains 125 questions on eleven areas of orthopaedic sports medicine topics. Participants complete the answer sheet and submit their answers. Once the answer sheet is submitted it is scored and recorded. The participant will receive a report noting responses to each question and a comparative report that notes scores on each area in comparison to others who have submitted their Self Assessment responses. The participant will also obtain the Preferred Response and Answer booklet and a CME certificate for up to 12 *AMA PRA Category 1 CME™* credit once completed.

To order the print version of the Self Assessment and Board Review Version 5 visit www.sportsmed.org and click on the "Education and Meetings" tab.

CME for *AJSM* Current Concepts Articles Available

Readers are now able to earn journal-based CMEs through *AJSM*. Each month there will be a Current Concepts article eligible for 1 *AMA PRA Category 1 Credit™* once the appropriate pre- and post-tests have been completed. All *AJSM* subscribers can receive two complimentary journal CME opportunities. Thereafter, the cost will be \$15 per *AMA PRA Category 1 Credit™*. For more information visit www.ajsm.org.

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New Sports Medicine Resource Available

The newest, most comprehensive and accessible resource available, *The Encyclopedia of Sports Medicine*, presents state-of-the-art research and evidence-based applications from Sage Publishing, the publisher of the *American Journal of Sports Medicine* and *Sports Health: A Multidisciplinary Approach*. The four-volume work, edited by Lyle J. Micheli, MD, is broad ranging, covering all aspects of sports medicine with perspectives from the medical, behavioral, social sciences and physical education perspectives. Pre-order your copy today by visiting www.sagepub.com.

2011 Annual Meeting Abstract Deadline Approaching

Be sure to submit your abstract for the 2011 AOSSM Annual Meeting in San Diego. The deadline for submissions is November 15. Visit www.sportsmed.org and click on abstracts for details and requirements. At the time of submissions all clinical human studies must have approved IRBs and all animal studies must have approved IACUCs in order to be considered for inclusion in any AOSSM educational program.



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New Additions and Changes at AOSSM

Janisse Selan, Senior Advisor of CME Programs

After the shortest retirement ever, Janisse (Jan) Selan former Director of Education, has decided to return to AOSSM as the Senior Advisor for CME programs. She will be assisting with the development of our education programs, including the Annual Meeting and Specialty Day. Please join us in welcoming Jan back.

Susan Brown Zahn, PhD Director of Education

Susan has agreed to serve as the new AOSSM Director of Education and will continue to work on distance learning programs for the Society as well as oversee all educational programming. Her background in education and technology development will serve the Society well. Congratulations to Susan on her new position.

Got News We Could Use? *Sports Medicine Update* Wants to Hear from You!

Have you received a prestigious award recently? A new academic appointment? Been named a team physician? AOSSM wants to hear from you! *Sports Medicine Update* welcomes all members' news items. Send information to Lisa Weisenberger, AOSSM Director of Communications, at lisa@aossm.org, fax to 847/292-4905, or contact the Society office at 847/292-4900. High resolution (300 dpi) photos are always welcomed.

NAMES IN THE NEWS

Dr. Jack Vander Schilden Honored at UALR



The second annual “SpectacUALR” event presented by Windstream Communications will honor, AOSSM member, Jack Vander Schilden, MD, on October 14 for his 25 years of service as team physician to the University of Arkansas at Little Rock (UALR). A 2003 inductee into the UALR Athletic Hall of Fame, Dr. Vander Schilden begins his 26th year with the program in 2010–11 and has donated countless hours to the care of Trojan student-athletes. He has been involved with UALR since joining the University of Arkansas for Medical Sciences in 1985, and currently serves as the Jackson T. Stephens Distinguished Professor in the Department of Orthopedic Surgery at UAMS. “Dr. V’s contributions to the University for the past 25 years have been immeasurable. His care and concern for the student-athlete is very special,” said UALR Director of Athletics Chris Peterson. “UALR has been extremely fortunate to have Dr. V as a friend.” The evening will feature unique silent and live auction items with all proceeds directly impacting UALR’s current student-athletes.



