

# Sports Medicine UPDATE

JANUARY/FEBRUARY 2013



**New Disclosure  
Process**

***OJSM* to Launch  
in Early 2013**

**Annual Meeting  
Housing Open**

**40  
YEARS OF  
TITLE IX**



**AOSSM**

[www.sportsmed.org](http://www.sportsmed.org)



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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](http://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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## ORTHOPAEDIC SPORTS MEDICINE IS A HEALTHY, VIBRANT PROFESSION.

The AOSSM Board is striving to provide new and expanded programs and services to facilitate our specialty's continued growth, as well as support our members' practice needs. As we enter a new year—our 41st as an organization—I'd like to highlight several new initiatives and programs that will premier this year.

Most notably, the AOSSM Medical Publishing Group will launch a new journal in April, *Orthopaedic Journal for Sports Medicine: A Open Access Journal of Orthopaedic Sports Medicine, Arthroscopy and Knee Arthroplasty*. This remarkable initiative changes the publishing paradigm for authors, researchers, and readers while maintaining AOSSM's full commitment to publishing only high quality peer reviewed content. Under the editorial guidance of Bruce Reider, MD, editor-in-chief, and Allen Anderson, MD, and Mark Steiner, MD, who are associate editors, *OJSM* will publish manuscripts online and make them immediately available to the profession world-wide, free of charge. This new venue provides authors with an exciting new option—beyond the *American Journal of Sports Medicine* and *Sports Health*—for making their findings publicly available without restriction. In addition, the endeavor will provide our sister organizations throughout the world with an opportunity to collaborate with AOSSM so that we can make this an invaluable resource for the entire profession. I'd like to thank the AOSSM Medical Publishing Group, chaired by Douglas W. Brown, MD, for its vision and leadership in developing an important new publishing resource that is current with the times while remaining faithful to the profession's commitment to strong science.

Education also is critical to professional growth. Aside from our members' longstanding commitment to education as faculty and learners, state and national licensing and certifying organizations are modifying their educational requirements for good standing. The American Board of Orthopaedic Surgery (ABOS) recently approved a new AOSSM performance improvement module (PIM) on Patellofemoral Pain Syndrome that will fulfill the Part IV requirement for ABOS re-certification. The ABOS and AOSSM staff are collaborating to integrate the Society's online educational program with the ABOS data collection system so that it can be released later this spring. This will be the first of several PIMs that AOSSM plans to develop.

Finally, the AOSSM Board decided at its fall meeting to enter the advocacy fray and provide greater direction and support on socioeconomic issues of concern to the profession. With the impending implementation of the Affordable Care Act (ACA) affecting clinical care and ancillary services, the ongoing budget battles affecting reimbursement and research funding and other legislative and regulatory concerns, the Society leadership felt it was time to add the specialty's distinct voice to the socioeconomic debate. The Society issued an RFP and considered proposals from a number of leading health care lobbying firms in Washington, D.C. The Board ultimately selected and contracted with the AAOS's Office of Government Affairs (OGR) to provide a range of service outlined in the AOSSM's RFP. The OGR provides a number of compelling benefits, including a deeper sensitivity to orthopaedic issues and concerns, a broader range of expertise with 15 staff in its Washington office, and other synergies that will allow its lead staff member, Jamie Gregorian, JD, and others to provide greater interaction and support for the AOSSM Health Policy and Ethics Committee. Mr. Gregorian will work with the Society leadership not just to monitor and report to the Society's leadership but also to develop formal congressional testimony and regulatory comments on behalf of AOSSM.

AOSSM's ability to proactively respond to challenges and create opportunities is critical for maintaining our profession's strength. These exciting initiatives, debuting in the next few months, exemplify our commitment to ensuring that AOSSM remains a world leader in orthopaedic sports medicine education, research, communication, and fellowship.



## WHAT TITLE IX MEANS TO WOMEN'S ATHLETICS TODAY

**BY DIONNE L. KOLLER**

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Title IX turned forty in 2012, and this past summer was filled with celebrations and pointed reminders—such as the accomplishments of our women Olympians—of the law's enormous success. Title IX has been widely credited with changing norms for sports participation for women, and unlike many laws, whose actual efficacy in this regard is debated, the numbers don't lie.

*Continued on page 3*

Since its enactment in 1972, Title IX's ability to change the culture surrounding women's participation in athletics and bring steadily-increasing numbers of women into sports has been dramatic. Prior to the enactment of Title IX, fewer than 32,000 women participated in intercollegiate athletics. Now, there are more than 174,000 female intercollegiate athletes. Female participation in interscholastic athletics has grown even more, with about 294,000 girls participating in high school athletics in 1971, and more than 3 million today. The words "Title IX" have achieved a sort of pop culture status, so that those two words stand for something greater than the law's requirements. The law clearly sends a message that girls and women are entitled to participate in sports, and this

and stronger interpersonal skills. Research shows that physical activity reduces female risk of cardiovascular disease, and physically active women are less likely to get diseases such as breast cancer. Research also shows that participation in athletics promotes positive social behaviors, including better academic performance, lower rates of smoking, drug use, and pregnancy, and higher levels of self-esteem. Given the growing numbers of children, and especially girls, who are overweight and suffering the resultant lifelong physical and emotional effects, sports participation—both encouraging an interest in it and sustaining it—is an important public policy issue.

