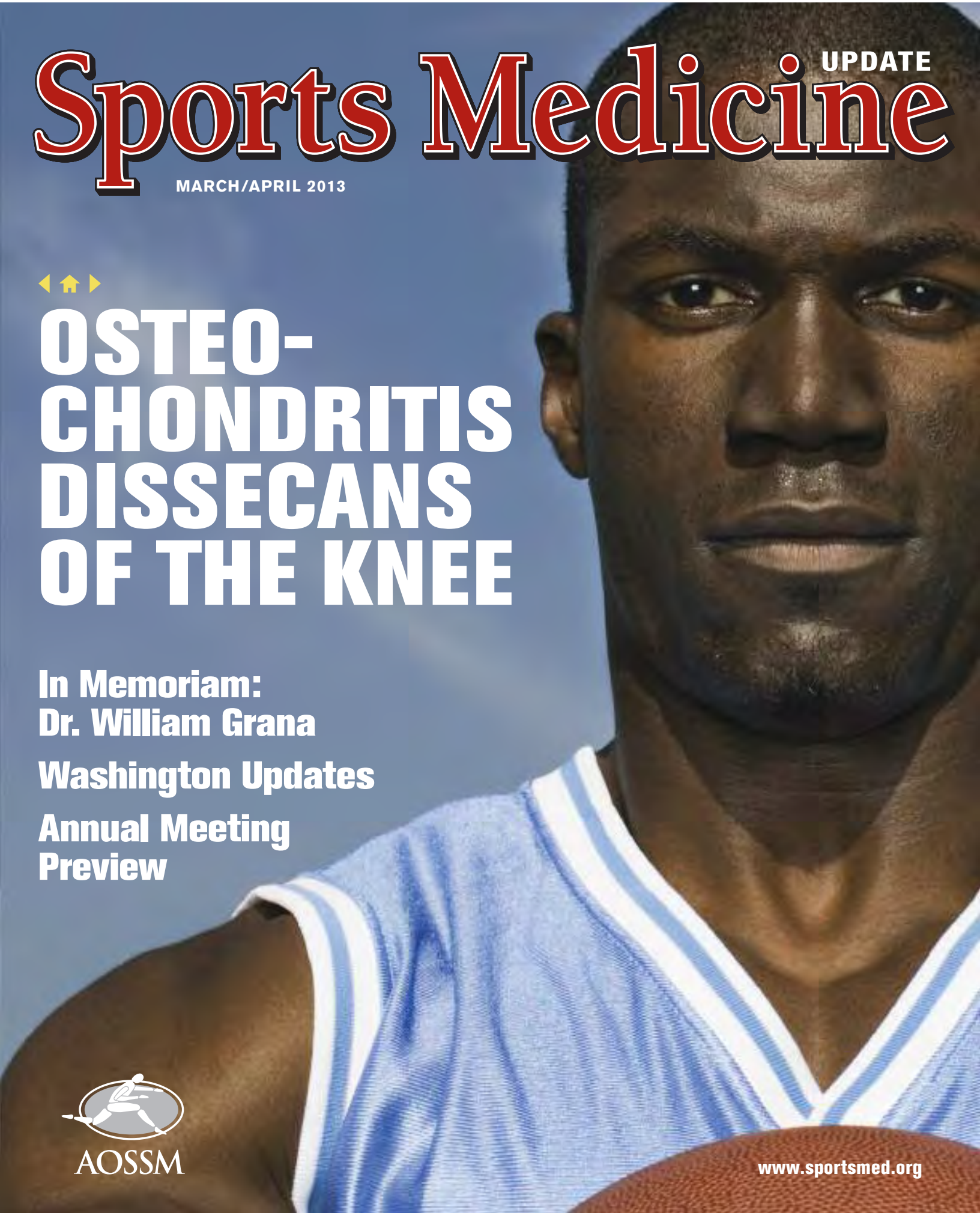
NEWSLETTER OF THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE

Sports Medicine UPDATE

MARCH/APRIL 2013



OSTEOCHONDRITIS DISSECANS OF THE KNEE

In Memoriam: Dr. William Grana

Washington Updates

Annual Meeting Preview

AOSSM

www.sportsmed.org

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.

CO-EDITORS

EDITOR Brett D. Owens MD
EDITOR Daniel J. Solomon MD
MANAGING EDITOR Lisa Weisenberger

PUBLICATIONS COMMITTEE

Daniel J. Solomon MD, Chair
Kevin W. Farmer, MD
Kenneth M. Fine MD
Robert A. Gallo MD
Robert S. Gray, ATC
David M. Hunter MD
Brett D. Owens MD
Kevin G. Shea MD
Michael J. Smith, MD
Robert H. Brophy MD
Lance E. LeClere MD

BOARD OF DIRECTORS

PRESIDENT Christopher D. Harner MD
PRESIDENT-ELECT Jo A. Hannafin MD, PhD
VICE PRESIDENT Robert A. Arciero MD
SECRETARY James P. Bradley MD
TREASURER Annunziato Amendola MD
UNDER 45 MEMBER-AT-LARGE Jon Sekiya MD
UNDER 45 MEMBER-AT-LARGE Matthew Provencher MD
OVER 45 MEMBER-AT-LARGE Darren Johnson MD
PAST PRESIDENT Robert A. Stanton MD
PAST PRESIDENT Peter A. Indelicato MD
EX OFFICIO COUNCIL OF DELEGATES Marc R. Safran MD

