

Sports Medicine UPDATE

SEPTEMBER/OCTOBER 2011



**2011 Self
Assessment
Available**

**Sports Medicine
Match Successful
Again**

**Traveling Fellows
Report**

**PRE-PARTICIPATION
PHYSICAL
EVALUATION**



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 website 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.

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Peter A. Indelicato, MD

THIS SUMMER HAS BEEN FILLED with national economic and political discontent, but it has also provided me with a new appreciation for the value and benefit of a professional society like AOSSM. As scientists and clinicians, we frequently feel buffeted by the dysfunctional nature of government, institutions, and health care “systems,” but the Society provides a place where we can roll up our collective sleeves, work together, and accomplish something for our profession. Several examples come to mind:

Orthopaedic sports medicine fellowship selection at one point was arguably more dysfunctional than Congress. As of September 1, however, we have now completed our fourth year of program enrollment with 97 programs participating in the Match and offering 221 accredited positions. An impressive 97 percent of all functioning, non-military accredited programs are now in the Match. It is genuinely remarkable how the programs are working in a highly competitive environment for the collective good of programs and applicants. I applaud Match Oversight Committee chair, Peter Jokl, MD, and the Fellowship Committee Chair, Ned Amendola, MD, and all participating program directors and coordinators for their leadership and support.

This summer the Society released its sixth Self Assessment Exam (SAE) in seven years. After its completion, the SAE committee immediately launched into development of the seventh. Each exam is a remarkable undertaking that utilizes 29 committee members to work individually and then collectively over the better part of a year to develop, review and refine questions. Our consultants consistently are amazed at our track record since many other medical organizations find the process to be rife with individual and professional conflicts. As a result, we've been able to develop an extraordinary number of exams providing a deep reserve of test items that members can use for primary certification, subspecialty certification, and maintenance of certification. Thank you to committee chairs, Tom DeBerardino, MD, and Chris Kaeding, MD, for their leadership.

The same weekend that the Self Assessment Committee met in Chicago, 351 orthopaedic surgeons gathered on the other side of town for the AOSSM-AAOS Annual Review Course for Subspecialty Certification. As one of those who attended, I believe there is no better example of the depth and breadth of orthopaedic sports medicine or of the substance and quality of AOSSM's educational programs. Attendees received 2.5 days of intense instruction on every aspect of orthopaedic sports medicine, including primary care and research. Our co-chairs, David McAllister, MD, and Michael Stuart, MD, assembled a program and faculty to make this the premier review course in orthopaedic surgery and sports medicine.

Education, however, is predicated on a steady stream of good research, and AOSSM continues to attract the best basic science and clinical manuscripts for publishing in the *American Journal*

of Sports Medicine (AJSM) and *Sports Health: A Multidisciplinary Approach (Sports Health)*. This was recently affirmed by the new Thomson Reuters Journal Citation Report which lists *AJSM's* Impact Factor at 3.821 — the highest ever. *AJSM* now is second among all 61 indexed orthopaedic surgery journals and fifth among all 79 indexed sports science journals for articles cited in the last two years. Even more impressive, the 5 year ranking — a better measure of the importance of published articles over time — places *AJSM* first among all 61 orthopaedic journals. We clearly are indebted to Bruce Reider, MD, *AJSM* Editor-in-Chief, and Ed Wojtys, MD, *Sports Health*, Editor-in-Chief, for providing the thoughtful, balanced leadership that sets these publications apart. We're also pleased and grateful that the research community continues to find our journals to be the publications of choice for presenting their work and for reaching our professional community.

The best reflection of our professional community at work, however, is the AOSSM Annual Meeting, when we gather as colleagues and peers to share our discoveries, knowledge, and perspective that embody the profession. This was clearly demonstrated in San Diego in July, and I'm committed to ensuring that it will remain the case next summer when we gather in Baltimore. My program chair, Darren Johnson, MD, is already hard at work. The meeting will again feature an afternoon of live surgical demonstrations, focusing on the lower extremity. Lee Corso, the highly respected sportscaster, has agreed to serve as my presidential guest speaker, a not to be missed presentation. I just returned from a scouting trip to Baltimore to select venues for our many traditional functions. Baltimore will be a fun and functional host for both our professional and biological families to enjoy, so be sure to reserve July 12–15, 2012, on your calendars!

AOSSM is blessed to have bench-strength that enables our profession to grow. We are equally fortunate to have the collegiality that allows us to build on our respective strengths in a manner that benefits members and our profession. As president, I urge all of us to follow these examples of leadership and collaboration so we can continue providing a haven for professional growth and satisfaction.

Peter A. Indelicato MD



THE PRE-PARTICIPATION PHYSICAL EVALUATION AND CONDITIONS RESULTING IN DISQUALIFICATION FROM SPORTS

KENNETH FINE, MD
The Orthopaedic Center
Rockville, Maryland

The pre-participation physical evaluation (PPE) is a screening examination that is administered to athletes prior to beginning a sports season. Although a medical evaluation would be potentially beneficial prior to beginning any new athletic activity, formal PPEs are currently mandated specifically for school and collegiate interscholastic sports as well as most professional, national, and international sports. Most recreational and club sports organizations do not require PPEs and of course there are no requirements for informal recreational activities.

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Objectives of the Pre-participation Evaluation

Screen for life-threatening or permanent conditions

The most important function of the PPE is to screen for life-threatening conditions that could cause permanent injury or disability. Hopefully, by identifying athletes at risk, thoroughly performed PPEs will lower the incidence of death and permanent disability, either by excluding these athletes from participation or by requiring treatment of their conditions.