AOSSM Founding Member, Harry H. Kretzler, Jr., MD, Passes Away



Dr. Kretzler was born on May 16, 1925, to Edna and Harry Kretzler, Sr. of Edmonds, Washington. He passed away on July 5, 2010, after a short illness. He graduated from Edmonds High School, and then the University of Washington after serving in the Navy. He went on to graduate from the University of Pennsylvania Medical School, and completed his orthopaedic specialty training at the University of Washington. He practiced orthopaedic surgery for approximately 50 years, primarily at Northwest and Stevens Hospitals. He was a member of the American Academy of Orthopedic Surgeons and a founding member of the AOSSM. He was an accomplished woodworker, and also enjoyed golf, skiing, and other sports; as well as a Boy Scout leader for five years. In his later years, he and his wife traveled the world. He is survived by his wife of 57 years, Jean, and by sons Mike (Judy), Jon (Virginia), and Tom (Karen), daughter, Barbara (Chuck Harwood), and eight grandchildren. He will be greatly missed by all of his colleagues, friends and family.



AOSSM Traveling Fellowship Tours Announced for 2011

Applications now being accepted

Spring AOSSM/SLARD Tour



Dr. Walton
W. Curl

For the Spring SLARD tour, the Godfather will be former AOSSM President, Walton W. Curl, MD, from Winston Salem, North Carolina. Dr. Curl will lead a contingent of three young fellows to Latin America from approximately April 19 to May

18, 2011. This year's sites will include Mexico City, Mexico; Bogota, Colombia; Buenos Aires and Rosario, Argentina; Santiago and Puerto Montt, Chile; Sao Paulo, Brazil and conclude in Rio de Janeiro, Brazil at the ISAKOS Congress.

Fall AOSSM/APOSSM Tour



Dr. Champ L.
Baker, Jr.

The Fall tour will be to the Asia Pacific and led by former AOSSM President, Dr. Champ L. Baker, Jr. from The Hughston Clinic. The tour will start in Los Angeles on or about September 17 and continue to Manila, Jakarta; Sydney and Melbourne, Australia; Auckland, New Zealand and then finish at the combined Australian Knee Society/New Zealand Knee Sports Surgery Society meeting on October 8, 2011, in Queensland.

If you are interested in applying for the fellowship you need to be:

- An orthopaedic surgeon currently practicing in North America
- Under 46 years of age
- Board certified
- Either an AOSSM member or have completed an accredited sports medicine fellowship
- Interested in fostering a meaningful exchange of scientific information, stimulate research, and develop friendships with sports medicine colleagues.

Download the requirements and application to become a Traveling Fellow at www.sportsmed.org, under quicklink "Traveling Fellowship." **All applications must be received no later than October 15, 2010.** For further information, please contact Debbie Turkowski at Debbie@aossm.org or by calling 847/292-4900.

AANA/AOSSM Fellowship Match

ORTHOPAEDIC SPORTS MEDICINE FELLOWSHIP MATCH 2011**Fellowship Match Most Successful Yet**

We are very pleased to announce that 96 programs (95 accredited) are confirmed to participate in the SF Match for a total of 228 positions! This is the highest turnout we have ever had. The updated SF Match system is now a "one stop shop" that allows fellows to access their CAS application, edit their program listing, manage applications (notes, scores, track interviews, e-mail), rank list submission and view match results. We are looking forward to another successful match day on April 12, 2011.

The list below includes all programs who will be participating in the Orthopaedic Sports Medicine Match for 2011. The Match, administered through the San Francisco Matching Program (www.sfmarch.org), provides an orderly, equitable selection process for applicants and fellowship programs. For the most current match information, please visit www.sportsmed.org/fellowships.