AOSSM STAFF

EXECUTIVE DIRECTOR Irv Bomberger
MANAGING DIRECTOR Camille Petrick
EXECUTIVE ASSISTANT Sue Serpico
ADMINISTRATIVE ASSISTANT Mary Mucciante
FINANCE DIRECTOR Richard Bennett
DIRECTOR OF CORP RELATIONS & IND GIVING Judy Sherr
DIRECTOR OF RESEARCH Bart Mann
DIRECTOR OF COMMUNICATIONS Lisa Weisenberger
COMMUNICATIONS ASSISTANT Joe Siebelts
STOP SPORTS INJURIES CAMPAIGN DIRECTOR Michael Konstant
DIRECTOR OF EDUCATION Susan Brown Zahn
SENIOR ADVISOR FOR CME PROGRAMS Jan Selan
EDUCATION & FELLOWSHIP COORDINATOR Heather Heller
EDUCATION & MEETINGS COORDINATOR Pat Kovach
MANAGER, MEMBER SERVICES & PROGRAMS Debbie Czech
EXHIBITS & ADMIN COORDINATOR Michelle Schaffer

AOSSM MEDICAL PUBLISHING GROUP

MPG EXEC EDITOR & AJSM EDITOR-IN-CHIEF Bruce Reider MD
AJSM SENIOR EDITORIAL/PROD MANAGER Donna Tilton
SPORTS HEALTH EDITORIAL/PROD MANAGER Colleen O'Keefe

Christopher D. Harner, MD

THIS ISSUE OF *SPORTS MEDICINE UPDATE,* like virtually every other, covers the wide array of AOSSM activities supporting orthopaedic sports medicine—research grants, sports injury prevention, patient information, advocacy, and academic publishing. As these programs expand, the Society's leadership is committed to ensuring that they remain integral to AOSSM's core mission—education. Moreover, it is critical that our educational offerings support the breadth of orthopaedic sports medicine specialists' needs, whether it is in graduate medical education, continuing medical education, surgical skills, or in the team setting.

The quality of AOSSM's sport specific education was reinforced for me as the Pittsburgh Penguins Head Team Physician when I attended the hockey course last August. This spring, AOSSM, the NFL Team Physicians Society, and the NFL are holding a similar course for football—"Sports Medicine and the NFL: The Playbook for 2013." Tom Gill, MD, and Gary Dorshimer, MD, are putting together a strong course on May 9–11 at the Sheraton Boston Hotel. The course will provide invaluable education for anyone caring for football athletes at the youth, amateur, collegiate, and professional levels.

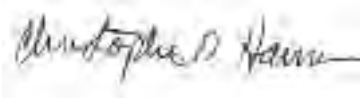
This issue of *SMU* also provides a first peek at the 2013 AOSSM Annual Meeting, which will be in Chicago, July 11–14. The program chair, Mark Miller, MD, has put together a scientific program that showcases the leading research in our field. Dan Wascher, MD, has added an attractive line-up of IC course offerings. Continuing our recent trend of providing educational options during the afternoons, Bill Levine, MD, and Matt Provencher, MD, have teamed up to produce another popular installment of our surgical skills demos (upper extremity). Connie Chu, MD, and the Research Committee are producing an exciting workshop on "Graft Healing and Failure After ACL Reconstruction." Keeping to our tradition of providing a family friendly environment, the meeting will be held in the heart of Chicago—on the river and close to Millenium Park, many museums, Magnificent Mile, Navy Pier, and Lake Michigan beaches—offering a myriad of options for everyone.

One month later, the Society is sponsoring the "AOSSM-AAOS Orthopaedic Sports Medicine Review Course for Subspecialty Certification and Maintenance of Certification." The co-chairs Jed Kuhn, MD, and George Paletta, MD, have assembled another rigorous agenda and stellar faculty to provide the most comprehensive and intense review of the profession. This course, which includes the Society's *Self Assessment Exam,* is indispensable for anyone sitting for certification and recertification.

The Society's involvement with Graduate Medical Education continues to have an impact. We are nearing the completion of the fourth Arthroscopy and Orthopaedic Sports Medicine Fellowship Match, which continues to enjoy overwhelming support among fellowship programs and applicants. Last year 95 programs participated, with more than 221 accredited positions offered. Eighty-eight percent of all positions matched, and 62 percent of all applicants got their first or second choice. We anticipate similar success this year.

On another front, the AOSSM Fellowship Committee has nominated a number of key individuals to work with the ACCME RRC on a new Milestones initiative for surgical training of residents and fellows. This reflects the continued emphasis of the Fellowship Committee on enhancing resident and fellow education.

Finally, in reviewing AOSSM's educational programs, it is important to pay homage to one of our true leaders who passed away recently—William A. Grana, MD. Bill's leadership as AOSSM President (2005–2006), contributions as an educator (GME and CME), and his personal support to many of us were instrumental in much that we've accomplished as an organization and as a profession. I urge you to not only take a moment to review Mark Steiner's remembrance of Bill in this issue of *SMU,* but that you also take a moment and go to the AOSSM History page at www.sportsmed.org/About/History/AOSSM_History, to learn more about Bill, and many of our profession's other leaders.