Screen for treatable or avoidable injuries

The PPE may also recognize conditions that might predispose an athlete to injury. By recognizing the problem, early treatment may be initiated which may prevent further injury. For example, recognition of an anterior cruciate ligament knee injury would result in a recommendation for surgical treatment which would reduce the risk of further knee injury. Medical conditions such as exercise-induced asthma or high blood pressure would also benefit from early recognition and treatment.

Opportunity for general medical interaction

For many athletes, the only interaction they may have with the medical profession is the PPE. The PPE provides an opportunity for a health professional to discuss medical issues with the athlete, including general health issues, lifestyle issues such as diet, smoking, drugs, alcohol, and sex, and allows the athlete a chance to ask any questions they may have. It is important to note that the PPE is not considered to be a thorough medical evaluation, but realistically, it may be the only opportunity for the athlete to interact with a medical professional. Many adolescents do not get yearly medical check-ups, as is recommended.

Logistics of the PPE

Most schools and colleges require PPEs, prior to the first year of participation. Also, national and international athletic

organizations, and most professional sports leagues, require PPEs. The exact requirements, including the frequency of subsequent PPEs, (yearly, every two years, or only before the first year of competition) vary among schools, states, and organizations.

The PPE may be performed by the athlete's primary care physician or by a coordinated medical team with stations for different parts of the exam.



Determination of Clearance

The majority of athletes are cleared for full participation after the PPE. Some athletes, however, will need further testing or evaluation by other specialists prior to clearance. It is very rare that an athlete is not cleared for participation. In these rare cases where participation is restricted, efforts should be made to find an alternative sport at which the athlete can participate. Sports may be categorized by degree of activity and degree of contact. Certain conditions will allow participation for certain categories of sport. For example, an athlete with a spine injury would not be cleared for tackle football but may be allowed to swim or run track.

Conditions That May Lead to Disqualification

Although rare, there are many conditions that may result in disqualification from some or all sports. The following are some examples of conditions requiring disqualification:

Cardiac

Because some heart conditions may be life-threatening, it is extremely important to investigate cardiac issues. Heart problems may be related to the electrical conduction system and may result in rhythm problem (dysrhythmias). Structural problems in the heart muscle or valves may produce sounds that can be heard by using a stethoscope. Most dysrhythmias and murmurs are benign

and do not preclude athletic participation. Factors that may indicate more serious conditions are a history of syncope with exercise or a family history of unexplained sudden death or known cardiac condition in a young close relative.

Neurological

Any injury that has affected the nervous system, such as a concussion or spine injury, must be thoroughly evaluated before an athlete is cleared for sports. Participation is never allowed until all symptoms have cleared. With some spine conditions, the athlete may be cleared for non-contact sports only.

Musculoskeletal

For many musculoskeletal injuries, the dictum "you can play if you can play" applies which means that an athlete can continue to play if they can function without any significant risk of serious injury. Continuing to play with certain injuries, however, may predispose an athlete to further injury. For example, stress fractures and ligament injuries

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in the knee should be treated before allowing athletic participation.

Infectious diseases

With most standard viral or bacterial illnesses, the athlete can resume play once they recover. In general, athletic activity should be avoided if there are symptoms below the neck, such as coughing, wheezing, or shortness of breath. For more serious illnesses, such as hepatitis or HIV, the athlete can play after the acute phases pass, if the athlete is asymptomatic. Because of the concern of transmission of serious infections to other players, universal precautions should always be employed, which means covering of all wounds and strict clean-up of any blood or body fluids.

Asthma, diabetes, and epilepsy

These conditions, if treated and well-controlled, do not preclude sports participation.

Loss or absence of paired organ

Loss of absence of a paired organ, such as an eye, kidney, testicle, or ovary, should be treated on an individual basis. Contact or collision sports may put the remaining well-functioning organ at risk, but this risk is very low.

Eating disorders

Any athlete may suffer from an eating disorder, but female athletes in endurance and performance sports such as cross country, gymnastics, figure skating, and dance are particularly susceptible.

The female athlete triad, which includes menstrual irregularities, disordered eating, and osteoporosis, is a syndrome that is a well-described syndrome. If an eating disorder is suspected, athletic participation should be suspended until the condition is properly treated.

Sickle Cell Trait

Athletes with sickle cell trait (one normal hemoglobin gene and one abnormal gene) can be cleared for all sports. Although controversial, some data suggest that extra precautions should be taken regarding proper hydration, avoiding altitude illness, and avoiding heat illness.

Screening Tests

Besides the PPE, there are no agreed-upon screening tests for sports participation. There have been controversial recommendations for pre-participation EKGs, echocardiograms, blood tests including sickle cell trait, ferritin and hemoglobin (for anemia), and urinalysis. Of course, if a potential issue is raised during the PPE, certain tests will then be indicated.

Summary

The PPE assesses the safety of athletes to participate in their chosen sport. Although pre-participation screening is important, much research is needed to improve our ability to accurately detect potentially dangerous conditions in athletes. A standardized PPE is a possibility in the future.

For more information on PPEs, the latest PPE monograph, and to download forms for assessments, visit the AOSSM website and click on “Medical Professionals” then “Educational Resources.”

Correction

AOSSM wrongfully identified Robert Gallo, MD, as the author of the Team Physician Corner article in the July/August issue of *Sports Medicine Update*. The correct author is Grant Jones, MD, from The Ohio State University, Columbus, Ohio. We apologize for the error.



