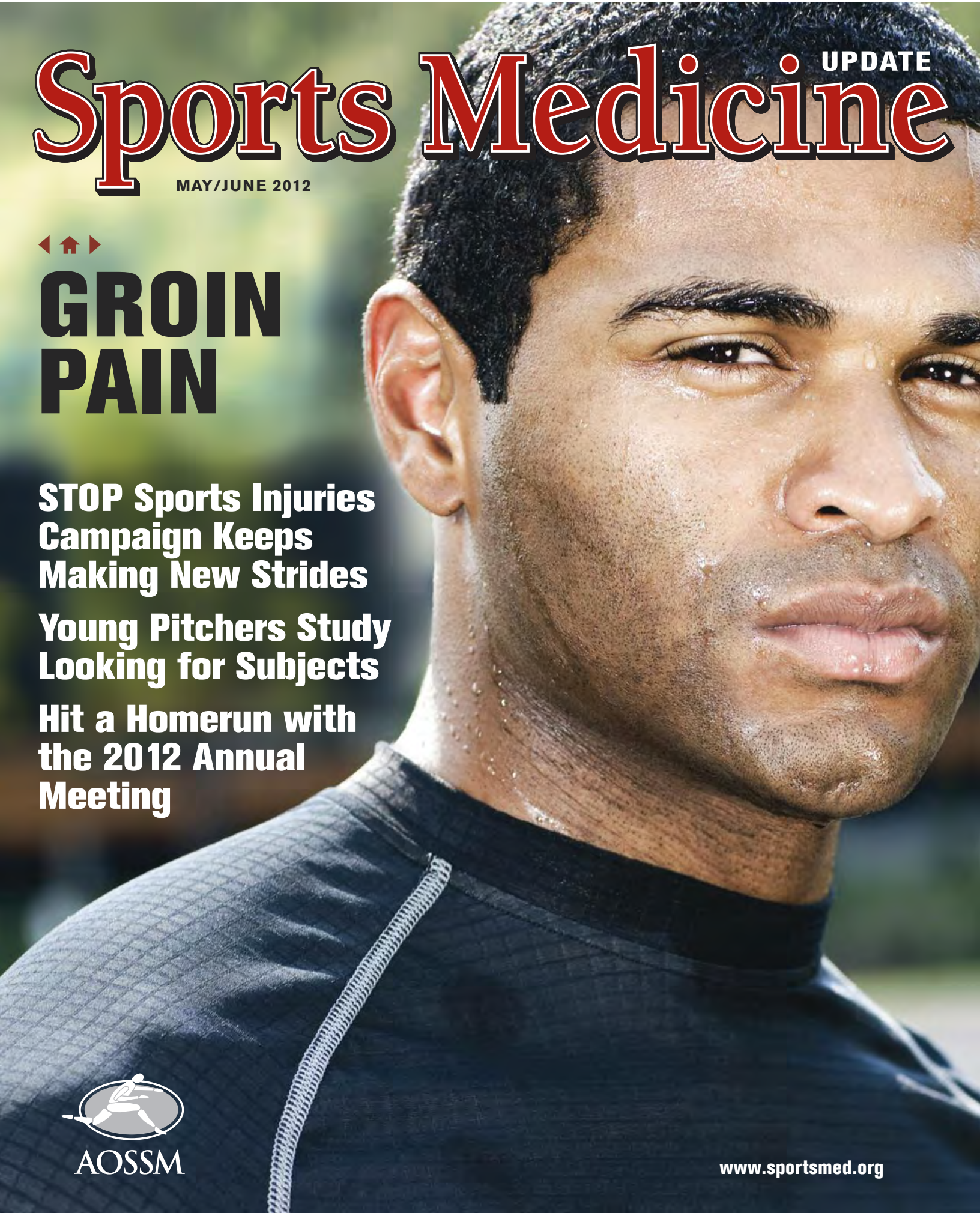
NEWSLETTER OF THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE

Sports Medicine UPDATE

MAY/JUNE 2012



GROIN PAIN

STOP Sports Injuries Campaign Keeps Making New Strides

Young Pitchers Study Looking for Subjects

Hit a Homerun with the 2012 Annual Meeting

AOSSM

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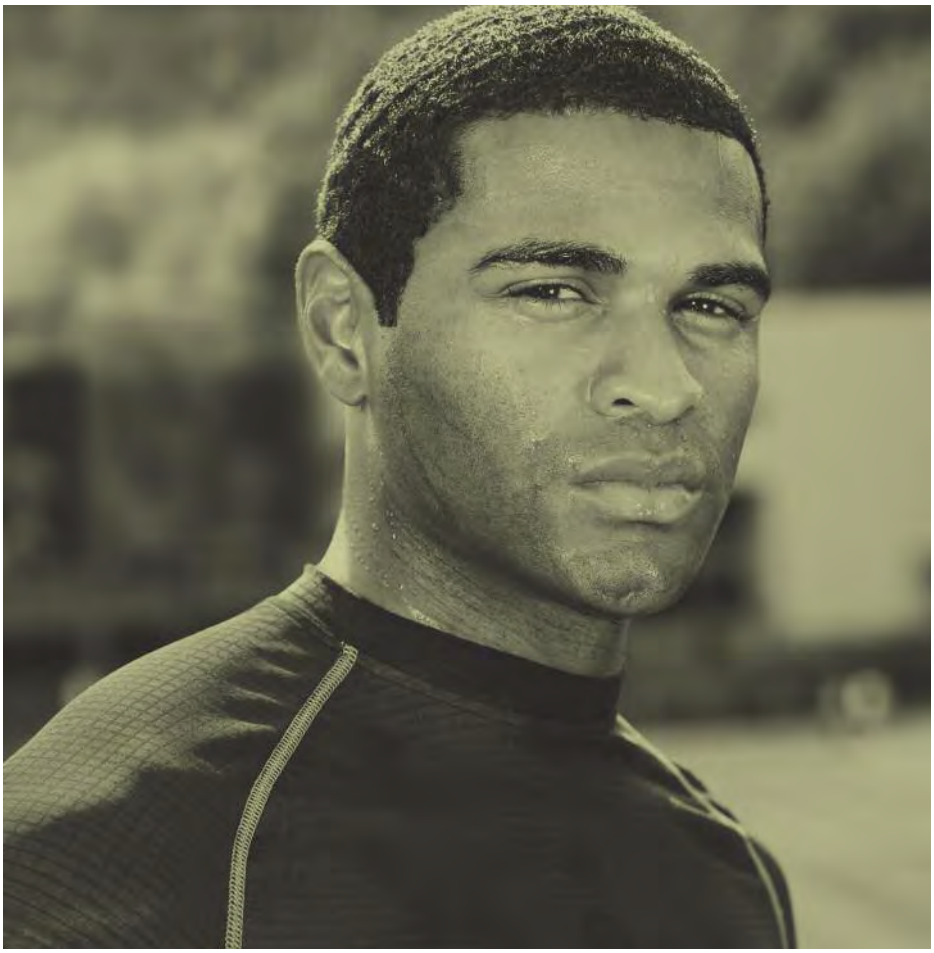

2 Team Physician's Corner
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SPORTS MEDICINE UPDATE is a bimonthly publication of the American Orthopaedic Society for Sports Medicine (AOSSM). The American Orthopaedic Society for Sports Medicine–a world leader in sports medicine education, research, 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.