OSTEOCHONDRITIS DISSECANS OF THE KNEE

KEVIN G. SHEA, MD
St. Luke's Health System
Boise, Idaho

THEODORE J. GANLEY, MD
Children's Hospital of Philadelphia
Philadelphia, Pennsylvania

JOHN C. JACOBS, JR., BS
St. Luke's Health System
Boise, Idaho

Osteochondritis dissecans (OCD) is a disorder of a joint that affects the subchondral bone and articular cartilage. The Research for Osteochondritis Dissecans of the Knee (ROCK) Group recently defined OCD as: "a focal idiopathic alteration of subchondral bone with risk for instability and disruption of adjacent articular cartilage that may result in premature osteoarthritis."

Continued on page 3

The abnormal subchondral bone of an OCD lesion is referred to as the "progeny bone," and the normal surrounding bone is referred to as the "parent bone." While the knee is the most frequently affected joint, the elbow, ankle, shoulder, and hip can also be affected. In the knee, lesions occur most commonly within the lateral aspect of the medial femoral condyle. OCD can occur in children, adolescents, and adults, with juvenile OCD lesions having a better healing prognosis than adults.

OCD occurs more frequently in children and adolescents. A peak incidence was found in the adolescent age group of 19–29 per 100,000.[18] Generally, OCD seems to affect males more commonly than females (between 2:1 and 3:1).[18] However, as females and younger children participate in sports there has been an increased prevalence among girls and a younger mean age of OCD onset. In some cases, patients with OCD are at greater risk for developing early-onset osteoarthritis.[19]

Etiology/Patho-Anatomy

While the exact etiology is unknown, many theories have been proposed and studied. These theories include repetitive micro-trauma,[9] acute trauma,[16,24] inflammation,[15] disruption of normal endochondral ossification,[17] ischemia,[20] and genetic factors.[3] Some familial tendencies exist, but non-familial OCD is most prevalent. Repetitive micro-trauma is thought to be a leading cause of OCD.[9] This trauma could be caused by year round sports, early sports specialization, multiple sports in a single season or multiple teams in a single sport, and increased training intensity. Chronic repetitive microtrauma has been suggested to lead to a stress reaction within the subchondral bone.[4,14]

OCD can exist in many forms, but two major classifications exist: stable and unstable. The stable OCD lesion has intact articular cartilage, while unstable OCD (Figure 1) lesions may have compromised articular cartilage. In more advanced cases of OCD, the lesion can separate and form a loose body in the joint.

Studies have been performed to attempt to identify specific MRI findings that link the ability of OCD lesions to heal following non-operative treatment.

Evaluation

Anterior knee pain and variable amounts of intermittent swelling are typical complaints of patients with OCD of the knee. These complaints can progress to more persistent swelling or effusion, catching, locking, and/or giving way as the condition worsens. Unfortunately, pain and swelling are not always good indicators of unstable fragments or unstable lesions.

To characterize the lesion and physeal patency during an initial physical examination, standard weight-bearing radiographs of both knees are helpful.[14] The lateral view helps identify anterior-posterior lesion location and normal, benign accessory ossification centers in the skeletally immature knee. An axial view is helpful if a lesion of the patella or trochlea is suspected, and a "notch view" in 30 to 50 degrees of knee flexion may help identify the lesions of the posterior femoral condyle. OCD lesions of the knee are frequently found in the posterior 1/3 of the lateral aspect of the medial femoral condyle.

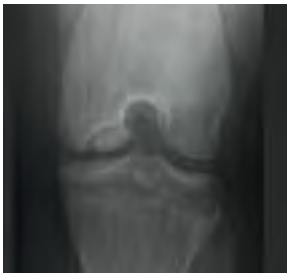


Figure 1. Medial femoral condyle OCD lesion in a 17 year old male football athlete.

Studies have been performed to attempt to identify specific MRI findings that link the ability of OCD lesions to heal following non-operative treatment.[7,25]

Nonoperative Treatment

For some stable OCD lesions, non-operative treatment can be utilized to promote healing in the subchondral bone and prevent chondral collapse, subsequent fracture, and crater formation. The skeletal maturity of the patient is a factor that can affect the efficacy of non-operative treatment.[14] Other factors are the size, stability, and location of the lesion. Lesions in the lateral condyle and trochlear groove area may have a worse prognosis for healing. For small stable lesions in skeletally immature patients with wide-open physes and no signs of instability on MRI, non-operative treatment is an option. This treatment option focuses on significant activity modification by limiting high impact activities.[4] A period of immobilization with bracing and protected weight bearing may be helpful. Non-operative treatment will typically be prescribed for three to six months. For those patients who fail non-surgical methods, surgical treatment to promote healing may be indicated. Skeletally mature patients with large lesions have a poor prognosis for healing with conservative management, and thus, surgical intervention may be warranted.[14]

Operative Treatment

Operative treatment may be considered for many patients, including those with unstable or detached lesions, those who

Continued on page 4

In some cases, patients with OCD are at greater risk for developing early-onset osteoarthritis.

have failed to heal with non-operative treatment, and for patients approaching skeletal maturity.[14] The purpose of operative treatment is to promote healing of subchondral bone, maintain joint congruity, and stabilize the progeny regions of bone and cartilage when possible. In some cases, salvage or cartilage supplementation procedures may be necessary to replace osteochondral defects with allograft or autograft based procedures.[21] The goal of successful operative treatment is to provide a stable construct of subchondral bone, and repair cartilage with viability and biomechanical properties equivalent to or similar to native hyaline cartilage.[14]

For stable OCD lesions with intact articular cartilage, arthroscopic subchondral bone drilling is an option (Figure 2). The intention of this drilling is to stimulate vascular ingrowth and subchondral bone healing (Figure 3). Subchondral bone drilling can be done two ways: trans-articular and retro-articular.[2,8,13] Trans-articular is accomplished by drilling directly through the articular cartilage and to the subchondral bone. The retro-articular technique drills the lesion from behind without traversing the articular cartilage.