STOP Sports Injuries Campaign Continues to Pave New Ground

A Rush of New Support

From our humble beginnings of just a few collaborating organizations, support for the campaign has grown to nearly 200 groups. From late July and August alone, nearly 30 new organizations have come on board to help spread the campaign's message. We welcome this enthusiastic new wave of supporters, including sports medicine practices, recreation programs, and child safety organizations. If you are interested in becoming an official STOP Sports Injuries collaborator, e-mail Campaign Director Mike Konstant at Michael@stopsportsinjuries.org.

New Author, New Perspective

We are excited to welcome new blog contributor B. J. Maack, Certified Athletic Trainer of Arkansas Sports Performance Center, to the STOP Sports Injuries team. B. J.'s posts will stress the importance of injury prevention from the background of an athletic trainer. Posts to date have included a look at stretching as well as added advice for staying hydrated during the peak heat of summer.

Interested in providing posts to our blog? We are always looking for fresh content. Contact Joe Siebelts at joe@aossm.org with your ideas or to join the online writing team.

Safe Kids USA – Youth Sports Safety Events a Hit

The campaign has maintained a strong partnership with Safe Kids USA, who continues to hold free youth sports safety clinics for parents, coaches, and athletes across the country. Recent events featuring the STOP Sports Injuries educational materials included a concussion prevention seminar in Wisconsin, a Tennessee clinic offering athletes Pre-Participation Physical exams, a girl's running seminar in Ohio, a clinic on injury prevention in Michigan, and a comprehensive clinic in South Carolina covering major sports injury topics, including overuse prevention.

Remember to keep an eye on our calendar for upcoming events — or submit your own youth sports safety event to be posted to the website. After registering your event, we will send you a free STOP Sports Injuries campaign Starter Kit which includes tip sheets, stickers, tattoos, and posters. If you would like more information on hosting an event in your community, please contact Campaign Director, Mike Konstant at Michael@stopsportsinjuries.org.

A Thank You to Our Sponsors and Donors

The campaign's success is thanks in part to the continuing financial support of our Champion Level sponsors:



We additionally thank AOSSM members and others whose gracious individual contributions have helped pave the way for new programs and projects for the campaign.



Opportunity to Participate in AOSSM Feasibility Study

AOSSM organized two conferences in 2008 and 2010 that focused on post-traumatic osteoarthritis. One outgrowth of those meetings is a potential initiative by AOSSM to conduct an Early ARthritis THERapies (EARTH) multi-center clinical study initiative involving human subjects without substantial joint degeneration but who are at risk for rapid progression of OA due to joint injury. The goal of EARTH would be to evaluate acute intervention strategies (the specific strategies are currently under consideration) following ACL tears that aim to delay or prevent the onset of post-traumatic osteoarthritis. The underlying hypotheses are that joint injury initiates a series of events resulting in more rapid joint degeneration culminating in early disabling OA, and that early intervention prior to the development of irreversible changes may modify the disease course.

An important initial step before launching such a project is to establish the feasibility of obtaining sufficient numbers of patients who present to orthopaedic surgeons within the hypothesized window during which chondroprotective interventions are most likely to be effective, i.e., within one

week of injury. All interested AOSSM members are invited to participate in this feasibility study. Participation would involve recording some very basic information about all patients that you see for an initial ACL injury within a three month period. The information to be recorded would be date of ACL injury, date of initial visit, date of surgery (if operative case), concomitant injuries to index knee, prior injuries and surgeries to knee, and patient age, gender, height, and weight. This study would then evaluate the number of patients that are seen within one week of injury and would help characterize these patients. This will also help identify sites and surgeons who might be willing to participate in a future Society-organized clinical trial involving chondroprotective intervention in acute ACL-injured patients.

Data collection for the feasibility study started in August but interested members can begin data collection any time.

If you are willing to participate in the feasibility study or if you would like additional information, please contact Bart Mann at bart@aossm.org.

AOSSM MEMBERS NEEDED FOR YOUNG PITCHERS STUDY

AOSSM launched two research projects in 2011 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 to which young pitchers engage in types and levels of throwing that may put them at risk for overuse injuries. The second project targets pitchers who seek treatment from an orthopaedic surgeon and will explore the relationships among pitching variables, elbow and shoulder overuse injuries, and adaptive changes to the elbow and shoulder. AOSSM members have already collected data from more than 900 young pitchers but we are hoping to get surgeons from more states involved.

If you are interested in participating or would like additional information, please e-mail AOSSM Director of Research, Bart Mann at bart@aossm.org. Free posters to place in offices are also available for download on the AOSSM website under “Medical Professionals,” “Research,” “Ongoing Research Study.”



Online Voting Will Be Available for the 2011–2012 Nominating Committee

The election of the 2011–2012 AOSSM Nominating Committee will begin in September and be online for the first time. Watch for an e-mail from AOSSM with an e-ballot link. To ensure voting is anonymous and secure, you will receive a second e-mail after you vote asking to confirm the ballot. Your vote will not count until you affirm the ballot in the second e-mail.

James R. Andrews, MD, will serve as Chair of the 2011–2012 Nominating Committee. The seven nominees for the four Nominating Committee positions are:

- Charles A. Bush-Joseph, MD
- Constance R. Chu, MD
- Diane Lynn Dahm, MD
- Marlene DeMaio, MD
- Mark D. Miller, MD
- Steven J. Svoboda, MD
- Alison P. Toth, MD

Watch for the e-mail, vote for four, and be sure to confirm your vote!

Are You a Fan or A Follower?