Early cases challenging policies which excluded women and girls from sports

programs receiving federal financial assistance. The purpose of the statute is to guarantee that all students have equitable opportunities to fully participate in taxpayer-supported educational programs. Title IX does not target or even mention athletics programs. The statute states quite simply that:

*No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any education program or activity receiving Federal financial assistance . . .*

The statute itself does not detail the content of an equitable education-based sports program. Indeed, the issue of

Participation in athletics **promotes positive social behaviors**, including better academic performance, lower rates of smoking, drug use, and pregnancy, and higher levels of self-esteem.



message has served as a catalyst to women and girls to get in the game.

Title IX is an anti-discrimination statute based on an equality mandate. Equitably distributing education-based sports opportunities is important, because as a substantial body of social science and medical literature documents, sports participation provides significant lifetime benefits. For instance, sports participation is said to teach important life lessons such as discipline, teamwork, time management, and leadership that enhance one's long-term personal growth and well-being. Studies have demonstrated that students who participate in high school sports perform better academically and have an increased probability of attending college. Moreover, athletic participation is said to create numerous benefits for women and girls, including better physical and mental health, higher self-esteem, a lower rate of depression, and more positive body image, as well as greater educational success

programs based on gender illustrated the need for a federal law which would address the stereotypes and baseless assumptions underlying such policies. These cases often featured expert testimony, including by orthopaedic surgeons and other physicians, which supported the argument that females were not physically suited to engage in sports. For instance, in one case, a prominent orthopaedic surgeon and team physician testified that girls could not safely compete with boys in sports such as baseball, and that in general girls were in poorer physical condition, lacked the capacity to throw overhand, and were more likely to sustain fractures when engaging in sports. The surgeon admitted that in his opinion "it was the normal activity of a young lady to keep off baseball fields and play with dolls."

These views began to change when Congress enacted Title IX in 1972. Title IX was aimed at prohibiting discrimination on the basis of gender in all education

discrimination against women in education-based athletics programs was only a brief part of the congressional debates on Title IX. Efforts to limit Title IX's effect on athletic programs failed and Congress subsequently directed what was then the Department of Health Education and Welfare to prepare regulations implementing Title IX, including in the area of intercollegiate athletics. These regulations provide the framework for gender equity in sports and apply to all high schools, colleges, and universities that receive government funding. The final regulations, which went into effect in 1975, provide that:

*No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, be treated differently from another person or otherwise be discriminated against in any interscholastic, intercollegiate, club or intramural athletics offered by a recipient . . .*

*Continued on page 4*

Title IX does not require that education-based athletic programs give preferential treatment to women. Instead, Title IX requires entities that receive federal financial assistance to “provide equal athletic opportunity for both sexes.” This does not require educational institutions to have gender-integrated sports teams or the same teams for men and women. However, where a school has separate programs for men and women, Title IX requires that those separate opportunities be equitable.

To determine whether a school provides equal athletic opportunity, the regulations state that it must be determined “whether the selection of sports and levels of competition effectively accommodate the interests and abilities of members of both sexes.” Compliance is measured in three areas that directly have an impact on the student-athlete experience:

- Athletic scholarships
- Other program areas (such as scheduling of practices and games and facilities)
- Accommodating the interests and abilities of male and female students

Effective accommodation of male and female students’ interests and abilities with respect to participation opportunities is measured by compliance with what is known as the “three-part test,” which provides that an institution effectively accommodates the interests and abilities of its male and female students if it meets any one of three benchmarks:

1. Whether intercollegiate level participation opportunities for male and female students are provided in numbers substantially proportionate to their respective enrollments; or
2. Where the members of one sex have been and are underrepresented among intercollegiate athletes, whether the institution can show a history or continuing practice of program expansion which is demonstrably responsive to the developing interest and abilities of the members of that sex; or



*Continued on page 5*

3. Where members of one sex are underrepresented among intercollegiate athletes and the institution cannot show a continuing practice of program expansion . . . whether it can be demonstrated that the interests and abilities of the members of that sex have been fully and effectively accommodated by the present program.

The first prong of the test is not a required method of compliance, but is instead a “safe harbor” for institutions which demonstrate they meet the standard. Most schools, in fact, choose to comply through prongs two or three. Every court to consider the issue has held that the three-part test is constitutional.

While Title IX’s equality mandate itself has been defined and upheld through the statute’s implementing regulations and case interpretations, the content of that equality mandate is left to be defined by the institutions sponsoring athletic programs. That is, Title IX requires that men and women be treated equitably in the provision of athletic opportunities, but it says nothing about what those opportunities should look like.

This enormous deference to institutions to define the content of their athletic programs means that while many institutions have had to change the number of athletic opportunities they provide to women, they by and large have not changed the model for sports that predominates in intercollegiate sports programs. This model often preferences highly-skilled athletes and has as a goal winning and commercial appeal over



student-athletes’ academic success. This is evidenced by schools spending ever-increasing amounts to recruit elite athletes, including female athletes, for their athletic programs and subjecting them to training regimens that rival those of professional athletes. Athletic directors are under pressure to deliver winning teams, and often are paid bonuses if they produce teams that win championships.

Overall spending on athletics has grown by double digits over the last decade, and institutions see athletics as an essential marketing tool. Indeed, early fears about Title IX bringing an end to men’s football and basketball programs have not been realized. Athletic departments spend record amounts on such programs—in most cases spending much more than the programs bring in—and government and NCAA data show that overall men’s sports opportunities have steadily grown since the passage of Title IX, especially in sports such as soccer and lacrosse.