If the OCD lesion is unstable and hinged or loose in the joint, fixation may be indicated.[12] Bone grafting may also be indicated to restore articular congruency.[1] The goal is to fix the osseous portion of the fragment to the normal bone to allow healing and stabilization of the overlying articular surface. Implants, either metallic or bio-absorbable, may be used in arthroscopic or open reduction and internal fixation of the fragment.[14] Complications associated with the use of hardware include implant migration, adjacent cartilage damage, and hardware fracture. Osteochondral plugs have recently been presented as a biologic alternative to the use of hardware. The plugs provide bone graft as well as fixation of the lesion.[11,22]

For full-thickness defects where fixation is not possible, several salvage techniques exist, including marrow stimulation techniques such as microfracture, autologous chondrocyte implantation, and osteochondral autograft transplantation.[10] However, the clinical outcome data is more limited in the adolescent population.

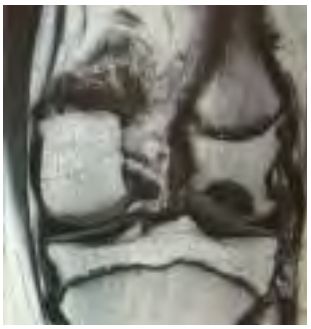


Figure 2. Lateral femoral condyle OCD lesion in a 13 year old female soccer athlete.

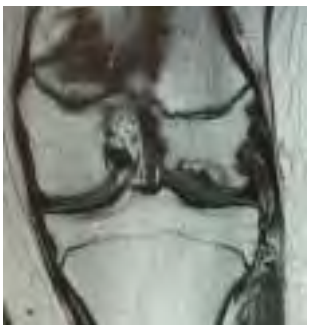


Figure 3. This patient was treated with trans-articular drilling. Her pain resolved within 2 months of surgery. MRI was obtained 3 months after drilling, which demonstrates significant healing of the OCD progeny bone lesion.

Clinical Research

In 2011, the AAOS published an evidence based clinical practice guideline for OCD of the knee.[5,6] This guideline demonstrated several areas that need future research for the treatment of OCD, and the ROCK research group has used this guideline to establish a research outline for this condition. Future research, including epidemiologic studies, development of validated classification systems, development of a clinical registry, and randomized clinical trials are current research foci of the ROCK Group.[23]

Conclusions

OCD is a condition that may be increasing in prevalence in the pediatric and adolescent population. OCD is associated with significant morbidity, recognized through an inability to participate in sports and a potential for early-onset osteoarthritis development. Several studies have demonstrated excellent healing both with and without surgery in some patient groups, although additional research will need to determine the most effective, evidence-based treatments for OCD of the knee.