Peter A. Indelicato, MD

AOSSM'S LEADERSHIP — the AOSSM Board of Directors and its Medical Publishing Group Board of Trustees — met in April to provide continued direction and oversight for the Society's many activities. The leadership took action on several important items that will strengthen the Society's growth.

First, the Board completed its review and revision of the AOSSM Bylaws which will be distributed to the membership by June and presented for adoption at our Annual Meeting in Baltimore. This culminates a year-long review by the Board, Bylaws Committee, and AOSSM legal counsel to update the Society's bylaws so they remain current with state and federal requirements for a not-for-profit corporations, as well as best practice standards. The review also allowed the leadership to address minor ambiguities and inconsistencies that have evolved since they were initially adopted and subsequently amended over time. Members will receive a marked-up version of the bylaws that clearly delineates any additions and deletions along with an editorial comment about the reason for the change.

Second, the AOSSM Board adopted comprehensive policy for managing the outside interests of leaders on the Board of Directors, MPG Board of Trustees, committees, and staff. The Society has had a long-standing disclosure and conflict of interest policy, but the new policy follows the lead of the American Academy of Orthopaedic Surgeons (AAOS) in requiring more specificity in leaders' disclosure of their relationships with industry, medical publishers, and professional societies both with respect to the nature of their relationship as well as any financial benefit they receive. AOSSM has a tradition of collegial, open leadership, and the Board believes the new policy will ensure continued transparency as the organization and its programs continue to expand.

Third, the Board affirmed its commitment to partner with the AAOS and other orthopaedic organizations in building, owning, and operating a new headquarters and laboratory facility to serve our profession. The Academy has been coordinating this effort to identify and develop an office/lab/conference structure that will suit our respective long-term needs in a cost-effective and practical fashion. AOSSM is firmly committed to the endeavor and is taking an equity position in the building as a way of providing a stable environment to support AOSSM's continued growth and current working relationships with other orthopaedic societies.

While the prospects for a new headquarters are exciting, a more immediate activity to anticipate is our upcoming Annual Meeting in Baltimore, Maryland. Registrations for the meeting and demand for housing are both strong, which indicate that many of you also share my enthusiasm for the program that Darren Johnson, MD, and his committee have put together. This year we will again have an afternoon of surgical demonstrations to compliment the wide array of scientific sessions and courses. We also are introducing a new feature in which one afternoon will be committed to industry symposia, adding to the educational value of the meeting. Baltimore is a phenomenal city to host our meeting, affording you and your families with an abundance of activities to enjoy.

Finally, on a personal note, I want to express my appreciation for having the opportunity to serve as AOSSM President. It has been a privilege and honor to work with so many outstanding Society leaders to ensure that the profession continues on an upward trajectory in developing educational programs, facilitating research, and providing peer reviewed publishing to ensure that AOSSM remains a world leader in orthopaedic sports medicine.





GROIN PAIN IN THE ATHLETE

MICHAEL J. SMITH, MD
Tampa Bay Orthopaedic Specialists

Groin pain in the athlete can be a challenging problem for the sports medicine physician as well as a frustrating injury for the athlete. These injuries usually occur in sports that involve quick accelerations and sudden directional changes. The onset can be both gradual and insidious, or it can be due to one specific traumatic event. The spectrum of conditions that can cause groin pain include not only orthopaedic conditions, but can include urological and general surgery concerns, as well. A team approach with many different specialties is usually the best approach to get the athlete back into his sport.

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Diagnosis

A thorough physical exam is a must to try to ascertain what condition is present and what treatment plan is needed for the athlete. The examination should include observation of the gait, as well as examining the patient in the sitting and supine position. Direct palpation must be done of the groin structures to try and pinpoint the affected structures. Range of motion as well as testing the muscle strength of the surrounding hip area should be done in a systematic fashion.

Diagnostic tests are usually performed, including radiographs and MRI evaluations. Most of these tests don't show a specific etiology for the athlete's pain. The value of these tests is mainly to exclude other pathological conditions. In the adolescent athlete, Legg-Calve-Perthes, slipped capital femoral epiphysis, and AVN (avascular necrosis) must be ruled out.

Groin Injury Causes

Strain/Inflammation

The most common cause of groin pain is a strain and inflammation of the adductor muscle tendons. These muscle strains have been reported to be present in 10 to 28 percent of soccer and ice hockey players.[1,2] The pain is usually exacerbated with resistive testing on physical exam. The adductor muscles can be tested by palpation and pain produced on adduction against resistance. The tested strength is usually less than the opposite side.

The iliopsoas tendon and bursa also can become inflamed from injuries and/or overuse. This is usually referred to as a "snapping hip." It should be noted that some snapping may be present in a non-symptomatic athlete. The iliopsoas is tested with hip flexion resistance. The hip can also be flexed and externally rotated, and then extended and internally rotated to illustrate a snap or pop.

The usual treatment for these muscle strains and tendonitis injuries is rest, ice, and sometimes nonsteroidal anti-inflammatory medications. With resistant iliopsoas tendonitis, a radiological guided cortisone injection may be helpful. Physical therapy after the acute phase helps the athlete return to his sport with restoring flexibility, strength, and endurance.

Due to the proximity of the anatomic structures in the inguinal area, it should be remembered that groin pain can have more than one etiology. In fact, one report showed groin pain had more than one cause in 27 to 90 percent of the patients.[3]

Avulsion Fractures

Avulsion fractures can occur from powerful muscle contractions that actually tear off the bone. This usually is an acute event that can occur from either the hamstrings pulling off the ischial tuberosity or the rectus femoris pulling off of the anterior inferior iliac spine. Physical examination of these muscle tendon injuries can be valuable, palpating and testing the muscles against stretch and resistance. Some of these injuries may actually be an apophysitis, since the pelvis ossification centers are late in completely closing. Treatment is usually non-operative, with rest, ice, and activity restrictions, followed by physical therapy to regain muscle strength and flexibility. Surgical treatment is rarely necessary, but has been reported with avulsions with over 2 cm displacement.[4]

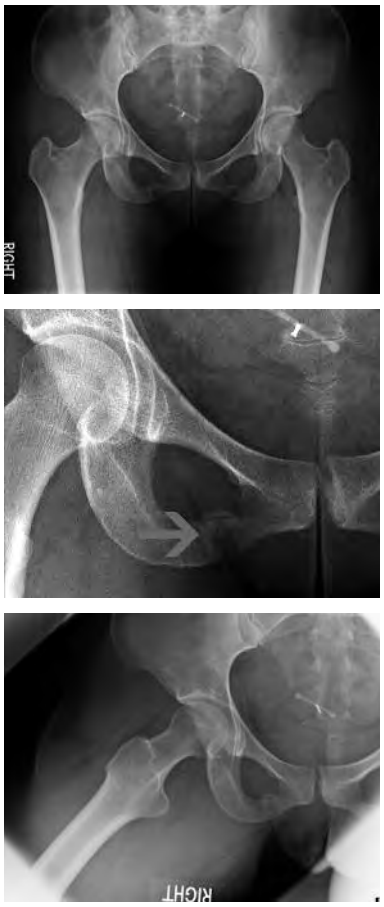
Nerve Entrapment Syndromes

Several nerve entrapment syndromes may occur, with injuries to the obturator, femoral, iliohypogastric, genitofemoral, ilioinguinal, and lateral cutaneous nerves. Electromyography can be performed, but symptoms need to be present for 2–4 weeks for nerve testing changes with some degree of demyelination to have taken place. Lumbar disc disease and herniated disc can also cause radicular components into the groin as well. Nerve irritation from L2, L3, and L4 can readily produce pain in the groin and anterior thigh region.