Thus, despite the fears and rhetoric, Title IX has not diminished men’s sports opportunities. However, it also has not done anything to end what many argue is the over-commercialization of education-based sports programs and the exploitation and overtraining of the student-athletes who participate.

Accordingly, as we reflect on Title IX’s 40th anniversary, the sports medicine community should consider its role in helping to shape the discussion around athletics in our educational institutions. In doing so, sports medicine physicians can bring an important voice to the debate over how best to craft athletics programs so that the students of the future—both male and female—have the opportunity to engage in sports not just to support the commercial interests of the institution, but for the substantial health and social benefits that we know sports participation provides.

## References

1. Council on Sports Medicine and Fitness and Council on School Health, American Academy of Pediatrics, *Active Healthy Living: Prevention of Childhood Obesity Through Increased Healthy Living*, 117 PEDIATRICS 1834, 1836 (2006) (discussing the health benefits of athletics for all children from weight reduction, to insulin sensitivity, to blood pressure, to self-esteem).
2. *Fortin v. Darlington Little League, Inc.*, 514 F.2d 344, 350 (1st Cir. 1975)
3. 20 U.S.C. § 1681(a)
4. 34 C.F.R. § 106.41(a)
5. 34 C.F.R. § 106.41(c)
6. 34 C.F.R. 106.41(c)
7. 44 Fed. Reg. 71,418 (1979)



# HELP STOP SPORTS INJURIES IN 2013

Entering 2013, we look forward to a number of milestones for the campaign, including a celebration of our 3rd anniversary during April's Youth Sports Safety Month. In addition, we will be continuing to help young athletes prevent sports injuries thanks to the support of our more than 500 collaborating organizations from around the world. As we kick-off this exciting year, keep an eye out for a number of changes—including a fresh new look to the website, mobile optimization of our sports safety materials, and a new series of youth sports safety tip sheets, including information on ACL injuries, osteoarthritis, and strength training.

## Share Your Sports Injury Stories

On the heels of our 100th posting, we are excited to reveal a refreshed design of the STOP Sports Injuries blog. The new page will provide visitors a more unique and engaging experience sure to enhance the great sports injury prevention information we already provide to athletes, parents, and coaches. You can help us launch the redesign—we are looking for stories of young athletes challenged by injury to post during April's Youth Sports Safety Month. If you are able to share or know of a story that could be helpful to other young athletes, e-mail Joe Siebelts at [joe@aossm.org](mailto:joe@aossm.org).

The STOP Sports Injuries campaign thanks our Champion Level Supporters:



# New Book on Sports Safety Now Available for Athletes, Parents and Coaches



*Any Given Monday*, a new book from Campaign Co-Chair, Dr. James Andrews, will be released early in 2013. The book takes an in-depth look at youth sports injuries from a doctor's perspective and provides prevention tips for a wide range of athletics. Copies of the book will be available for purchase online at [www.amazon.com](http://www.amazon.com), with proceeds benefitting the STOP Sports Injuries Campaign.

## CAMPAIGN SURPASSES 500 COLLABORATING ORGANIZATIONS

New supporters as of December 1, 2012

### Sports Organizations

#### Performance Conditioning

Lincoln, Nebraska

#### Pyramid Sports Performance Center

Leighton, Pennsylvania

### Sports Medicine Practices

#### Advanced Athletic Training Solutions

Moorestville, North Carolina

#### Architec Sports and Physical Therapy

Charlotte, North Carolina

#### BSR Physical Therapy

Barnegat, New Jersey

#### Campbell Clinic Orthopaedics

Germanatown, Tennessee

#### Dr. Michael Khazzam-UT Southwestern Sports Medicine

Dallas, Texas

#### Fitness 4 Life Physical Therapy

Edwardsville, Illinois

#### Integrated Performance

New York, New York

#### Omega Rehab and Sport

Thousand Oaks, California

#### Orthopedic + Fracture Specialists

Portland, Oregon

#### Pediatric Associates

Lauderdale Lakes, Florida

#### Physiofit

Windsor, Ontario, Canada

#### Precision Chiropractic

Houston, Texas

### Medical Institutions

#### University of Utah Orthopaedic Center

Salt Lake City, Utah

### Child Safety Organizations

#### Frozen Shorts

Rochester, New York

### Health Organizations

#### Texas Orthopaedic Society

Austin, Texas

#### Texas Society of Sports Medicine

Austin, Texas

#### International Institute of Race Medicine

Boston, Massachusetts

#### Pennsylvania Orthopaedic Society

Harrisburg, Pennsylvania

#### Collegiate and Professionals Sports Dietitians Association

Park Ridge, Illinois

#### Puerto Rico Orthopaedic Society

San Juan, Puerto Rico



## A New PSA with the Bulls/Sox Academy

In early December we released our newest prevention public service announcement in collaboration with the Bulls/Sox Academy and Midwest Orthopaedics at Rush University in Chicago, Illinois. The piece features Dr. Charles Bush-Joseph discussing overuse injuries and prevention in young athletes, and is available to view and share at [www.STOPSportsInjuries.org](http://www.STOPSportsInjuries.org).



## Address Athlete Safety in Your Community

As the winter sports season continues, we encourage you to sponsor a youth sports safety event. Whether a small group discussion on youth sports injuries or a larger presentation to young athletes and parents, we want to help promote and share your event with our audience. Submit details under "Events" at [STOPSportsInjuries.org](http://STOPSportsInjuries.org) and contact Mike Konstant, Campaign Director, at [Michael@stopssportsinjuries.org](mailto:Michael@stopssportsinjuries.org) to let us know how we can help!