References

1. Anderson AF, Lipscomb AB, Coulam C. Antegrade curettement, bone grafting and pinning of osteochondritis dissecans in the skeletally mature knee. *Am J Sports Med.* 1990;18(3):254-261.
2. Anderson AF, Richards DB, Pagnani MJ, Hovis WD. Antegrade drilling for osteochondritis dissecans of the knee. *Arthroscopy.* 1997;13(3):319-324.
3. Andrew TA, Spivey J, Lindebaum RH. Familial osteochondritis dissecans and dwarfism. *Acta Orthop Scand.* 1981;52(5):519-523.
4. Cahill BR. Osteochondritis Dissecans of the Knee: Treatment of Juvenile and Adult Forms. *J Am Acad Orthop Surg.* 1995;3(4):237-247.
5. Chambers HG, Shea KG, Anderson AF, et al. Diagnosis and treatment of osteochondritis dissecans. *J Am Acad Orthop Surg.* 2011;19(5):297-306.
6. Chambers HG, Shea KG, Anderson AF, et al. American Academy of Orthopaedic Surgeons Clinical Practice Guideline on: The Diagnosis and Treatment of Osteochondritis Dissecans. *J Bone Joint Surg Am.* 2012;94(14):1322-1324.
7. De Smet AA, Ilahi OA, Graf BK. Untreated osteochondritis dissecans of the femoral condyles: prediction of patient outcome using radiographic and MR findings. *Skeletal Radiol.* 1997;26(8):463-467.
8. Edmonds EW, Albright J, Bastrom T, Chambers HG. Outcomes of extra-articular, intra-epiphyseal drilling for osteochondritis dissecans of the knee. *J Pediatr Orthop.* 2010;30(8):870-878.
9. Fairbank HA. Osteochondritis dissecans. *British Journal of Surgery.* 1933;21(81):67-73.
10. Gudas R, Simonaityte R, Cekanauskas E, Tamosiunas R. A prospective, randomized clinical study of osteochondral autologous transplantation versus microfracture for the treatment of osteochondritis dissecans in the knee joint in children. *J Pediatr Orthop.* 2009;29(7):741-748.
11. Kobayashi T, Fujikawa K, Oohashi M. Surgical fixation of massive osteochondritis dissecans lesion using cylindrical osteochondral plugs. *Arthroscopy.* 2004;20(9):981-986.
12. Kocher MS, Czarnecki JJ, Andersen JS, Micheli LJ. Internal fixation of juvenile osteochondritis dissecans lesions of the knee. *Am J Sports Med.* 2007;35(5):712-718.
13. Kocher MS, Micheli LJ, Yaniv M, Zurakowski D, Ames A, Adrignolo AA. Functional and radiographic outcome of juvenile osteochondritis dissecans of the knee treated with transarticular arthroscopic drilling. *Am J Sports Med.* 2001;29(5):562-566.
14. Kocher MS, Tucker R, Ganley TJ, Flynn JM. Management of osteochondritis dissecans of the knee: current concepts review. *Am J Sports Med.* 2006;34(7):1181-1191.
15. Konig F. [Ueber freie Korper in den Glenken]. *Zeiteschr Chir.* 1888;27:90-109.
16. Krappel F, E B, U H. Are bone bruises a possible cause of osteochondritis dissecans of the capitellum? A case report and review of the literature. *Arch Orthop Trauma Surg.* 2005;125(8):545-549.
17. Laor T, Zbojniewicz AM, Eismann EA, Wall EJ. Juvenile osteochondritis dissecans: is it a growth disturbance of the secondary physis of the epiphysis? *AJR Am J Roentgenol.* 2012;199(5):1121-1128.
18. Linden B. The incidence of osteochondritis dissecans in the condyles of the femur. *Acta Orthop Scand.* 1976;47(6):664-667.
19. Linden B. Osteochondritis dissecans of the femoral condyles: a long-term follow-up study. *J Bone Joint Surg Am.* 1977;59(6):769-776.
20. Linden B, Telhag H. Osteochondritis dissecans. A histologic and autoradiographic study in man. *Acta Orthop Scand.* 1977;48(6):682-686.
21. Micheli L, Curtis C, Shervin N. Articular cartilage repair in the adolescent athlete: is autologous chondrocyte implantation the answer? *Clin J Sport Med.* 2006;16(6):465-470.
22. Miniaci A, Tytherleigh-Strong G. Fixation of unstable osteochondritis dissecans lesions of the knee using arthroscopic autogenous osteochondral grafting (mosaicplasty). *Arthroscopy.* 2007;23(8):845-851.
23. Shea KG, Carey JL, Grimm NL, Jacobs JC, Jr. Making Clinical Practice Guidelines ROCK. *AAOS Now.* Vol 6: American Academy of Orthopaedic Surgeons; 2012.
24. Shea KG, Jacobs JC, Jr., Grimm NL, Pfeiffer RP. Osteochondritis dissecans development after bone contusion of the knee in the skeletally immature: a case series. *Knee Surg Sports Traumatol Arthrosc.* 2012.
25. Wall EJ, Vourazeris J, Myer GD, et al. The healing potential of stable juvenile osteochondritis dissecans knee lesions. *J Bone Joint Surg Am.* 2008;90(12):2655-2664.

Biologic Treatments for Sports Injuries Grant Awarded

Congratulations to
Alex Scott, PhD

Dr. Scott is the 2012 winner of the $250,000 AOSSM/RTI Biologics Treatment for Sports Injuries Grant. This grant for Dr. Scott and his team will be investigating the roll of PRP for patellar tendinopathy. The international team includes Lars Engebretsen, MD, and Roald Bahr, MD, Norway; Elizaveta Kon and Giuseppe Filardo, Italy; and Robert LaPrade, MD, Jason Dragoo, MD, and Kim Harmon, MD, USA.

AOSSM thanks RTI Biologics for their support of this grant.

RTI BIOLOGICS™ SPORTS MEDICINE

Dr. Scott's trial will be a double-blind, multi-center, randomized controlled trial investigating the effects of various platelet preparations on recovery from patellar tendinopathy in athletes with chronic, recalcitrant symptoms. Subjects will receive plasma alone (control), leukocyte-poor platelet-enriched plasma (LP-PRP), or leukocyte-rich platelet-enriched plasma (LR-PRP). A fourth arm will receive no injection. All subjects will also receive a standardized, progressive, supervised exercise protocol which has previously been shown to be effective. The outcome measures are primarily patient-rated—pain, function (VISA score), activity level (Tegner score), and perception of global improvement. This study has the potential to either demonstrate, or refute, the efficacy of PRP injections for patellar tendinopathy. Recruitment is anticipated to occur during 2013 and 2014.

Dr. Scott was born in Watford, England, and grew up near Ottawa, Canada. He moved to Vancouver in 1991, where he obtained degrees in Physical Therapy, Kinesiology, and Experimental Medicine (PhD, 2008) from the University of British Columbia. He won the 2008 Doctoral Student Prize from the Vancouver Coastal Health Research Institute for his thesis on clinical and laboratory research into the pathology of patellar tendinopathy. He was a research trainee for four months at Umea University, Sweden. He was appointed Assistant Professor in the Department of Physical Therapy at UBC in 2010, and a Michael Smith Clinical Research Scholar in 2011. Dr Scott is the lead investigator of a competitively funded research group which studies tendinopathy in a variety of ways, from cell biology to clinical trials. He is an associate editor for the *Journal of Sports and Medicine in Science.*

Help STOP Sports Injuries

During April's Youth Sports Safety Month

April is Youth Sports Safety Month! In addition to being a celebration of the Campaign's third anniversary, it will be another opportunity for parents, coaches, and young athletes around the country to learn more about youth sports injury prevention. Some of our events include two injury prevention tweet chats on April 10 and 24 (8 PM ET/7 PM CT), and presentations at the NCAA's Women's Final Four youth sports safety clinics in New Orleans. We encourage you to sponsor a youth sports safety event in your community to help us celebrate safety in youth sports. We also have sample press releases and letters to the editor to submit to your local newspaper to get the word out!