Osteitis Pubis

Osteitis pubis has also been described as a cause for groin pain, however, findings

While diagnostic tests are usually performed, including radiographs and MRI evaluations, often these tests don't show a specific etiology for the athlete's pain. The diagnosis is often made clinically, but these ancillary studies should be performed to rule out other pathology.



Stress fracture of the inferior pubus ramus.

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noted on either radiographs or MRI scans may be present without this being the cause of the athlete's pain. This diagnosis should be reserved for patients who have symptoms that correlate with the radiological findings, and not for asymptomatic individuals. Radiographs are frequently negative, and MRI and bone scans usually localize the condition to the symphysis. Treatment is usually conservative management. Surgical treatment is reported, but no clear superiority of procedures has been shown.[5]

Stress Fractures

Stress fractures are a major concern in athletes with groin pain. Typically the injury is in a long distance runner who increases their training intensity. The pain may come on slowly and at first be only noted around the running training. After some time, the pain can be present with most weight bearing activities and even cause a limp. The most common stress fractures are of the femoral neck and of the pubic rami. Radiographs are often normal, and bone scans have false positive rates as well. MRI scan is the current diagnostic choice for evaluation of stress fractures. While all pubic rami fractures are treated non-operatively, femoral neck stress fractures may need surgical stabilization depending on the fracture location. If the fracture line is complete or if the fracture pattern is classified as a tension side fracture, operative treatment to prevent displacement is performed.[6,7]

Tears/Impingements

Labral tears and femoral acetabular impingement (FAI) are now recognized as a source for hip pain in the athlete.[8,9,10] Labral tears can be either acute or have an insidious onset. Labral tears are often associated with FAI, but are also found in dysplasia, instability and degeneration. Radiographs are usually normal, and a magnetic resonance arthrography (MRA) may be needed. Labral tears are treated surgically if persistent, but there is controversy whether these tears can

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be treated with debridement or surgical repair. The long-term results of these surgical options are not known.
The tears are often associated with some mechanical bony abnormality causing the impingement. This has to be addressed at the time of labral surgery as well.
The physical test on examination is one of impingement with the hip taken into flexion, adduction, and internal rotation. This causes the femoral head to impinge or grind against the anterosuperior labrum.

Unknown Causes

Sometimes the cause of groin pain in the athlete is not truly orthopaedic. Gilmore described unexplained groin pain in a large number of soccer players. His description of groin disruptions has been called "Gilmore's groin."[11] In 1992, Malycha and Lovell used the term "sports hernia" to try to explain some of the ambiguity in management and operative findings with these painful athletic groin pains. They described a bulge in the posterior inguinal wall.[12] This pelvis injury has been debated and most likely is multi-factorial in origin. Some weakening of the posterior abdominal wall is usually present. To make this confusing is the fact that the adductor muscles attach to the pubic rami, as well as the oblique abdominal muscles attaching to the superior aspect of the pubic ramus. This brings in the possible etiology of a sports hernia as being not only a weakening of the abdominal wall but possibly a muscle imbalance from the lower extremity muscles of the adductors and the core muscles of the abdominal region. Many theories talk about overuse muscle imbalance and shearing forces as well.

Sports Hernia

Sports hernias can be of gradual onset, but they can also have an acute nature as well, with a previously non-symptomatic weakening in the abdominal wall being aggravated by an acute traumatic event. Traditionally, having a patient cough or sneeze, or produce a Valsalva type maneuver can evoke symptoms of sports hernia, but this is a nonspecific finding. Indeed, the Valsalva maneuver can cause pain from a muscle etiology because of the interplay between the core and leg muscle insertions on the pelvis.

On physical examination, usually no true hernia is palpable. There have been a myriad of descriptions of tears, and even tears of a small and large nature, describing the sports hernia, but there does not appear to be a definitive single pathological condition that is the one "true sports hernia." There is a lack of anatomic verification either through anatomical photos or pictures. Indeed, some of these sports hernias are described as micro-tears that are difficult to visualize. Most of the surgical techniques for a sports hernia resemble inguinal hernia repairs with reported good success whether done open or laproscopically.[13]

Summary

In summary, groin pain can be a very challenging problem for the athlete and the sports medicine physician. The usual treatment of rest and therapy may resolve most of the musculoskeletal problems. Anti-inflammatory medication may be prescribed with some success, coupled with rest and physical therapy. Diagnostic testing of radiographs and MRI scans are usually carried out, as well as nerve testing if applicable. When the diagnostic tests are negative, and traditional conservative treatment does not improve the condition, a sports hernia diagnosis may be entertained. With the complexity and close proximity of many anatomical structures of the pelvis, hip, leg, and abdominal muscles inguinal canal, this can be a truly challenging diagnosis.

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HELPING KEEP THE YOUTH SPORTS EXPERIENCE POSITIVE

An article from Dr. Richard Hinton in this spring's *In Motion* urges parents to keep their child's sports experience a positive one by staying involved: Knowing the risks, taking steps to help prevent injuries, and keeping communication lines open with athletes who otherwise may not speak up when something is wrong. Our efforts with the STOP Sports Injuries Campaign have focused on providing the youth sports community, and specifically these parents, with the tools to help keep young athletes on the field. With Youth Sports Safety Month just behind us, we want to look back at just a few of the events that we held to help support our goals of outreach:

- **#SportsSafety Tweet Chats**
  The campaign hosted our first ever "TweetChats" on April 4 and April 25 which allowed Twitter users to interact under the direction of a common theme. Dr. David Geier helped organize and preside over the chats which featured discussions on overuse injuries and prevention (April 4) and concussions in young athletes (April 25). Theses chats helped us gain 200 new followers and extend our reach to some 50,000 individuals on the Twitter network.
- **Overuse Injuries Webcast**
  AOSSM, STOP Sports Injuries, and DePuy Mitek held a live, interactive webcast on April 17 with William Levine, MD, Peter Indelicato, MD, James Andrews, MD, Christopher Harner, MD, and Lyle Micheli, MD, all serving as presenters. More than 500 individuals registered for the event. The link for viewing the webcast is now available at www.STOPSportsInjuries.org along with the presentations. The campaign would like to thank DePuy Mitek for their sponsorship of this outstanding new resource.

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Local Community Events

SAFE Kids USA Sports Safety Clinics

The STOP Sports Injuries materials were on display at more than 60 sports safety events hosted by SAFE Kids USA chapters across the country in April.

Introduction to Youth Sports Safety — LVSportz

Las Vegas, Nevada, April 16

A kick-off to the new LVSportz Youth Sports Safety, Injury Awareness and Prevention Program featured discussion on injury types and prevention strategies, concussions, and proper nutrition for young athletes, parents, and coaches. The event drew more than 50 people who received STOP Sports Injuries Campaign materials.