AOSSM, *AJSM*, and *Sports Health* are now all on Facebook. Learn about the latest news and articles from *AJSM* and *Sports Health*. Stay up to date on Society happenings and deadlines at AOSSM. Join the conversation and become a Fan or follower:

Facebook

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www.facebook.com/STOPSportsInjuries

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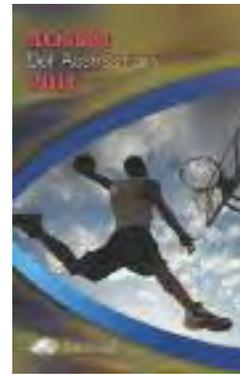
Twitter.com/AOSSM_SportsMed
Twitter.com/Sports_Health
Twitter.com/SportsSafety



Check out the New AOSSM Website

Visit www.sportsmed.org to see a new easier to use AOSSM website. You can now easily register for upcoming meetings, pay dues, order and view patient materials, and so much more! Check it out today!

Educational Resources



Self Assessment 2011 Now Available

The new version of Self Assessment is now available. It includes 125 new questions, provides Maintenance of Certification credit, and is available online only. To order your

copy, visit www.sportsmed.org/selfassessment. Any additional questions, contact Susan Brown Zahn at susan@aossm.org.



Board Review Course Now Available for Online Purchase

Learn from some of today's leading subspecialty experts in the online version of the Board Review course. You'll have access to more

than 17 hours of intensive review diagnosis and operative and non-operative treatment options for sports-related orthopaedic and medical conditions. To purchase, visit the website at www.sportsmed.org/onlinemeetings.



Missed the Annual Meeting Live Surgical Demonstrations? Now Available Online

Did you miss the live surgical demonstrations on upper extremity issues at the 2011 Annual Meeting? Now you can purchase and view all of the videos and presentations. Visit the website at www.sportsmed.org/onlinemeetings for more information and to order.

MEMBERSHIP NEWS

Dues Notices Sent Via E-mail

AOSSM dues notices were sent in early August via e-mail. You will not be receiving a paper statement. Please log in to the website at www.sportsmed.org/login.aspx to pay your dues or contact the Society office at 847/292-4900.

Don't Forget to Meet Your Attendance Requirements!

Did you miss the fun in San Diego? 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 website 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.

Membership Application Deadlines

Active, Associate and Affiliate
November 1, 2011

Upgrade to Active or Associate
November 15, 2011

Candidate
December 15, 2011

For more information or membership applications, visit www.sportsmed.org/membership or contact Debbie Turkowski at Debbie@aossm.org.



AOSSM thanks Össur for their support of sports medicine fellows.



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

For the sixth consecutive year, Össur 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, 2011. Society staff will review the application and ensure the application has met all requirements. Applicants that meet the December 15, 2011, 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 website, www.sportsmed.org

If you haven't yet taken advantage of this opportunity and wish to do so, please visit the Society's website at www.sportsmed.org/membership or contact Debbie Turkowski, Manager of Member Services at Debbie@aossm.org.

Documentation Key to Hip Arthroscopy Reimbursement

By Keith Kenter, MD

Documentation is the key to communicate the necessary information as to whether a procedure or service is reasonable and/or medically necessary for a patient and if it is to be paid. Proper coding is essential. Hip arthroscopy has now become recognized as a treatment procedure for cartilage and labrum tears, hip joint instability, loose bodies, femoral neck and acetabular impingement, and lavage with draining of the hip joint.

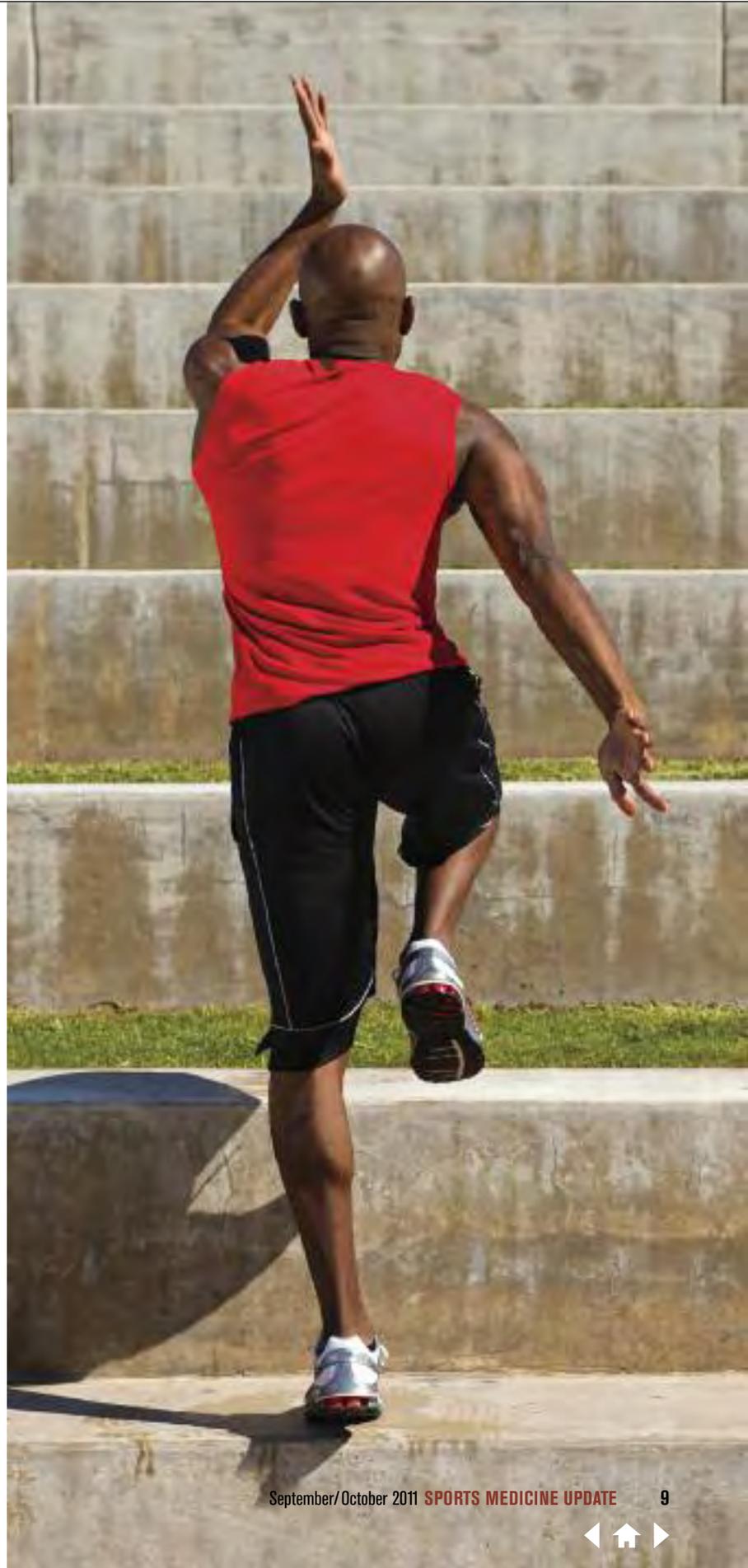
Recognized ICD-9 diagnosis codes:

- loose body
- capsular laxity
- pain in joint
- osteophyte
- synovitis
- chondral tear
- labrum tear

Recognized CPT procedure codes:

- 29860 Hip arthroscopy, diagnostic with/without synovial biopsy
- 29861 Hip arthroscopy, removal of loose or foreign body
- 29862 Hip arthroscopy, debridement of articular cartilage, abrasion arthroplasty, and/or resection of labrum
- 29863 Hip arthroscopy, synovectomy
- 29914 Hip arthroscopy, femoroplasty (cam lesion)
- 29915 Hip arthroscopy, acetabuloplasty (pincer lesion)
- 29916 Hip arthroscopy, labral repair

Most payors will not pay for debridement of articular cartilage with concomitant treatment of a cam or pincer debridement. As in the past, the unlisted CPT procedure code 29999 is no longer applicable for femoroplasty, acetabuloplasty, and/or labral repairs.



AANA/AOSSM Fellowship Match

ORTHOPAEDIC SPORTS MEDICINE

AANA and AOSSM are pleased to announce the following sports medicine/arthroscopy fellowship programs are participating in the Orthopaedic Sports Medicine Match for applicants and fellowship programs. For the most current match information, please visit www.sportsmed.org/fellowships.



3B Orthopaedic at Penn/ Penn Hospital of the University of Penn Health System

Arthur R. Bartolozzi, MD
Philadelphia, PA

Allegheny General Hospital Program

Sam Akhavan, MD
Pittsburgh, PA

American Sports Medicine Institute (St. Vincent's) Program

E. Lyle Cain, Jr., MD
Birmingham, AL

Andrews/Paulos Research & Education Program

James R. Andrews, MD
Gulf Breeze, FL

ASMI/Lemak Sports Medicine Program

Lawrence J. Lemak, MD
Birmingham, AL

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

Banner Good Samaritan Medical Center Program

Anikar Chhabra, MD, MS
Phoenix, AZ

Barton/Lake Tahoe Sports Medicine Fellowship Program

Keith R. Swanson, MD
Zephyr Cove, NV

Baylor College of Medicine Program

David M. Green, MD
Houston, TX

Beacon Orthopaedics & Sports Medicine Fellowship Program

Timothy E. Kremchek, MD
Sharonville, OH

Boston University Medical Center Program

Anthony A. Schepesis, MD
Boston, MA

Brigham & Women's Hospital, Harvard Medical School Program

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 Sports Medicine & Orthopaedic Center Program

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

Docere Foundation DBA San Diego Arthroscopy & Sports Medicine Program

James P. Tasto, MD
San Diego, CA

Doctors' Hospital (Baptist Health of South Florida) Program

F. Harlan Selesnick, MD
Coral Gables, FL

Duke University Hospital Program

Dean C. Taylor, MD
Durham, NC

Emory University Orthopaedic Sports Medicine Fellowship Program

Spero G. Karas, MD
Atlanta, GA

Fairview Southdale Hospital/ MOSMI Program

Christopher M. Larson, MD
Eden Prairie, MN

Henry Ford Hospital Program

Patricia A. Kolowich, MD
Detroit, MI

Hospital for Special Surgery Program

Scott A. Rodeo, MD
New York, NY

Hughston Foundation Program

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

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

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Kaiser Permanente San Diego Program

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James E. Fleischli, MD
Charlotte, NC

OrthoIndy Program

Jack Farr, II, MD
Indianapolis, IN

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INE FELLOWSHIP MATCH 2012

Match for 2012. The Match, administered through the San Francisco Matching Program (www.sfmach.org), provides an orderly, equitable selection process