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 the details under "Events" at www.STOPSportsInjuries.org and contact Joe Siebelts, Communications Assistant, at joe@aossm.org, to let us know how we can help!

Welcome to Our New Collaborating Organizations!

Sports Medicine Practices

Benchmark Psychiatric Services, LTD
Orland Park, Illinois

Bow High School Sports Medicine
Bow, New Hampshire

Elite Movement Connections
Annapolis, Maryland

Gotham City Orthopedics, LLC
Clifton, New Jersey

Hands of Hope
Old Orchard Beach, Maine

Harris Physical Therapy – Sport & Spine Specialists, Inc.
The Dalles, Oregon

IMUA Orthopedics, Sports & Health
Honolulu, Hawaii

Ortho Mexico
South Padre Island, Texas

OrthoArkansas
North Little Rock, Arkansas

Orthopedic & Sports Physical Therapy Associates
Fredericksburg, Virginia

Orthopedics for Kids, PC
Birmingham, Alabama

PEAK Physical Therapy and Sports Rehabilitation
Williamsburg, Virginia

Professional Rehab Associates, Inc.
Christiansburg, Virginia

Safe Fall, LLC
New York, New York

Somerset Fitness & Wellness
Somerset, New Jersey

South County Physical Therapy, Inc.
Auburn, Massachusetts

SPEAR Physical Therapy
New York, New York

St. Luke's Sports Medicine
Boise, Idaho

Texas Orthopedics, Sports & Rehabilitation Associates
Austin, Texas

Toronto Centre for Sports Medicine
Toronto, Ontario, Canada

Twin City Orthopedics
Golden Valley, Minnesota

Wellington Orthopaedic and Sports Medicine
Cincinnati, Ohio

Medical Institutions

Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

Hendricks Regional Health
Danville, Indiana

Lilliput Health
Poole, United Kingdom

Sports Organizations

Ichiban Volleyball Club
Atlanta, Georgia

Performance Pediatrics
Colorado Springs, Colorado

Professional Baseball Scouts of Southern California
Long Beach, California

Health Organizations

International Association for Dance Medicine and Science
Eugene, Oregon

Pennsylvania Orthopaedic Society
Harrisburg, Pennsylvania

Sociedad Puertorriqueña de Ortopedia y Traumatología – SPOT (Puerto Rico Orthopaedic Society)
San Juan, Puerto Rico

Sports Physiotherapy of New Zealand
Tauranga, New Zealand

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—and 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.

Coming Soon: A Refreshed Website

Visitors to the STOP Sports Injuries website will soon be greeted with a fresh look featuring additional content, a redeveloped blog platform and enhanced graphics. Check back in early March for the new features.

Campaign Director, Mike Konstant, Rob Burger, MD, former MLB Pitcher, Tommy John, and Anthony Abene, MD, talk about STOP Sports Injuries during an educational event with Kaiser Permanente.

STOP Sports Injuries thanks the following companies for their support of the campaign:

Arthrex

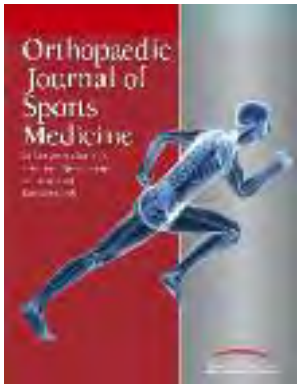
DePuy Synthes MITEK SPORTS MEDICINE COMPANIES OF Johnson&Johnson

smith&nephew

Learn the Latest in Football Sports Medicine

Come join AOSSM, the NFL Physicians Society, and the NFL 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. Co-Chairs Drs. Gary Dorshimer and Tom Gill are thrilled that Bill Belichick, New England Patriots Head Coach, will be on hand to deliver the keynote address, "Building a Champion." See you May 9–11 at the Sheraton Boston Hotel for this exciting and interactive course!

The preliminary program detailing faculty and CME information, along with registration and housing information is now available online at www.sportsmed.org. See you in Boston!



OJSM Launching in Spring 2013

The Orthopaedic Journal of Sports Medicine: An Open Access Journal for Orthopaedic Sports Medicine, Arthroscopy and Knee Arthroplasty (*OJSM*) will launch this spring! Dr. Bruce Reider, current editor-in-chief of *AJSM,* will also serve as editor-in-chief of *OJSM.* Associate editors for the publication will be Drs. Allen Anderson and Mark Steiner. This trio of well-recognized professionals will take 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 AOSSM's high peer review standards.

For more information on this new publication, visit www.sportsmed.org. Submit your manuscript after March 15 at http://submit.ojsm.org!

New AOSSM Disclosure System Update

AOSSM's new disclosure system has been briefly delayed while the AAOS upgrades their disclosure system. The new AOSSM system will provide members with the option to request that their current AAOS disclosure information be shared with AOSSM. This new process will make the disclosure process quicker and more efficient for members.