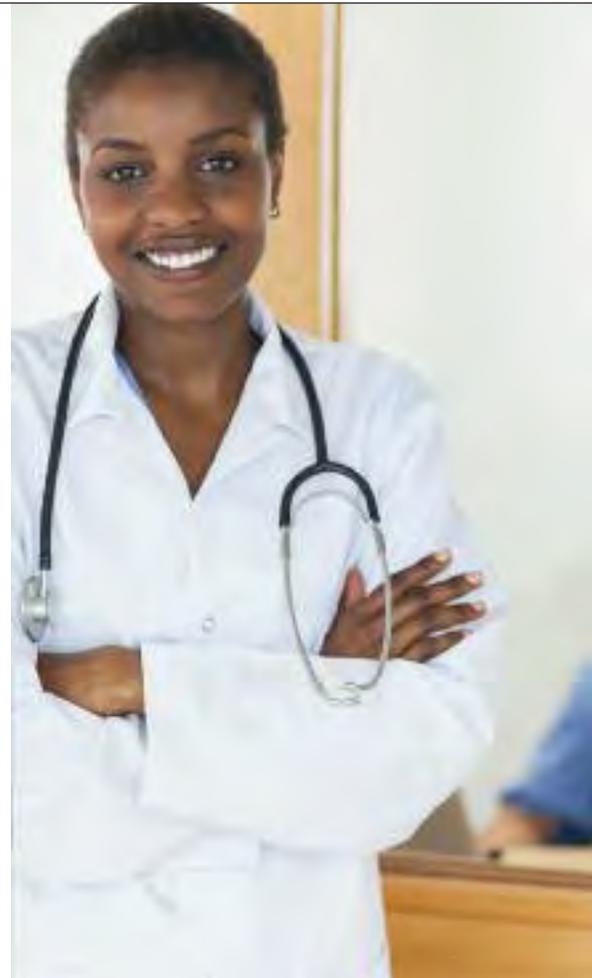
## Young Investigators Urged to Apply for USBJI Grant Mentoring Program

The United States Bone and Joint Initiative (USBJI) and Bone and Joint Decade Canada are dedicated to increasing research of musculoskeletal diseases. The USBJI has developed a grant mentoring program to provide early-career investigators an opportunity to work with experienced researchers to assist them in securing funding and other survival skills required for pursuing an academic career.

This program is open to promising junior faculty, senior fellows, or post-doctoral researchers nominated by their department or division chairs. It is also open to senior fellows

or residents who are doing research and have a faculty appointment in place or confirmed. Basic and clinical investigators, with or without training awards (including K awards) are invited to apply. Investigators selected to take part in the program attend two workshops, 12–18 months apart, and work with faculty between workshops to develop their grant applications. The next workshop is scheduled to take place April 26–28, 2013, in Chicago, Illinois. The unique aspect of this program is the opportunity for attendees to maintain a relationship with a mentor until their application is funded.

**Deadline to apply for the Spring 2013 Workshop is January 15, 2013.** To apply for this program, please visit [www.usbji.org/rd/?yii](http://www.usbji.org/rd/?yii). Deadline to apply for the following Fall 2013 Workshop is July 15, 2013.



## Research Mentoring Program Available

AOSSM recently initiated a research mentoring program that brings together individuals who have shown scientific promise at an early stage of their careers with senior clinician-scientists who have highly successful research programs. The primary goal of this program is to help younger members obtain grant funding from a large national organization such as the NIH. The program is designed for those who do not have a natural mentor at their own institution and who do not have an ongoing mentoring relationship. The official mentorship relationship will have a term of two years. It is hoped, however, that the individuals find the experience sufficiently enriching that they will continue longer-term contact, support, or collaboration.

Applications will be reviewed by the Research Committee and up to five pairs will be selected for participation in the program. For more information visit <http://bit.ly/VD2BKN>. Application materials and any questions can be submitted to Bart Mann, AOSSM Director of Research at [bart@aossm.org](mailto:bart@aossm.org). Applications will be accepted on a rolling basis.



This program is made possible through a generous grant from ConMed Linvatec.

## Sports Health Now Listed on PubMed Central

*Sports Health: A Multidisciplinary Approach* is now listed on the PubMed Central database. PubMed Central is a free database used to access references and abstracts for articles focusing on life science and biomedical topics. All articles published since the journal's inception are now searchable on the database and fully available—free of charge—12 months after publication.

This is an important step in establishing *Sports Health* as the leading worldwide multidisciplinary publication in sports medicine. Having it listed in PubMed Central allows scholars and practitioners across the globe access to research and clinical care presented by our authors. Thank you for your continued support!

## Start Your New Year Off on the Right Foot with *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, and Winter) and the high and low resolution PDFs to send to patients' inboxes, put 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](mailto:lisa@aossm.org).

## Discounted Athletic Health Handbook Now Available



Are you looking for a quick, easy reference on topics you frequently face in your everyday practice or sporting event? AOSSM has the tool for you—the *Athletic Health Handbook: A Key Resource for the Team Physician, Athletic Trainer and Physical Therapist*. This unique

3-ring handbook provides the team physician, athletic trainer, and physical therapist with up-to-date Team Physician Corner articles and consensus statements from *Sports Medicine Update*, all in one location, for quick and easy referencing. Handbook purchasers also receive an added bonus of downloadable, annual updates with all of the latest information.