Orthopaedic Research of Virginia Program

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

Rush University Medical Center Program

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

Santa Monica Orthopaedic & Sports Medicine Group Program

Bert R. Mandelbaum, MD
Santa Monica, CA

SOAR Sports Medicine Fellowship Program

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 Program

Theodore F. Schlegel, MD
Greenwood Village, CO

Steadman Hawkins Clinic of the Carolinas Program

Richard J. Hawkins, MD, FRCSC
Greenville, SC

Steadman Philippon Research Institute Program

J. Richard Steadman, MD
Vail, CO

Taos Orthopaedic Institute Program

James H. Lubowitz, MD
Taos, NM

The Orthopaedic Foundation for Active Lifestyles Sports Medicine Fellowship

Kevin D. Plancher, MD
Cos Cob, CT

The University of Western Ontario Fowler Kennedy Orthopaedic Sport Medicine

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

Thomas Jefferson University Program

Michael G. Ciccotti, MD
Philadelphia, PA

TRIA Orthopaedic Center Program

Gary B. Fetzler, MD
Bloomington, MN

UCLA Medical Center Program

David R. McAllister, MD
Los Angeles, CA

UHZ Sports Medicine Institute Program (HealthSouth Doctors Hospital)

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 California (Davis) Program

Richard A. Marder, 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 Program

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 Program

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 Program

Daniel C. Wascher, MD
Albuquerque, NM

University of Pittsburgh/UPMC Medical Education Program

Christopher D. Harner, MD
Pittsburgh, PA

University of Rochester Medical Center Program

Michael D. Maloney, MD
Rochester, NY

University of South Alabama Program

Albert W. Pearsall, IV, MD
Mobile, AL

University of South Florida Program

David Leffers, MD
Tampa, FL

University of Tennessee — Campbell Clinic Program

Frederick M. Azar, MD
Memphis, TN

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 Program

David R. Diduch, MD
Charlottesville, VA

University of Wisconsin Hospital & 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





AOSSM/SLARD Latin American Traveling Fellows Learn and Develop New Colleagues

Report of the AOSSM/SLARD Latin American Traveling Fellows 2011

By Seth Gamradt, MD, University of California at Los Angeles

Our fellowship journey actually began at the American Academy of Orthopaedic Surgeons in San Diego in February when we had a nice “meet and greet” breakfast. At this breakfast, we found out that we all had a lot in common. Walt Curl, MD, our esteemed godfather, of Wake Forest, is a graduate of the U.S. Military Academy, where Steve Svoboda, MD, is currently a fellowship director and team physician. Steve also spent time at the Hospital for Special Surgery where both Drs. Seth Gamradt and Chris Wahl completed shoulder and sports medicine fellowships. Chris (UW) and Seth (UCLA) are both Pac-12 team physicians.

Mexico City

Our host in Mexico City, M. Ivan Encalada Diaz, MD, escorted us to our first dinner at Antigua Hacienda De Tlalpan. The

next day we were escorted to the private hospital Medica Sur to observe ACL reconstructions and all inside meniscus repair. The next morning we observed surgery with Dr. Clemente Ibarra at the Instituto de Nacional de Rehabilitacion (repair of an Os Acromiale) and toured the facilities. We toured the city and had dinner at La Opera Bar, famous for the bullet hole fired into the ceiling by Pancho Villa in jubilation after the Mexican revolution. Our academic session in Mexico City was at the Pumas soccer club hosted by Antonio Miguel, MD. The facilities were outstanding, especially the breathtaking main field built in a rock quarry.

Bogota, Colombia

We flew from Mexico City to Bogota, Colombia, and were met at the airport by our hosts Fernando Pastrana, MD,

and Gustavo Rincon, MD. We observed surgery with Fernando Pastrana at Clinica de Country and saw a hamstring autograft ACL reconstruction using an anteromedial portal where he placed his graft low on the intracondylar notch. Dr. Pastrana owns Medsport Colombia, an impressive facility with open MRI, fitness gym, rehabilitation center, computerized balance training, indoor rehab pool, and even an outdoor field turf area for sport specific training. Our academic meeting was well attended by an audience of 50 at the Fundacion Santa Fe de Bogota, the prominent medical school and hospital in Bogota. Dr. Curl spoke about ACL tissue engineering, Dr. Wahl spoke about multi-ligament knee reconstruction, Dr. Svoboda spoke about biomarkers in the ACL injured knee, and Dr. Gamradt spoke about revision ACL reconstruction.

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After lunch at a Peruvian restaurant, we visited what is certainly one of the most beautiful places on earth, the top of the mountain of Monserrate, which boasts a panoramic view of Bogota. The following day, Dr. Carlos Leal, president of SLARD, invited us to surgery at the Fundacion Santa Fe de Bogota where we observed Dr. Gamal Sayed perform an anatomic single bundle hamstring autograft ACL reconstruction using a high anterolateral portal for a bird's eye view of the tibial ACL footprint and a central trans-patellar tendon portal to view the femoral footprint directly.



Santiago, Chile

During this leg of the fellowship we joined forces with the ESSKA fellows and their godfather Nick Van Dijk, MD, from the Netherlands, a world leader in sports ankle injuries, and the current president of ESSKA. Cristian Fontbote, MD, our gracious host in Chile, took all of the fellows to an indoor/outdoor restaurant in a Chilean Park called Mestizo where we ate authentic Chilean cuisine and sipped Chilean wine and Pisco Sours. Following lunch, we had case presentations on the complex treatment of a full thickness patellar cartilage defect in a professional soccer player presented by Dr. Fontbote. This case inspired vigorous discussion of each of preferred methods of treatment for articular cartilage lesions of the knee. After the case presentations, we were treated to an awe inspiring lecture about mountain climbing by Sebastian Irrazabal, MD, who had in the last year summited Lhotse, one of highest peaks in the world, as part of the first Chilean team to do so.