AOSSM staff will also benefit from the new system's report feature. These reports are used to create the faculty disclosure summary for educational activities. Disclosure reports are also generated for all committee meetings and Board of Directors meetings.

If you have questions about the new disclosure system, or about the disclosure process, please contact Susan Brown Zahn at susan@aossm.org.

Put Some Spring in Your Patients' Steps with the Customized Version of *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 patients' 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.

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.

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. You can also now add your Facebook and Twitter information as well. By updating your information, the public will be able to more easily search for and see appropriate doctors on our "Find A Doctor" listing.

Are You a Fan or a Follower?

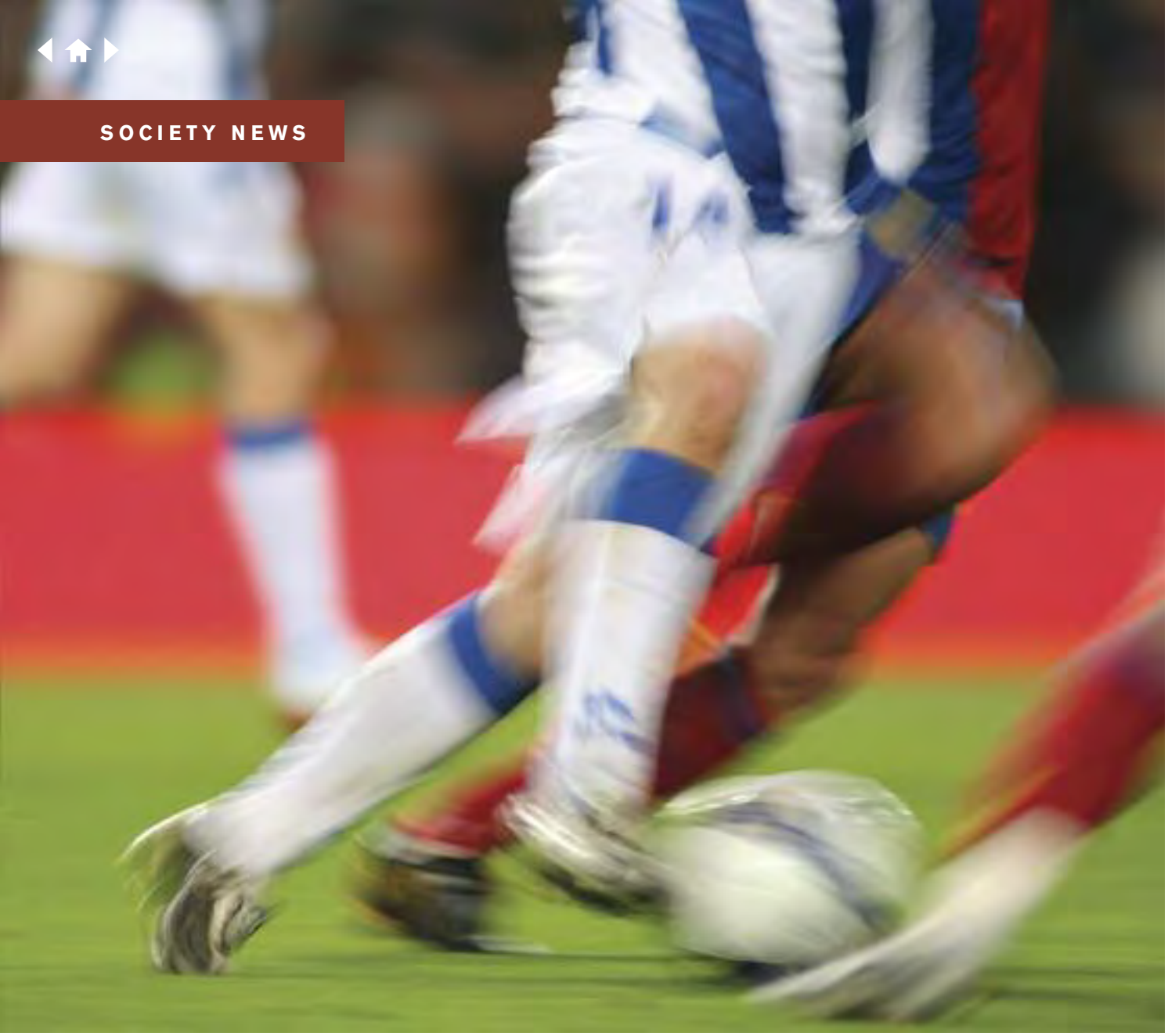
AOSSM, *AJSM,* and *Sports Health* are now all on Facebook. Learn about the latest news and articles from *AJSM* and *Sports Health.* Stay up to date on Society happenings and deadlines at AOSSM. Join the conversation and become a Fan or follower:

Facebook

www.facebook.com/AOSSM
www.facebook.com/American-Journal-of-Sports-Medicine
www.facebook.com/SportsHealthJournal
www.facebook.com/STOPSportsInjuries

Twitter

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



AOSSM Member, LaPrade Awarded Orthopaedic "Nobel Prize"

The American Academy of Orthopaedic Surgeons and the Orthopaedic Research and Education Foundation recently announced that AOSSM member, Robert F. LaPrade, MD, PhD, has been awarded the highly competitive and prestigious 2013 OREF Clinical Research Award for his paper on "Improving Outcomes for Posterolateral Knee Injuries." Dr. LaPrade will be presenting his winning paper at the Annual Meetings of the Orthopaedic Research Society and the American Academy of Orthopaedic Surgeons in 2013.