Youth Sports Injury Seminar — Sports Physical Therapy and Rehab Specialists

Wauwatosa, Wisconsin, April 26

Council of Champions member and 5-time Olympic Gold Medalist Bonnie Blair served as the keynote speaker at this discussion to generate awareness of the increasing impact and prevalence of youth sports injuries. Campaign Director Mike Konstant attended to share STOP Sports Injuries Campaign injury prevention materials with attendees.

Website Changes Feature Collaborating Groups

Visitors to the STOP Sports Injuries website can now navigate our listing of collaborating groups by location thanks to a recently unveiled map feature. The new map allows users to filter results by state to easily locate sports safety collaborating organizations near them, or search for organizations by category such as a sports medicine practice or child safety group. A new event map is also available, which offers similar search capability to our calendar of youth sports safety events.

Upcoming STOP Sports Injuries Appearances

The campaign will be on the move in the coming months with stops at a number of venues across the country:

- Sports Injury prevention materials will be on display at the Pediatric Orthopaedic Society of North America (POSNA) Annual Meeting May 16–19 in Denver, Colorado.
- To celebrate sports safety in youth baseball and softball, campaign materials will again be distributed at the 2012 NCAA Youth Baseball and Softball Clinics at the 2012 Men's Baseball Championship in Omaha, Nebraska, and Women's Softball Championship in Oklahoma City, Oklahoma.
- Mike Konstant, Campaign Director, will be at the National Athletic Trainers' Association (NATA) Annual Meeting in St. Louis June 26–29 to offer materials to attendees and offer information on our efforts.

A Welcome to New Supporters

A recent spring surge pushed our numbers to nearly 400 collaborating organizations. We recognize the following groups for their support of the campaign since the February/March issue of *SMU:*

Sports Medicine Practices

Agility Physical Therapy and Sports Medicine
Greenwood Village, Colorado

Athens Orthopedic Clinic
Athens, Georgia

Back 2 Motion Physical Therapy
Atlanta, Georgia

Back in the Game
West Linn, Oregon

BIOMechaniks
Germantown, Tennessee

Casey D. Johnston, MD, PC
Watertown, South Dakota

Community Orthopedic Medical Group
Mission Viejo, California

Dr. Coyner — UT Southwestern Sports Medicine
Dallas, Texas

Dr. Joseph Fernandez-Miami Sports Medicine
Miami, Florida

Florida Center for Orthopaedics
Ocoee, Florida

Florida Orthopaedic Institute
Tampa, Florida

Goodlife Physical Therapy P.C.
Orland Park, Illinois

Harbourfront Chiropractic
Toronto, Ontario

Heartland Sports Medicine
St. Joseph, Missouri

Iowa Sports Medicine
Iowa City, Iowa

Northern Lakes Orthopaedics and Sports Medicine
Warsaw, Indiana

Orthopaedic and Sports Therapy Center
Wichita Falls, Texas

P.E.A.K. Physical Therapy
Cardiff-by-the-Sea, California

South Orange County Orthopaedics
Mission Viejo, California

Sport and Spine Physical Therapy
Overland Park, Kansas

SportsmedACT
Bruce, Australia

Suburban Physical Therapy
Brecksville, Ohio

UCONN Health Center/New England Musculoskeletal Institute/Sports Medicine
Farmington, Connecticut

Medical Institutions

Children's Hospital and Research Center Oakland
Oakland, California

Children's Orthopaedic Scoliosis Surgery Associates, LLP
St. Petersburg, Florida

Children's Memorial Hospital Institute for Sports Medicine
Chicago, Illinois

Lawrence Hospital Center
Bronxville, New York

Nebraska Orthopedic Hospital
Omaha, Nebraska

USF School of Physical Therapy & Rehabilitation Sciences
Tampa, Florida

Child Safety Organizations

Alexandra's Playground
New York, New York

Jacksonville Sports Medicine Program
Jacksonville, Florida

National Sports Leagues of America
www.thensla.com

Rush for a Cause
Brecksville, Ohio

Sports and Recreation Organizations

Orange County Lacrosse Association
Irvine, California

Redlands Fencing Center
Oklahoma City, Oklahoma

Ultimate Student Athlete
www.ultimatestudentathlete.com

Winnetka Park District
Winnetka, Illinois

To become part of the STOP Sports Injuries team, visit www.stopsportsinjuries.org/support-us/join-our-team.aspx or contact Mike Konstant directly at Michael@stopsportsinjuries.org.

Do You Treat Young Pitchers? We Need Your Help!

As you may be aware, AOSSM members are collaborating in a national multi-center project involving youth baseball pitchers between the ages of 9- and 18-years-old. Already, more than 800 young pitchers have been assessed with a goal of enrolling 2,000 subjects.

With it being baseball season, this is the prime time to get involved. The studies recently received approval through a private, central Institutional Review Board (Western IRB) that will provide IRB review for anyone who does not have their own review board. You can now rapidly join the group without administrative hassle.

More information and additional free resources to help promote the study to your patients are available at www.sportsmed.org/Youth-Baseball-Studies. Please contact Director of Research, Bart Mann at bart@aossm.org, if you would like to get involved or if you have any questions.

Call for Abstracts of Research Proposals – Biologic Treatments for Sports Injuries

AOSSM will host an interactive grant development workshop on Biologic Treatments for Sports Injuries to be held Wednesday, July 11, 2012, the day before the AOSSM Annual Meeting in Baltimore, Maryland. The purposes of the workshop are:

- To present candidate research proposals for funding under this program that investigate the use of biologics to enhance the healing of soft tissues compromised by sports injuries and/or aging
- To identify and critically evaluate those projects with the potential for multi-institutional and multi-disciplinary collaboration and to encourage collaboration between presenters in the development of research proposals.

Members of the AOSSM and the orthopaedic research community are invited to submit abstracts for participation in this grant development workshop. In October 2012, AOSSM will offer a $250,000 grant to fund one study that addresses an important research question involving one or more of the three following general biologic approaches: bioactive factors, cell-based therapies, and scaffolds. A member of an investigational team must have an abstract accepted for presentation at the July workshop in order to apply for this grant. For more information about this program, please visit www.sportsmed.org/researchgrants. Please direct any questions to Bart Mann at bart@aossm.org.

RTI BIOLOGICS™ SPORTS MEDICINE **AOSSM thanks RTI Biologics for their generous support of this workshop and grant.**

Will You Be a Team Physician at the 2012 Olympics in London?

To answer media questions we might receive, AOSSM is creating a database of members who will be attending the 2012 Summer Olympics in London. If you are interested in being an AOSSM media contact, please send an email to Lisa Weisenberger at lisa@aossm.org.

Check Out the Online Library's New Homepage

Have you visited the AOSSM Online Library's new homepage? Educational images, articles, and video resources are just a click away at www.sportsmedlibrary.org. The next time you're preparing a presentation or just need that key reference on a surgical technique, stop by the AOSSM Online Library.

Missed a Meeting or Presentation? Go Online.

Why take notes at a meeting when you can review the presentation online? AOSSM records presentations at Specialty Day and the Annual Meeting. You can purchase an annual subscription or single meeting. Online Meetings are a great way to review presentations or share new research with colleagues and fellows. Log in at www.sportsmed.org/onlinemeetings to see the PowerPoint slides and hear the speaker's voice.