At the Clinica Las Condes, we spoke at the SLARD/ESSKA/AOSSM Sports Medicine Update. Following our talks and a tour of the hospital and then outside to a Helipad where a helicopter was waiting to fly us to lunch and wine tasting. The AOSSM fellows flew with our second Chilean host, Dr. Fernando Radice, former head physician for Chilean National

Soccer. After a beautiful 20 minute flight high over Santiago, we touched down in a grassy area north of the city on the grounds of a famous and historic winery called Tarapaca Ex Zavala. The group included 25 orthopaedic surgeons. That night, we attended a soccer match at the stadium of U Catolica (Los Cruzados) a team cared for by Dr. Fontbote.

San Pedro de Atacama, Chile

Dr. Radice arranged an extraordinary trip to a hotel called Awasi. This hotel is in the north of Chile near both the Argentinian and Bolivian borders in a town called San Pedro de Atacama, one of the driest deserts in the world. The hotel had incredible hospitality with fine dining at each meal and offered adventurous excursions, including a 12 mile mountain bike ride through the desert to a salt pool called Laguna Cena. The pool was ice cold and one could float unassisted due to the high salt content. We had a five mile hike through an ancient 10,000 year old riverbed to the moon valley. We had a nighttime astronomical hike. The fourth excursion was horseback riding through the

desert. After each excursion guides waiting with snacks, wine, and Austral Patagonia Lager greeted us. On the morning of our last day in the Chilean desert we organized the first Awasi Sports Medicine Summit with the Chilean hosts, ESSKA fellows, and AOSSM fellows, all giving terrific academic presentations during a gourmet breakfast before our horseback ride.

We had one day in Chile free of academic activity. Our hosts Sebastian Irrazabal and Dr. Fontbote took us on what they called a "hike" but was most certainly a moderate mountain climb to the top of Pachoco, a mountain in the north of Chile. The view from this vista was incredible and summiting this mountain is something none of us will soon forget.

Buenos Aires, Argentina

We flew from Santiago, Chile, to Buenos Aires, Argentina. We were picked up by our hosts Facundo Gigante, MD, and Fernando Barrera Oro, MD. Our first academic session was The Reunion Cientifica Asociacion Argentina de Artroscofia. The academic meeting was held at the historic auditorium of the

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Traveling Fellows Report Continued —

Asociacion Argentina de Ortopedia y Traumatologia (AAOT) that was founded in 1936. The session featured an audience of approximately 150 guests and academic presentations by both the ESSKA fellows, AOSSM fellows, and their Godfathers Dr. Curl and Dr. van Dijk. Dr. Svoboda discussed his research about rotator interval closure, Dr. Wahl discussed the anatomy of the lateral compartment of the knee and how it relates to ACL injury risk, Dr. Gamradt discussed the management of the failed rotator cuff, and Dr. Curl discussed tissue engineering in ACL reconstruction using allograft and xenograft scaffolds.

The next morning we had a terrific day of ACL reconstruction with another of our hosts Horacio Rivarola, MD, and Christian Collazo, MD, at the Hospital

Austral and medical school in Buenos Aires. In a very efficient OR setup, we watched him perform two excellent ACL reconstructions. We also operated with Mario Larrain, MD, in downtown Buenos Aires. We saw a primary ACL, single row knotless rotator cuff repair, and a nice second stage of a two stage ACL revision.

The following morning we attended case presentations at the Buenos Aires Central Military Hospital and Theatre with Facundo Gigante. Dr. Svoboda presented his excellent talk about orthopaedic care on the front lines of Iraq, which was well appreciated by the military doctors present. The San Martin Mounted Grenadiers Regiment then treated us to a private tour and performance of a mounted marching band of about forty men on horseback that is an important symbol of freedom for

Argentina. We had lunch at the oldest bar in Buenos Aires and then took a walking tour of the city that included the bridge of the Mujeres, the Argentine President's house, and an above ground cemetery that is the final resting place of the famous Eva Peron.

Sao Paulo, Brazil

In Sao Paolo, we checked into our hotel and met our hosts Dr. Arnolando Hernandez and Dr. Tiago Fernandes.

The next morning was an academic session at the Instituto de Ortopedia e Traumatologia at the University of Sao Paolo. After the academic session we had an excellent tour of all facets of this extremely large orthopaedic institute which has 18 orthopaedic residents per year, sees more than 400 patients per day, and has 150 inpatient orthopaedic beds. The size of this institution parallels the size of Sao Paulo, which has almost 20 million residents in the metropolitan area. The next morning it was off to Rio de Janeiro for the ISAKOS meeting.

Rio de Janeiro, Brazil

Our trip ended in Rio de Janeiro, site of the 2011 ISAKOS meeting. Our trip started with an excellent reunion of our SLARD hosts, AOSSM fellows, and ESSKA fellows. At this meeting, Drs. Curl and van Dijk presented an excellent summary of their respective tours.

Reflecting on the fellowship, we wish to express our deepest gratitude to our outstanding hosts and new friends. The orthopaedic connections and lifelong friendships made on this trip will be treasured forever. We were extremely impressed with the outstanding orthopaedic surgeons we met and were astounded at the incredible hospitality afforded to us.

AOSSM thanks DJO Global for their support of the Traveling Fellowship program.



Join the Magellan Traveling Fellowship Family in Hosting the 2012 Traveling Fellows

The Traveling Fellowship Committee is currently seeking volunteers to host the Traveling Fellows for next year's North American tour. The Traveling Fellowship Program serves as a vital link between the Society and its counterparts in Europe, Asia Pacific, and Latin America. Tours between AOSSM and Europe or the Asia Pacific occur every other year. Tours between the Society and Latin America take place every three years. Nearly 200 individuals have participated in the program, which most report results had a positive impact on their careers and personal lives.