Now on sale for just \$35 plus shipping and handling, this is a deal not to pass up! Visit the online store at [www.sportsmed.org](http://www.sportsmed.org) to order now.

## HOUSING NOW OPEN FOR 2013 AOSSM ANNUAL MEETING

A block of rooms has been reserved at the Sheraton Chicago at a group rate of \$249 single and double occupancy. Reservations may be made by calling 800/233-4100 or 312/329-7000. Specify that you are attending the AOSSM Annual Meeting. You can also book online by visiting [www.sportsmed.org](http://www.sportsmed.org). The reservation deadline is June 8, 2013. Rooms are guaranteed until this date pending availability. Attendees are encouraged to book early.

## Committee Applications Due Soon

Help shape AOSSM's education, research, and communications efforts by joining a committee. Requirements and duties vary by committee, but volunteers must be able to attend regular meetings, which are typically scheduled in conjunction with Specialty Day each spring and the AOSSM Annual Meeting each summer.

All membership categories are eligible to serve. Term of service is four years and is non-renewable. If you are interested in serving on an AOSSM committee, simply fill out the Volunteer Form on the homepage of [www.sportsmed.org](http://www.sportsmed.org) and fax to 847/292-4905 or e-mail to [Camille@aossm.org](mailto:Camille@aossm.org) by February 1, 2013.



## Update Your Profile Online

Be sure to update your demographic information and areas of expertise online by signing in and going to the "Edit My Profile" link on the My AOSSM page. By updating your information, the public will be able to more easily search for your expertise on our "Find A Doctor" listing.

## AJSM is Now on Twitter

Keep up to date on the latest in AJSM - we are now on Twitter. Search [AJSM\\_SportsMed](https://twitter.com/AJSM_SportsMed).

### Facebook

[www.facebook.com/AOSSM](http://www.facebook.com/AOSSM)  
[www.facebook.com/American-Journal-of-Sports-Medicine](http://www.facebook.com/American-Journal-of-Sports-Medicine)  
[www.facebook.com/SportsHealthJournal](http://www.facebook.com/SportsHealthJournal)  
[www.facebook.com/STOPSportsInjuries](http://www.facebook.com/STOPSportsInjuries)

### Twitter

[Twitter.com/AOSSM\\_SportsMed](https://twitter.com/AOSSM_SportsMed)  
[Twitter.com/Sports\\_Health](https://twitter.com/Sports_Health)  
[Twitter.com/SportsSafety](https://twitter.com/SportsSafety)  
[Twitter.com/AJSM\\_SportsMed](https://twitter.com/AJSM_SportsMed)

## New AOSSM Disclosure Option Unveiled

AOSSM, working in collaboration with the AAOS, is introducing a new option for the disclosure process. AOSSM members may now “opt in” to a new process by requesting that their current disclosure information, housed in the AAOS system, be shared with AOSSM. This new member benefit streamlines the disclosure process.

The next time you log in to [www.sportsmed.org](http://www.sportsmed.org), click the Submit/Update My Disclosure on your “My AOSSM” page. You’ll see the option to use your AAOS disclosure information.

“The new process will make maintaining disclosures much simpler and easier to maintain and help create an even greater transparency for the Society and our educational programs and endeavours,” said AOSSM President, Christopher Harner, MD.

Once you opt in, you’ll be able to update your disclosure information using the AAOS disclosure system and will not need to duplicate your efforts using the AOSSM disclosure system. Each time you update your disclosures using the AAOS disclosure system, that information will be available to AOSSM.

### How is disclosure information used?

Disclosure information is important when AOSSM is planning and implementing continuing medical education (CME) activities. Disclosure information is also important when AOSSM committees and the Board of Directors are charting the course for the Society.

When CME activities are being planned and implemented, AOSSM follows the rules established by the



Accreditation Council for Continuing Medical Education (ACCME). AOSSM is an ACCME-accredited provider. AOSSM is required to demonstrate that everyone in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest to AOSSM.

Financial relationships include grants, research support, honoraria, employment, consultant, board of directors, or stockholder in any amount from a commercial interest. A commercial interest is defined as any propriety entity producing health care goods or services consumed by, or used, on patients.

The disclosure process helps AOSSM to establish the validity or the credibility of accredited continuing medical education by ensuring that all persons with financial relationships with commercial interests have appropriately shared that information with AOSSM. The Society takes steps to resolve any conflicts of interest prior to the

educational activity taking place. Learners are also provided with information about the financial relationships reported by planners, faculty, authors, and reviewers.

The AOSSM Board of Directors also requires all board members, committee members, and staff to disclose. All disclosure information provided to AOSSM is reviewed to ensure an individual’s outside interest is appropriately managed with respect to Society assignments and leadership participation. These same rules apply to the Medical Publishing Board of Trustees.

Financial relationships do not necessarily preclude people from participating in CME or Society activities. Disclosure of financial relationships is a step toward increasing the transparency in both educational and Society undertakings.

If you have questions about the new disclosure process, or about disclosures in general, please contact Susan Brown Zahn at [susan@aossm.org](mailto:susan@aossm.org).