New Tools to View *AJSM* and *Sports Health*

AOSSM and our journal publisher, Sage, have developed a new widget for our websites which provide a live feed of both *AJSM* and *Sports Health's* current, most read and OnlineFirst articles. New articles are automatically visible on the widget as soon as they are published online—no action is required to ensure new articles show up. You can get the widget by visiting the publications section on www.sportsmed.org or on either the *AJSM* (www.ajsm.org) or *Sports Health* (www.sportshealthjournal.org) websites and clicking on the "Get Widget" button on the bottom of the widget. If you have questions, please contact Melissa Stevens at melissa.stevens@sagepub.com.

Get Your Patients Educated and *In Motion*

In Motion is now available to be personalized with your practice name and logo. For just $300, you will receive four personalized issues (Spring, Summer, Fall, Winter) and the high and low resolution PDFs to send to patient's inboxes, post on your website or print out and place in your waiting room. For more information, contact Lisa Weisenberger, Director of Communications at lisa@aossm.org.

Need a Review? Purchase *2012 Self Assessment* Today

Looking for a great review of sports medicine? The 2012 *Self Assessment* contains 125 new questions designed to guide your review of diagnosing, treating, and rehabilitating common orthopaedic sports medicine injuries and conditions. Each question contains commentary and references to support your learning. Complete the exam and earn 12 AMA PRA Category 1™ credits. *Self Assessment* can count toward your ABOS MOC Part 2 requirement, too. To purchase, visit www.sportsmed.org/selfassessment.

Earn CME Through Current Concepts in *AJSM*

Where can you find the most up-to-date information on critical clinical topics in sports medicine? Current Concepts, the journal-based CME activity, is available each month in *AJSM.* Reflect on and evaluate research-based information you can use in your practice while you earn AMA PRA Category 1™ credit. For more information visit www.ajsm.org.

Have You Become an AOSSM Fan Yet?

AOSSM, *AJSM*, and *Sports Health* are all on Facebook and Twitter. 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:

Twitter

Twitter.com/AOSSM_SportsMed

Twitter.com/Sports_Health

Twitter.com/SportsSafety

Facebook

www.facebook.com/AOSSM

www.facebook.com/American-Journal-of-Sports-Medicine

www.facebook.com/SportsHealthJournal

www.facebook.com/STOPSportsInjuries

CLINICAL PRACTICE GUIDELINES

AOSSM supports the American Academy of Orthopaedic Surgeon's development of Clinical Practice Guidelines (CPG) as a way to provide evidence-based tools for evaluating and determining the best treatment available. Where evidence is limited or equivocal, the Society also supports the development of Appropriate Use Criteria (AUC) to further guide decision-making. The Society and Academy are especially concerned if the CPGs are misused by payors to deny patient care. If you have experienced a denial of care based on a CPG, please report the following to the AAOS and AOSSM so we can investigate the situation:

- Your Name
- Your e-mail and contact information
- The CPT code for which care was denied
- The reason for denial
- The insurer denying the care

Please forward this information to Matt Twetten, AAOS Senior Manager, at Twetten@aaos.org. You may also call him at 847/384-4338. Please also copy Debbie Czech, AOSSM Manager, Member Services and Programs, at Debbie@aossm.org so she can share it with Marc Safran, MD, Chair of the AOSSM Council of Delegates and Bill Beach, MD, Chair of the AOSSM Health Policy and Ethics Committee.

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.

Cross Fellowship Award Application Process Now Available

As a committed, long-time supporter of orthopaedic innovation, education, and patient care, DJO understands the need for highly trained, skilled medical professionals who are able to provide quality patient care in a broad range of clinical settings. Accordingly, in February 2012, DJO Global announced additional funding for Orthopedic Fellowship Programs for the 2012–2013 academic year.

Qualified applicants will need to complete an application and only those programs that meet DJO's requirements will be considered for the Cross Award. If the number of qualified applicants exceeds the amount of available funding, grant recipients will be determined through a randomized selection process. If you wish to submit an application request for funding, please visit the Professional Relations Committee website at www.djoglobal.com to download instructions and an application. Please be advised that the application period is open from April 1 through May 31 only. Applications received by DJO after May 31, or incomplete applications, will not be considered. Only ACGME accredited Sports Medicine Fellowship programs that participate in the AOSSM Match and have three (3) or more fellows are eligible for funding.

If you have any questions about this process, please email crossfellowship@djoglobal.com or call 760/597-3925.

Navigating the Athlete's Knee – Special Collection Available

New Special Collections featured in the AOSSM Online Library allow you to watch over the shoulder of a prominent orthopaedic sports medicine surgeon as he performs a knee procedure. Learn how to evaluate and manage the repair, identify key components of patient history, perform the physical examination, and recognize surgical indications for five different knee procedures, including:

- Medial Patellofemoral Ligament Reconstruction — Jack Farr II, MD
- Single Bundle ACL Repair — William G. Clancy, Jr., MD
- Double Bundle ACL Repair — Freddie H. Fu, MD
- Microfracture Procedure — J. Richard Steadman, MD
- Osteochondral Autograft Procedure — Anthony Miniaci, MD

This surgical skills series was planned by Jon K. Sekiya, MD, and Joel L. Boyd, MD.

AOSSM gratefully acknowledges an educational grant from Smith and Nephew supporting this project.