Each year, the Society hosts three young and promising orthopaedic sports medicine specialists and one senior surgeon who acts as Godparent. These four Traveling Fellows usually tour six sports medicine centers in North America and attend the AOSSM Annual Meeting during their four-week stay.

Individual hosts are responsible for the costs of lodging, meals, local transportation, entertainment, and associated costs of the Fellows. Hosts ensure that the Fellows are met at the airport when they arrive and arrangements are made for taking them to the airport for departure. The typical visit blends time spent in scientific endeavors, a tour of the host facility, observation in the operating room, social functions, and recreation. Hosts are encouraged to use their creativity to plan a unique and exciting

experience. For example, hosts have taken the fellows on special tours of historic sites, gone to sporting events, and arranged shopping trips and outdoor activities unique to their locations. It is also important that hosts add downtime into the busy schedules; two to three hours per day is suggested.

The Traveling Fellowship Committee also encourages members to "group host" with several institutions in one area sharing the hosting duties and costs, thus adding to the diversity of the tour.

Next year's tour will host fellows from both Asia Pacific and Latin America. The tour will tentatively take place from June 17–July 11, ending with the AOSSM meeting in Baltimore, Maryland, on July 12–15, 2012. There will be one free day during the middle of this tour to allow the fellows to rest.

If you are interested in hosting the 2012 Traveling Fellows, please visit the website and download the traveling fellows host form at www.sportsmed.org/travelingfellowship and submit it to Debbie Turkowski, Debbie@aossm.org, in the Society office by November 18, 2011. Applications received after the deadline will not be accepted. Please make sure to indicate on the form any three or four day period from June 17–July 11 when you will be unable to host the fellows. If you are interested in hosting both groups simultaneously, please make note of that on your application.

AOSSM Traveling Fellowship Tour Goes to Europe in 2012

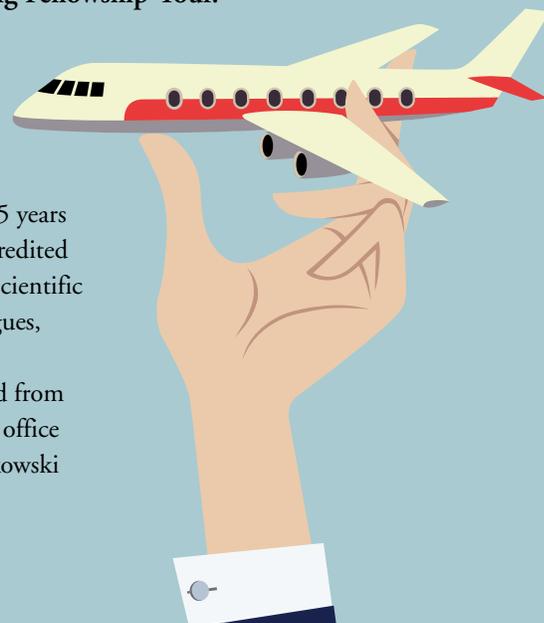
Applications are now being accepted for the 2012 AOSSM/ESSKA Traveling Fellowship Tour.

Dr. William A. Grana from the University of Arizona has been selected to be the godfather for this tour. Dr. Grana was a past AOSSM President from August 2005 through July 2006. The tour will take place for four weeks starting in early April and ending at the ESSKA Congress in Geneva, Switzerland, in May 2012. Exact dates and tour stops have yet to be determined.

If you are an orthopaedic surgeon currently practicing in North America, under 45 years old, are board certified, and are either an AOSSM member or have completed an accredited sports medicine fellowship, and are interested in fostering a meaningful exchange of scientific information, stimulate research, and develop friendships with sports medicine colleagues, then this is the time to apply.

The requirements and application to become a traveling fellow can be downloaded from www.sportsmed.org/travelingfellows. All applications must be received in the Society office no later than October 21, 2011. For further information, please contact Debbie Turkowski at the Society Office at Debbie@aossm.org or by calling 847/292-4900.

The Traveling Fellowship Program is funded by DJO Global.



Upcoming Meetings and Courses

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



Advanced Team Physicians Course

December 1–4, 2011
San Diego, California

Specialty Day

February 11, 2012
San Francisco, California

2012 Annual Meeting

July 12–15, 2012
Baltimore, Maryland

Keep Your Edge: Hockey Sports Medicine in 2012

August 24–26, 2012
Toronto, Canada



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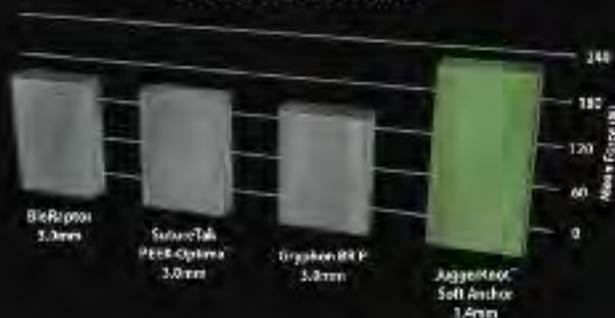
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1. Barber FA, Herber MA, Davis RC, and Oro TB. "Suture Anchor Materials, Eyelets, and Designs Update 2008" *Arthroscopy* Vol. 24, No. 8 pp 899-907, 2008

2. Barber FA, Herber MA, Hsiao C, Papley JH, Barber CA, Bynum JA, Hsack SA. "Suture Anchor Update 2010" *Arthroscopy* 2010; In Press.

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Pre-participation Physical Evaluations page 2

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