**3B Orthopaedic at Penn/
Penn Orthopaedics Program**

Arthur R. Bartolozzi, MD
Philadelphia, PA

Allegheny General Hospital Program

Patrick J. DeMeo, MD
Pittsburgh, PA

**American Sports Medicine Institute
Program - Andrews**

James R. Andrews, MD
Birmingham, AL

**American Sports Medicine Institute
Program - Lemak**

Lawrence J. Lemak, MD
Birmingham, AL

**Andrews/Paulos Research &
Education Program**

Lonnie E. Paulos, MD
Gulf Breeze, FL

**Aspen Sports Medicine
Foundation Program**

N. Lindsay Harris, Jr., MD
Aspen, CO

**Atlanta Sports Medicine & Cartilage
Reconstruction Fellowship Program**

Scott D. Gillogly, MD
Atlanta, GA

**Barton/Lake Tahoe Sports
Medicine Fellowship Program**

Keith R. Swanson, MD
Zephyr Cove, NV

**Boston University Medical
Center Program**

Anthony A. Schepsis, MD
Boston, MA

**Brigham & Women's Hospital,
Harvard Medical School**

Scott D. Martin, MD
Chestnut Hill, MA

Brown University Program

Paul D. Fadale, MD
Providence, RI

Children's Hospital (Boston) Program

Lyle J. Micheli, MD
Boston, MA

**Cincinnati SportsMedicine &
Orthopaedic Center**

Frank R. Noyes, MD
Cincinnati, OH

**Cleveland Clinic Sports
Medicine Program**

Mark S. Schickendantz, MD
Cleveland, OH

Congress Medical Associates Program

Gregory J. Adamson, MD
Pasadena, CA

Detroit Medical Center Program

Stephen E. Lemos, MD, PhD
Warren, MI

Doctors' Hospital Program

F. Harlan Selesnick, MD
Coral Gables, FL

**Duke Sports Medicine
Center Program**

Dean C. Taylor, MD
Durham, NC

**Emory University Orthopaedic
Sports Medicine Fellowship Program**

Spero G. Karas, MD
Atlanta, GA

Fairview/MOSMI Program

J. Patrick Smith, MD
Minneapolis, MN

**Fowler Kennedy Orthopaedic
Sport Medicine Program**

J. Robert Giffin, MD, FRCSC
London, ON Canada

Henry Ford Hospital Program

Patricia A. Kolowich, MD
Detroit, MI

Hospital for Special Surgery Program

Scott A. Rodeo, MD
New York, NY

**Indiana University School
of Medicine Program**

Arthur C. Rettig, MD
Indianapolis, IN

**Jackson Memorial Hospital/
Jackson Health Systems Program**

Lee D. Kaplan, MD
Miami, FL

**Kaiser Permanente Orange County
Program**

Brent R. Davis, MD
Irvine, CA

Kaiser Permanente San Diego Program

Donald C. Fithian, MD/
Edmond Young, MD
El Cajon, CA

**Kerlan-Jobe Orthopaedic
Clinic Program**

Neal S. ElAttrache, MD
Los Angeles, CA

Lenox Hill Hospital Program

Barton Nisonson, MD
New York, NY

**Long Beach Memorial Medical
Center Program**

Peter R. Kurzweil, MD
Long Beach, CA

**Massachusetts General Hospital/
Harvard Medical School Program**

Thomas J. Gill, IV, MD
Boston, MA

Mayo Clinic, College of Medicine

Michael J. Stuart, MD
Rochester, MN

**Mercy Hospital Anderson/University
of Cincinnati College of Medicine**

Robert S. Heidt, Jr., MD
Cincinnati, OH

**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**

Mark E. Steiner, MD
Boston, MA

**New Mexico Orthopaedic
Associates Program**

Anthony F. Pachelli, MD
Albuquerque, NM

**Northwestern University - McGaw
Medical Center Fellowship**

Michael A. Terry, MD
Chicago, IL

Continued on page 15

NYU Hospital for Joint Diseases

Orrin H. Sherman, MD
New York, NY

Ochsner Clinic Foundation Program

Deryk G. Jones, MD
Jefferson, LA

Ohio State University Hospital Program

Christopher C. Kaeding, MD
Columbus, OH

OrthoCarolina Sports Medicine, Shoulder & Elbow Program

James E. Fleischli, MD
Charlotte, NC

OrthoIndy Program

Jack Farr, II, MD
Indianapolis, IN

Orthopaedic Research of Virginia

John F. Meyers, MD
Richmond, VA

Panorama Orthopedics & Spine Center Program

James T. Johnson, MD, MPH
Golden, CO

Penn State Milton S. Hershey Medical Center Program

Wayne J. Sebastianelli, MD
State College, PA

Plancher Orthopaedics & Sports Medicine Program

Kevin D. Plancher, MD
New York, NY

Rush University Medical Center Program

Bernard R. Bach, Jr., MD
Chicago, IL

San Diego Arthroscopy & Sports Medicine Program

James P. Tasto, MD
San Diego, CA

Santa Monica Orthopaedic & Sports Medicine Group Program

Bert R. Mandelbaum, MD
Santa Monica, CA

SOAR Sports Medicine Fellowship

Michael F. Dillingham, MD
Redwood City, CA

Southern California Orthopaedic Institute Program

Richard D. Ferkel, MD
Van Nuys, CA