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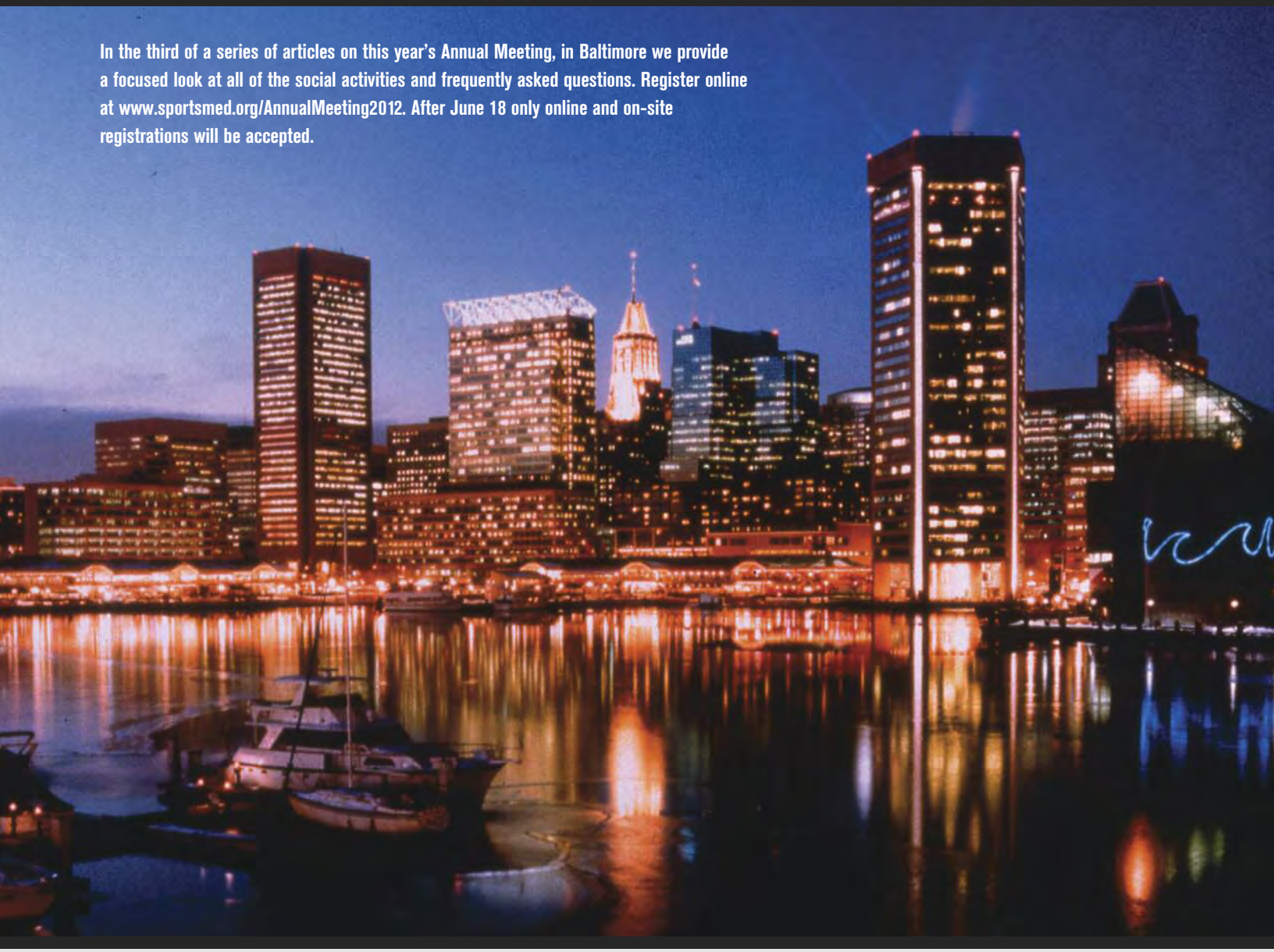
Filled with Sports Medicine Learning and Fun

AT THE AOSSM 2012 ANNUAL MEETING

In the third of a series of articles on this year's Annual Meeting, in Baltimore we provide a focused look at all of the social activities and frequently asked questions. Register online at www.sportsmed.org/AnnualMeeting2012. After June 18 only online and on-site registrations will be accepted.



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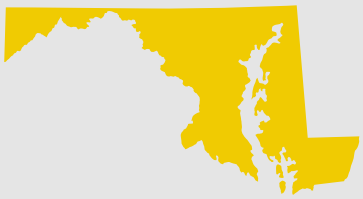

NOT ONLY IS THE AOSSM ANNUAL MEETING AN OUTSTANDING EDUCATIONAL EVENT IT ALSO OFFERS ENJOYMENT AND EXCITEMENT FOR THE WHOLE FAMILY. BELOW WE DETAIL OUR SOCIAL ACTIVITIES.

Thursday, July 12, 6:30–8:00 p.m.

Welcome Reception

Supported by BREG, Inc
Cost: Free

Join us on Eutaw Street outside of Camden Yards for this year's Welcome Reception. Adjacent to the Baltimore Hilton, Eutaw Street will be become AOSSM's private party with baseball stadium food and beverage vendors, an inflatable fast pitch and other baseball-related game stations for kids and adults. In addition, a limited number of ballpark tours will be offered on-site on a space available basis. Everyone and their families are welcome to attend.

Friday, July 13, 1:00 p.m.

Golf Tournament

Supported by DJO Global
Cost: $135

The Mountain Branch Golf Club has been selected as the site for the 23rd Annual Golf Tournament with a shotgun start at 1:00 p.m. The public golf course is a regional favorite. Dubbed a "must-play" by Washington Golf Monthly, the Washington Times, and Mid-Atlantic Golfer, the course is conditioned on par with the best private country clubs. The course boasts engaging architecture featuring split fairways, rolling greens, and rock and water features. The course is approximately 30 minutes from the Baltimore Convention Center in Joppa, Maryland, and transportation will be provided beginning at 12:00 p.m.

The tournament is open to men and women, members and nonmembers. Pre-registration is required. The registration fee has been generously matched through a grant by DJO Global for sports medicine education and research.

Saturday, July 14, 6:00–10:00 p.m.

A Summer Celebration at the B&O Railroad Museum

Cost: Free

The Baltimore and Ohio Railroad Museum will be open Saturday evening exclusively for AOSSM attendees and their guests. The museum boasts one of the oldest collections of railroad history in the Western Hemisphere, dating back to 1827. This historic national landmark allows you to see, touch, hear, and explore the most important railroad collection in America. Galleries and train cars will be open for exploring. Outdoors there will be various family-friendly activities, including Choo Choo Blueville which offers children a kiddie train ride, a carousel, and other interactive games. Dinner buffet is included. The museum is located about 2 miles from all of the host hotels and transportation will be provided.

Check out the AOSSM 2012 Annual Meeting App

Be sure to download the AOSSM 2012 Annual Meeting App for the iPhone, Droid, and Google platforms that will be available in mid-June. It will include meeting information, social events, and much more.

PHOTOS: Baltimore Area Convention and Visitors Association

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Frequently Asked Questions About the Annual Meeting

If I am a presenter or member of the faculty, is my registration waived?
Members of AOSSM do not pay a registration fee to attend the Annual Meeting unless they stay at a non-designated hotel or register past the advance registration deadline of June 18. Faculty registration is also waived.

If I am a member of an AOSSM partner society, do I receive a discount for my registration fees?
AOSSM offers discounted fees for resident/fellows ($300), military ($300), and allied health ($300). Nonmember physicians pay $700.

I have already registered for the meeting but would like to change my instructional courses and workshops. How do I do this?
Prior to June 18 you can contact the AOSSM office at 847/292-4900 and we will make the changes for you. After that date, please visit the on-site registration desk beginning on Wednesday, July 11, at 2 p.m. Instructional courses are subject to availability.

I registered online but didn't receive a confirmation email. What do I need to do?
It is possible the confirmation email was blocked by a spam filter. Be sure to check your email's junk folder. It is also possible that the email address on file is not accurate. Verify your email by logging into the registration page. If the email is correct and your registration has been processed, you can request an additional receipt email through the registration page. If you have questions or problems, contact the Society office at 847/292-4900.

Where and when are the Live Surgical Demonstrations being held?
The Live Surgical Demonstrations will be on Thursday, July 12, 1:00–5:30 p.m., in Ballroom III of the Baltimore Convention Center. This workshop promises to provide an exceptional educational experience with some of the top sports medicine professionals in the world. The demonstrations will be focused on the knee. Be sure to register for this event ahead of time as space is limited. On-site registration will also be available.

Do I need to pay to attend the Industry Sponsored Symposia on Friday?
You can choose to attend any of the 10 industry sponsored symposia that will take place. These symposia are free and will have limited seating so be sure to register ahead of time. No CME credit will be awarded for participation.