## Copyright Infringement: Not the Wild West

By Paula Cozzi Goedert, AOSSM Legal Counsel, Barnes & Thornburg LLP

Everything on the Internet is free, and you can copy it without permission, right? Wrong. The law of copyright applies to the Internet in the same way it applies to print media. If you do not own it, you cannot use it without permission.

Copyright arises when a work is created. Federal registration is not a prerequisite. The author owns copyright, unless the author has assigned copyright to another, such as a publisher.

Somehow Americans have come to believe a myth that display on the Internet equals “public domain.” But display on the Internet is no different from display of the text of a book in a public library. You still need permission of the copyright holder to copy it.

This applies to everything on the Internet, including postings on social media, blogs, and websites. If somebody else wrote the text, you need their permission to copy it. And if you have permission, you must put it in quotes and give attribution.

Copying the work of another and putting it in quotes, even with attribution, will not cure copyright infringement. It will simply save you from a charge of plagiarism. You will need to use quotes, and attribution, and get permission in order to be safe from a charge of copyright infringement and plagiarism.

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What about “fair use?” Doesn't the law permit limited copying under a fair use exception? Yes, for limited academic, research, news, and similar purposes. But the exception is much more narrow than most people think. To be on the safe side, no more than three sentences from a shorter work, like a newspaper or magazine article, should be copied without permission. From a longer article, no more than three paragraphs should be copied without permission. The copied sentences and paragraphs must always be in quotes, with attribution.

Careers get ruined all the time by charges of plagiarism and copyright infringement. Defense of these lawsuits or ethics committee hearings can run up legal fees and result in damages. Don't let yourself be a victim. Make sure that all your copying is in quotes, with attribution, and is limited to the “rule of threes” described above. Anything else you copy, take the time to do it right. Get permission.

## NAMES IN THE NEWS

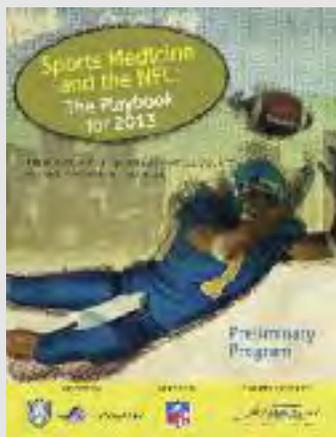
Congratulations to AOSSM member **Dr. Edward V. Craig**, an orthopaedic surgeon at the Hospital for Special Surgery for receiving the Lifetime Achievement Award from the Arthritis Foundation, New York Chapter. He was honored at the Ambassadors of Change Founders' Award Gala on November 20, at the Grand Hyatt in New York City. Dr. Craig is a pioneer in shoulder replacement.

Congratulations to AOSSM Board Member and University of Kentucky team orthopaedic surgeon, **Dr. Darren Johnson**, who was named the 2012–13 Southeastern Conference (SEC) Team Physician of the Year. This award is chosen by the athletic training staff at SEC member institutions and given annually to recognize a team physician who has contributed greatly to his or her school's teams and to the SEC sports community. A \$1,000 award will be given to the University of Kentucky Athletic Training Education Program in Dr. Johnson's name for student athletic trainer scholarship or education.

### 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@aoasm.org](mailto:lisa@aoasm.org), fax to 847/292-4905, or contact the Society office at 847/292-4900. High resolution (300 dpi) photos are always welcomed.





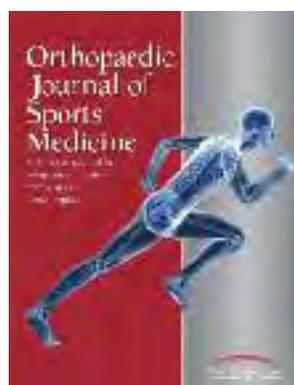
## Sports Medicine and the NFL: The Playbook for 2013

Come join AOSSM and the NFL Team Physicians Society for an interactive and engaging course on the latest in football injury prevention, research and treatment. Attendees will learn the latest on best practices for a multitude of critical team physician issues—both musculoskeletal and medical. Faculty includes team physicians from nearly every NFL organization. In addition, New England Patriots coach, Bill Belichick, will speak during this exciting three-day course, May 9–11 at the Sheraton Boston Hotel.

The preliminary program detailing faculty and CME information, along with registration and housing information, is now available online at [www.sportsmed.org](http://www.sportsmed.org). See you in Boston!



## New Open Access Journal to Launch in 2013



*The Orthopaedic Journal of Sports Medicine: An Open Access Journal for Orthopaedic Sports Medicine, Arthroscopy and Knee Arthroplasty (OJSM)* will launch in the spring of 2013.