Sports Clinic Laguna Hills Program

Wesley M. Nottage, MD
Laguna Hills, CA

Sports Orthopedics & Spine Educational Foundation Program

Keith D. Nord, MD
Jackson, TN

Stanford Orthopaedic Sports Medicine Fellowship Program

Marc R. Safran, MD
Redwood City, CA

Steadman Hawkins Clinic - Denver

Theodore F. Schlegel, MD
Greenwood Village, CO

Steadman Hawkins Clinic of the Carolinas Program

Richard J. Hawkins, MD, FRCS
Greenville, SC

Steadman Hawkins Clinic Program

J. Richard Steadman, MD
Vail, CO

Taos Orthopaedic Institute Program

James H. Lubowitz, MD
Taos, NM

The Hughston Foundation Program

Champ L. Baker, Jr., MD
Columbus, GA

Thomas Jefferson University Program

Michael G. Ciccotti, MD
Philadelphia, PA

TRIA Orthopaedic Center Program

David A. Fischer, MD
Bloomington, MN

UCLA Medical Center Program

David R. McAllister, MD
Los Angeles, CA

UHZ Sports Medicine Institute Program

John W. Uribe, MD
Coral Gables, FL

Union Memorial Hospital Program

Richard Y. Hinton, MD, MPH
Baltimore, MD

University at Buffalo Program

Leslie J. Bisson, MD
Buffalo, NY

University of Arizona Program

William A. Grana, MD, MPH
Tucson, AZ

University of California (Davis) Program

Kirk J. Lewis, MD
Sacramento, CA

University of California San Francisco Program

Christina R. Allen, MD
San Francisco, CA

University of Chicago Program

Sherwin S. W. Ho, MD, BA
Chicago, IL

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 - Center for Athletic Medicine

Preston M. Wolin, MD
Chicago, IL

University of Iowa Hospitals & Clinics Program

Brian R. Wolf, MD, MS
Iowa City, IA

University of Kentucky Sports Medicine Program

Scott D. Mair, MD
Lexington, KY

University of Manitoba

Peter B. MacDonald, MD, FRCS
Winnipeg, MB Canada

University of Massachusetts Program

Brian D. Busconi, MD
Worcester, MA

University of Michigan Program

Bruce S. Miller, MD, MS
Ann Arbor, MI

University of Missouri at Kansas City Program

Jon E. Browne, MD
Leawood, KS

University of New Mexico

Daniel C. Wascher, MD
Albuquerque, NM

University of Pittsburgh Program

Christopher D. Harner, MD
Pittsburgh, PA

University of Rochester Medical Center Program

Michael D. Maloney, MD
Rochester, NY

University of South Florida

David Leffers, MD
Tampa, FL

University of Tennessee - Campbell Clinic Program

Frederick M. Azar, MD
Memphis, TN

University of Texas at Houston

Walter R. Lowe, MD
Houston, TX

University of Texas Health Science Center at San Antonio Program

Jesse C. DeLee, MD
San Antonio, TX

University of Utah Program

Robert T. Burks, MD
Salt Lake City, UT

University of Virginia Health Systems

David R. Diduch, MD
Charlottesville, VA

University of Wisconsin Hospitals & Clinics Program

John F. Orwin, MD
Madison, WI

USC Sports Medicine Fellowship Program

James E. Tibone, MD
Los Angeles, CA

Vanderbilt University Program

John E. Kuhn, MD
Nashville, TN

Virginia Hospital Center/Nirschl Orthopaedic Center/Georgetown University

Robert P. Nirschl, MD, MS
Arlington, VA

Wake Forest University School of Medicine

David F. Martin, MD
Winston Salem, NC

Washington University Program

Matthew J. Matava, MD
Chesterfield, MO

West Coast Sports Medicine Foundation Program

Keith S. Feder, MD
Manhattan Beach, CA

William Beaumont Hospital Program

Kyle Anderson, MD
Royal Oak, MI

Upcoming Meetings and Courses



Advanced Team Physician Course

Washington, D.C.
December 9–12, 2010
Advance registration closes
November 12, 2010.

AOSSM Specialty Day

San Diego, California
February 19, 2011

3rd Combined Meeting of the Japanese and American Orthopaedic Societies for Sports Medicine

Maui, Hawaii
March 26–29, 2011
Advance registration closes January 7, 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.

JOSSM and AOSSM Collaborate for Upcoming Meeting

AOSSM is collaborating 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 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. Robert Stanton, MD, AOSSM President noted, “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.”

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

CALL FOR PAPERS



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Medical Director of MedSport,
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