How do I secure my hotel room for the meeting?
A block of hotel rooms has been reserved at the Hilton Baltimore, Marriott Inner Harbor, and Hyatt Regency on the Inner Harbor. Please visit www.sportsmed.org/AnnualMeeting2012 or call 800/282-6632 or 410/837-4636 for more information. Rates vary and are guaranteed until June 12 or based on availability.

Can I obtain a refund for registration, instructional courses, or social functions?
Refund requests must be sent to the Society office prior to June 18. After that date, no refunds are issued.

HOUSING LIMITED

Attendee lodging for the AOSSM 2012 Annual Meeting is becoming very limited. We encourage you to make your reservations as soon as possible. Available hotels include:

- Hilton Baltimore ($239)
- Marriott Inner Harbor ($236)
- Hyatt Regency on the Inner Harbor ($232)

The Hilton and Hyatt are attached via walkway to the Baltimore Convention Center and the Marriott is 1.5 blocks from the Center. Details and locations of the hotels can be viewed at www.sportsmed.org/AnnualMeeting2012. Exhibits, Scientific Sessions, and Instructional Courses will be held at the Baltimore Convention Center.

Book your housing at www.sportsmed.org/AnnualMeeting2012 or by calling 800/282-6632 or 410/837-4636 and identifying yourself as AOSSM Annual Meeting attendee. Rates are guaranteed until June 12, 2012, subject to availability.

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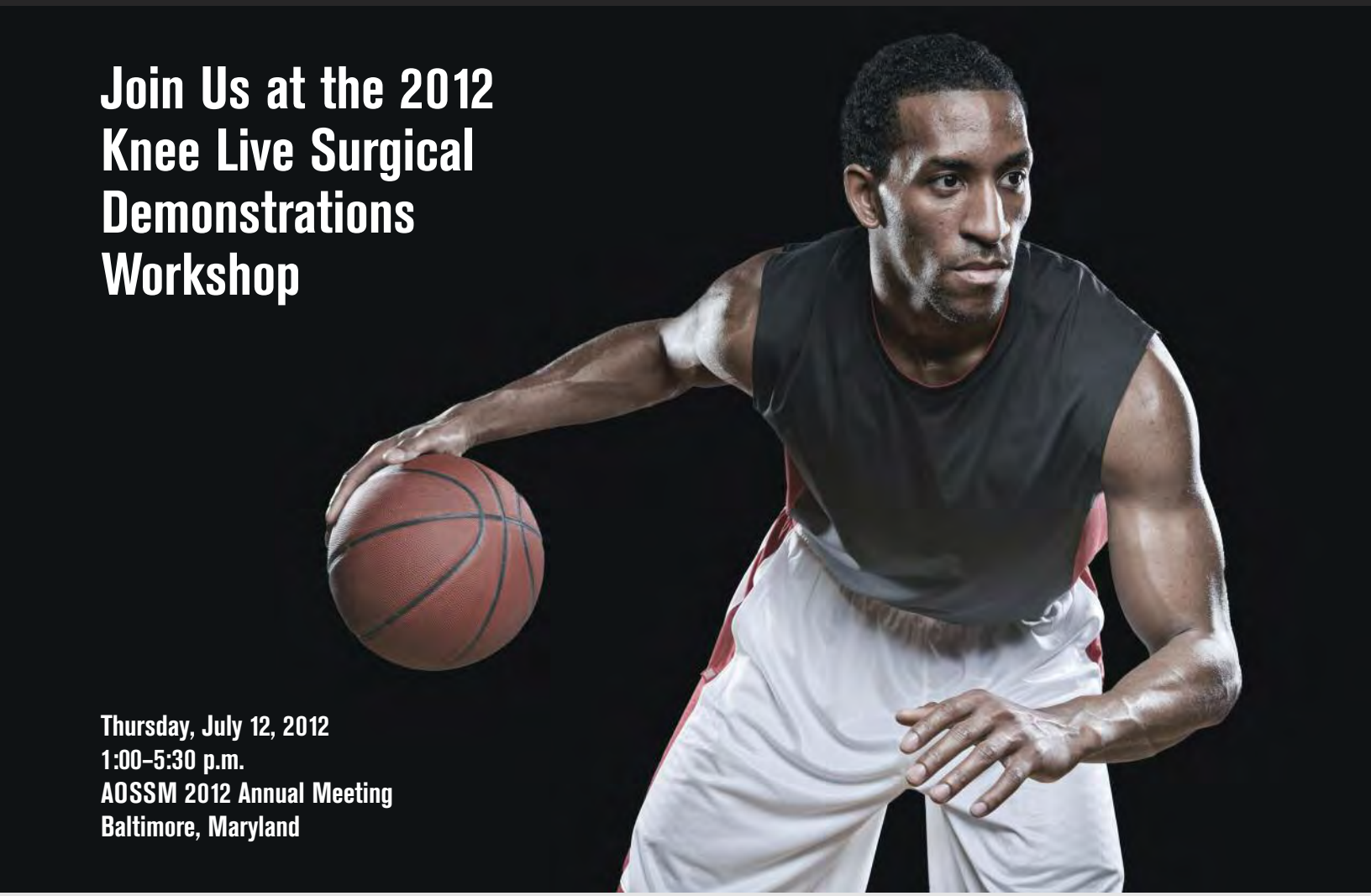
Join Us at the 2012 Knee Live Surgical Demonstrations Workshop



Thursday, July 12, 2012
1:00–5:30 p.m.
AOSSM 2012 Annual Meeting
Baltimore, Maryland

AOSSM heard you loud and clear. Join us to view the six top knee procedures you identified. World class faculty — six moderators and six surgeons — will leave you glued to your seats Thursday afternoon. Moderators will probe the procedure's pitfalls and pearls while the surgeon performs the surgery. View the six procedures in real time and ask questions via our mobile app.

Register ahead of time. However, on-site registration will be available.

KNEE PROCEDURES

Co-Chairs: Mark D. Miller, MD, and Richard D. Parker, MD

Open Patella: Medial Patellofemoral Repair/Reconstruction	**1:00–1:45 p.m.**
SURGEON: Andrew J. Cosgarea, MD	**MODERATOR:** Jack T. Andrish, MD
Tibial Tuberosity Osteotomy: Anteromedialization & Lateral Retinaculum	**1:45–2:30 p.m.**
SURGEON: William R. Post, MD	**MODERATOR:** John P. Fulkerson, MD
ACL Reconstruction: Single and Double Bundle	**2:30–3:15 p.m.**
SURGEON: Freddie H. Fu, MD	**MODERATOR:** Bernard R. Bach, Jr., MD
PCL Reconstruction: Transtibial and Inlay	**3:15–4:00 p.m.**
SURGEON: Richard D. Parker, MD	**MODERATOR:** Christopher D. Harner, MD
Medial Side Repair/Reconstruction	**4:00–4:45 p.m.**
SURGEON: Claude T. Moorman III, MD	**MODERATOR:** Mark D. Miller, MD
Lateral-Sided PLC Reconstruction	**4:45–5:30 p.m.**
SURGEON: Robert F. LaPrade, MD, PhD	**MODERATOR:** Robert C. Schenck, MD

Bylaws Revised and Available for Review by Members

In the spring of 2011, the AOSSM Board embarked upon a comprehensive review of the AOSSM Bylaws. The purpose was to clean up inconsistencies and dated provisions that have evolved over time due to periodic revisions, changes in association governance and a different business environment from when AOSSM was first founded in 1972. Irrespective of the significant editorial changes, the Society will continue to operate largely within the same governance structure that has served AOSSM well since its inception.