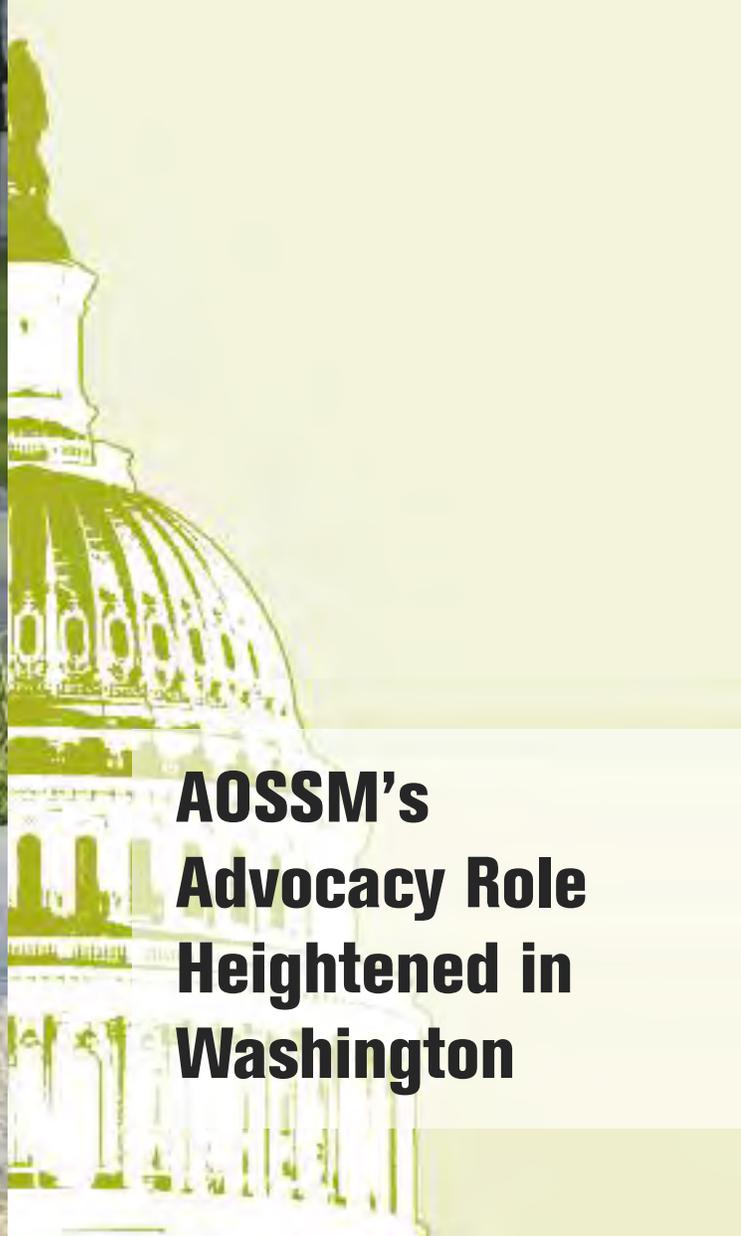
Dr. Bruce Reider will serve as editor-in-chief and has enlisted the support of Drs. Allen Anderson and Mark Steiner as associate editors. This trio of well-recognized professionals will lead the helm as the AOSSM ventures into its first open access publication. This platform will allow the journal to provide compelling research

in the fields of orthopaedic sports medicine, arthroscopic surgery, relevant translational research, sports traumatology/epidemiology, and knee arthroplasty while at the same time maintaining the high peer review standards already adhered to by the AOSSM's other two publications (*AJSM* and *Sports Health*).

Open access journals provide a venue for researchers and clinicians to publish their data in a timely manner and reach individuals throughout the world while still receiving all the benefits of publishing in a print journal (including listing in the PubMed Central database, which we hope to accomplish in 2014). There is no subscription charge to readers, so anyone can access the full text of every article. This publication model is financed by modest article processing fees paid by the authors or their funding source at the time of acceptance.

Having *OJSM* as a free, open access journal literally puts the world of orthopaedic sports medicine at the readers' fingertips. AOSSM will be collaborating with other professional organizations, worldwide, in the publication of *OJSM* so that the broader profession can participate in expanding the base of orthopaedic sports medicine literature.

Submissions will begin to be accepted in January 2013. For more information, visit [www.sportsmed.org](http://www.sportsmed.org).



## **AOSSM's Advocacy Role Heightened in Washington**

**B**ased on interests and concerns voiced by the Council of Delegates during the 2012 Annual Meeting, the Board of Directors asked staff to investigate options for active but limited AOSSM involvement in advocacy. Up to this point, the Society's involvement has been limited due to advocacy not being identified as a strategic priority for the Society, and consequently, AOSSM not having the professional staffing required to support these activities.

In November, the AOSSM Board of Directors approved a plan to increase AOSSM's role in orthopaedic advocacy issues on an active but limited basis. The

new plan will keep federal legislation and regulation as the primary focus. AOSSM will be utilizing the AAOS Washington Office of Government Relations (OGR) to support the Society's initial advocacy activities.

For both practical and financial reasons, the Society will focus the scope of its initial advocacy activities so it can be effective with its limited resources. Federal legislation and regulation is an area where the Society may be positioned to have the largest impact and serve the broader interests of our members. This is especially true given that the implementation of the Affordable Healthcare Act will have significant ramifications for medical

practice throughout the country. Involvement at the national level also entails activities that are more readily scalable depending on the Society's interests and needs down the road.

The Society's Health Policy and Ethics Committee will be working closely with staff and the AAOS OGR to monitor activities on the national front, identify those items of most significance to the practice of orthopaedic sports medicine, and then develop positions and appropriate follow-up. Regular columns in *Sports Medicine Update* and presentations to the Council of Delegates will help keep members up to date on what is occurring.



## COAMI Promotes New Approach to Common Form of Arthritis

The Chronic Osteoarthritis Management Initiative (COAMI) Work Group, which met early in 2012 to assess current practice in the management of osteoarthritis (OA), is proposing seven priority actions in view of scientific advances made in recent years. Osteoarthritis affects 27 million Americans or over 10 percent of adults. Many factors—some more modifiable than others—contribute to an increased risk of developing OA; these include obesity, genetics, aging, and the consequences of joint injuries and trauma (for example, from sports injuries).