The revisions have occurred in a thoughtful manner, with numerous rounds of review. The initial Bylaw revisions, coordinated with the Society's general counsel, were proposed to the Board of Directors in July 2011. The Board endorsed those changes and requested the Bylaws Committee review the changes and incorporate several additional provisions, including

- The formation of an Executive Committee
- Formal recognition of AOSSM Committee Councils
- A provision in the Bylaws formally outlining the function of the Executive Director

The Board approved all revisions in April 2012. An email with both the marked up and clean versions of the Bylaws will be sent in mid-May to all AOSSM members, per the requirement of the current Bylaws. A link will also be available on the homepage of the website at www.sportsmed.org. During the Annual Meeting in July, final approval of the Bylaws will be voted on during the business meeting.

Any questions, can be directed to the Society at info@sportsmed.org.

Legislative Advocacy Making Progress

By Jamie Gregorian, Esq., AAOS Senior Manager, Specialty Society Affairs and Research Advocacy

ICD-10 Implementation Delayed for One Year

The Department of Health and Human Services (HHS) recently announced a proposed rule that would delay, from October 1, 2013, to October 1, 2014, the compliance date for the ICD-10 procedure codes. On January 16, 2009, HHS published a final rule to adopt ICD-10 as the HIPAA standard code set to replace the previously adopted ICD-9 codes for diagnosis and procedure codes, and the compliance date was October 1, 2013. However, numerous organizations (including AAOS) expressed serious concerns about the ability to meet the original compliance date. Concerns about the ICD-10 compliance date are based, in part, on implementation issues they have experienced meeting HHS' compliance deadline for the Version 5010 standards for electronic health care transactions. Compliance with Version 5010 is necessary prior to implementation of ICD-10. Owing in part to the orthopaedic community's response, the deadline has now been extended by one year.

House Passes Bill with IPAB Repeal, Medical Liability Reform

On March 22, the House of Representatives passed a bill repealing the Independent Payment Advisory Board (IPAB) and instituting tough medical liability reforms such as capping non-economic damages at $250,000. The vote was 223–181, and broke down largely along party lines (seven Democrats voted in favor and ten Republicans voted against). The bill now heads to the Senate, where its prospects of passage appear dim.

SCOTUS Hears PPACA Arguments

The Supreme Court heard oral arguments on the constitutionality of the Patient Protection and Affordable Care Act (PPACA) from March 26 through 28. Three unprecedented days of arguments took place over whether the court could consider the law before it goes into effect, including the constitutionality of the individual mandate; whether the individual mandate is severable from the entire law in the event that the mandate gets struck down, and whether the PPACA's expansion of Medicaid is constitutional. Following the three days of deliberation, the Justices will meet and vote. A verdict is expected in June.

House Passes Budget, Would Radically Transform Medicare

Prior to leaving town for the April recess, the House passed a controversial budget championed by House Budget Committee Chairman Paul Ryan (R-WI). The bill passed with 228 Republicans in favor, ten Republicans against, and all Democrats against. The proposal would gradually raise the eligibility age to 67 by 2034 and cap Medicare spending growth at gross domestic product growth plus 0.5 percent. The plan would also turn Medicaid over to the states in the form of a federal block grant.

In Advance of Medical Device User Fee and Modernization Act Bill, GAO Report Highlights Long Approval Times

The Government Accountability Office (GAO) has found that the FDA is taking substantially longer to issue decisions on devices than it used to. The time taken to approve devices that are fast-tracked with the 510(k) program has increased from 100 days in 2005 to 161 days in 2010, the report found. Devices that are reviewed de novo through the Premarket Approval Application (PMA) process were found by the report to be "highly variable, but generally increased in recent years." The average time to a final decision for an original PMA was 462 days in fiscal 2003, but increased to 627 days in fiscal 2008.

For more information and to register, visit www.sportsmed.org/meetings.

2012 Annual Meeting
July 12–15, 2012, Baltimore, Maryland

AOSSM/AAOS Review Course for Subspecialty Certification in Orthopaedic Sports Medicine
Chicago, Illinois, August 10–12, 2012

Keep Your Edge: Hockey Sports Medicine in 2012
Toronto, Canada, August 24–26, 2012

Keep Your Edge: Hockey Sports Medicine in 2012

Toronto Marriott Downtown Eaton Centre, Toronto, Canada

Join us in Toronto for a unique educational experience focusing on hockey injury prevention, treatment, and rehabilitation. Live activity highlights include:

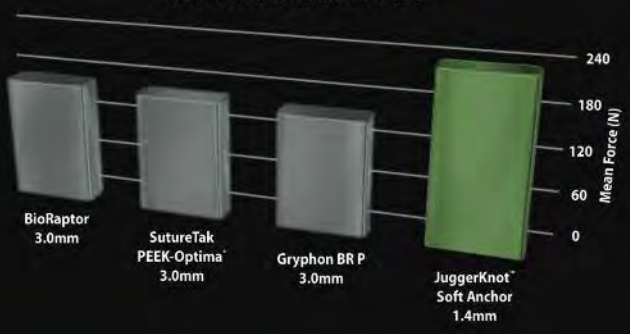
- Epidemiology of ice hockey injuries
- Hockey emergencies
- Upper and lower extremity injuries
- Update on concussion
- Case-based discussions
- Complimentary reception at the Hockey Hall of Fame

For more information and to register visit www.sportsmed.org/NHLMeeting2012.

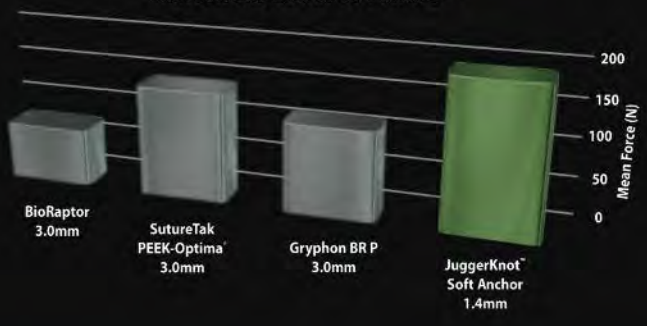
It's small. It's strong.[1,2] And it's all suture.

Size is **not** indicative of strength! Ants can carry more than 50 times their body weight. The 1.4mm JuggerKnot™ Soft Anchor has been shown to be stronger than comparable 3mm anchors.[1,2] The JuggerKnot™ Soft Anchor represents the next generation of suture anchor technology. This 1.4mm anchor is completely suture-based and the first of its kind.

Cortical Loads to Failure[1,2]



Cancellous Loads to Failure[1,2]



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1. Barber FA, Herber MA, Beavis RC, and Oro FB; "Suture Anchor Materials, Eyelets, and Designs: Update: 2008." Arthroscopy Vol. 24, No. 8 pp 859–867, 2008
2. Barber FA, Herbert MA, Hapa O, Rapley JH, Barber CA, Bynum JA, Hrnack SA.; "Suture Anchor Update 2010." Arthroscopy 2010; In Press.

For indications, risks and warnings, visit:

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