“Paying attention to patients’ symptoms, starting with asking about them in various settings, asking about a family history of joint replacement, following up both proactively and longitudinally, and applying the principles of integrated, multi-specialty systems of care all would improve outcomes for the millions of people with OA,” said Joanne M. Jordan, MD, MPH, Director of the University of North Carolina’s Thurston Arthritis Research Center and Chair of the COAMI. “Importantly, many of these changes could be implemented now.”

The Work Group members include AOSSM members and primary care physicians; orthopaedic nurses and surgeons; specialists in rheumatology, rehabilitation and sports medicine; osteopathic physicians; physical therapists; athletic trainers; a patient; and the Arthritis Foundation representing patients. These individuals identified seven priority actions to undertake, with the help of their partner organizations who share COAMI’s goals for improved patient outcomes.

The priority actions include:

- **Developing a Call to Action** geared specifically to health care professionals who treat patients with OA, as well as policy makers and the public;
- **Convening a larger conference** that leads to further recommendations that would build agreement across disciplines and specialties within the health care system, so that current inconsistencies in approach could be resolved, and models of care developed;
- **Reaching out to other partners** beyond the Work Group members (both existing and new) to include them in future COAMI work;
- **Exploring standardized screening tools and indicators of OA** to make early diagnosis both more consistent and more likely;
- **Developing tools and prompts that promote patient engagement** in learning about and managing OA (especially before symptoms become debilitating);
- **Lending COAMI’s support to existing advocacy and awareness efforts** that are already underway; and
- **Developing and supporting an OA-specific research agenda** that would fill gaps in evidence and practice.

For further information and to read the full Call to Action and detailed Report on the COAMI Work Group meeting, please visit [www.usbji.org/rd/?COAMI](http://www.usbji.org/rd/?COAMI).



# Orthopaedic Updates from Washington

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

With Congress back in town for the lame duck session, all eyes are on negotiations over the looming fiscal cliff. However, while fiscal cliff talks dominate the discussion, there is also the issue of a “doc fix” and appropriations bills.

## SGR

The estimated price of a one-year SGR patch or “doc fix” has climbed to \$25 billion, up from \$18.5 billion in the Congressional Budget Office’s (CBO) last estimate. A two-year patch would cost \$41.5 billion, while freezing Medicare physician payment rates for a decade would cost nearly \$244 billion, CBO said. While Congress could do an even shorter-term patch—possibly three months to coincide with the end of the continuing budget resolution that also expires on March 30, House Republican doctors are pushing for a full year, and say they’re confident they’ll get one.

## The Budget

A giant \$1.047 trillion omnibus appropriations bill that would complete the 2013 budget came to the House floor at the end of 2012.

Leaders will have to factor in talks on the looming “fiscal cliff” and two conservative demands—that final spending action be postponed into the new Congress and that discretionary spending be cut by some \$19 billion more from the top-line level appropriators are using. Appropriators are angling to complete the bill irrespective of demands. While the government is funded through March 2013, waiting until after December to complete the package would require effectively starting over from scratch and using new budgetary assumptions. The package would include funding for the National Institutes of Health and Defense Health Program, among others.

## Upcoming Meetings & Courses

For more information and to register, visit [www.sportsmed.org/meetings](http://www.sportsmed.org/meetings).

### **AOSSM 2013 Specialty Day**

Chicago, Illinois  
March 23, 2013

### **Sports Medicine and the NFL: The Playbook for 2013**

Boston, Massachusetts  
May 9–11, 2013

### **AOSSM 2013 Annual Meeting**

Chicago, Illinois  
July 11–14, 2013

### **AOSSM/AAOS Board Review for Subspecialty Certification in Orthopaedic Sports Medicine**

Chicago, Illinois  
August 9–11, 2013





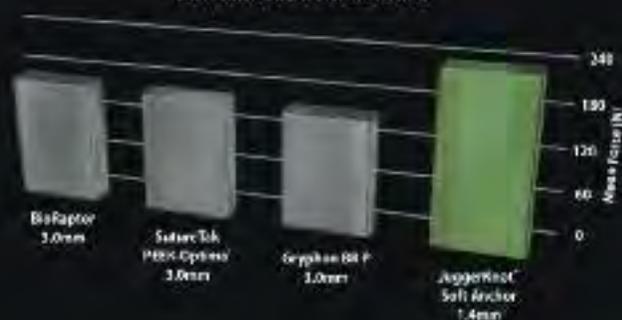
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1. Barber FA, Herber MA, Beavis RC, and Orio TB: "Suture Anchor Materials, Eyelets, and Designs: Update 2008." *Arthroscopy* Vol. 24, No. 8 pp 839-867, 2008.

2. Barber FA, Herber MA, Hapco C, Rasley JH, Barber CA, Dynam JA, Hmack SA: "Suture Anchor Update 2010." *Arthroscopy* 2010; In Press.

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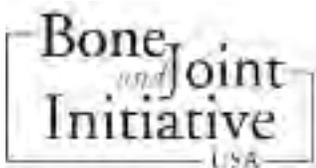
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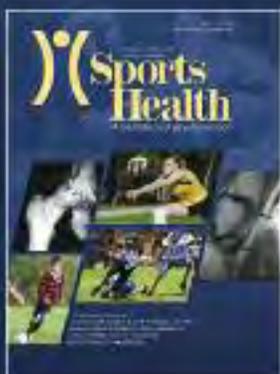
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