In 1994, the Board of Trustees of the Orthopaedic Research and Education Foundation (OREF) created the OREF Clinical Research Award to stimulate and recognize outstanding orthopaedic clinical research. This award is considered one of the highest research awards for orthopaedic surgeons and has been called the "Orthopaedic Nobel Prize." The award is chosen by the Research Development Committee of the American Academy of Orthopaedic Surgeons from manuscripts which represent a large body of cohesive and highly significant scientific work which reflects years of investigation in orthopaedic surgery. These awards are felt to represent researchers who have made the most of the leading orthopaedic advancements of the past 60 years.

IN MEMORIAM

William A. Grana, MD, MPH
1942–2013

By Mark Steiner, MD

The orthopaedic sports medicine family lost one of its champions with the recent passing of Bill Grana on February 1, 2013. True to his character he battled cancer but continued to teach and mentor until the last week of his life. Bill's devotion and commitment to AOSSM were exceptional even among the Society's leaders. He served as President, as a member of numerous committees, and as a member of the Medical Publishing Board, and he was inducted into the Hall of Fame.

Bill grew up in a modest St. Louis neighborhood as the son of hardworking non-medical parents. He was an outstanding student and multi-sport athlete in high school which led him to Harvard where he continued to excel. He was an All-Ivy running back and an excellent student who attended Harvard Medical School. As a football player Bill was exposed to the legendary team physician Thomas "Bart" Quigley who influenced Bill to pursue a career in orthopaedic sports medicine. Twenty five years after college Bill was proud to help establish the Thomas B. Quigley Sports Medicine Society. This small group of orthopaedic surgeons, who were also intercollegiate athletes, includes many contributors to sports medicine and three AOSSM presidents.

Bill married his high school girlfriend, Susan Eschrich, in 1965 when he was a medical student. Susan has been an accomplished teacher and advisor in her own career, and she has also been a particularly warm and cheerful complement to Bill's deliberate manner. His strength and leadership over the years is a tribute to both of them.

Bill completed his orthopaedic training at Washington University in St. Louis. There was a two year hiatus when he served in the Air Force with a one year tour of duty in Vietnam. When he completed his residency it was virtually unheard of to pursue a fellowship, but Bill pursued the first sports orthopaedic fellowship ever established under Don O'Donoghue at the University of Oklahoma. He continued to embrace an academic career at the University of Oklahoma and directed the O'Donoghue Sports Fellowship until he became the Chairman of the University of Arizona Orthopaedic Department in 2000.

The list of Bill's publications, presentations, grants, and awards is lengthy indeed and notable for its variety of topics from basic science, to clinical investigations, to current public health issues. He unselfishly led by example and included many of his students, residents, and fellows in his quest for knowledge and improved care for athletes. He was the first to report on the increased incidence of ACL injuries in women basketball players in 1978 and recommended that injury prevention and strengthening programs be instituted for women.[1]

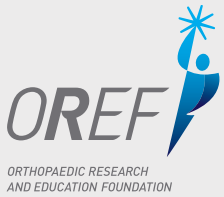
He obtained his Masters in Public Health in midcareer as a precursor to his evolving role in orthopaedic leadership and it was his passion for the larger issues of medicine and sports medicine in particular that made him an educator to us all. He did not shy away from speaking out forcefully even if the political winds were not in his favor. His presidential address in 2006 is still timely as a reminder to us all to be good stewards of our profession.[2] He was particularly devoted to the interests of the athlete and the role of the team physician to provide selfless care which might often be an explanation and counseling on how to heal. He remembered the caring words he received from physicians in his playing days that helped him recover from injuries and that helped him handle the challenges of academics.

Bill could bring people together because he was a warm person with a big smile, but he also reveled in challenging the conventional wisdom. We will miss him very much. He was truly a good steward and a mentor to us all.

1. Grana WA, Moreta A. Analysis of High School Basketball Injuries Sustained by Male and Female Participants. *The Physician and Sports Medicine.* 6:92, 1978.
2. Grana WA. Presidential Address of the American Orthopaedic Society for Sports Medicine. *Am J Sports Med.* 34:1891–1894, 2006.

2012 DONORS TO AOSSM

AOSSM thanks and acknowledges the following individuals for their designated support through OREF in 2012. These contributions are critical to help fund AOSSM Young Investigator Research Grants, which are awarded to orthopaedists, early in their career with a strong interest in sports medicine research.



Help AOSSM support even more young researchers next year by pledging your OREF/AOSSM contribution today at www.oref.org/AOSSM!

Kirk J. Aadalen, MD
Christopher S. Ahmad, MD
Answorth A. Allen, MD
Christina R. Allen, MD
William C. Allen, MD
David W. Altchek, MD
Annunziato Amendola, MD
Allen F. Anderson, MD
John A. Anderson, MD
James R. Andrews, MD
Michael J. Axe, MD
Bernard R. Bach Jr., MD
Geoffrey S. Baer, MD, PhD
Bruce E. Baker, MD
Champ L. Baker Jr., MD
David L. Bankoff, MD
Craig H. Bennett, MD
Heather L. Bergeson, MD
Eric M. Berkson, MD
Leslie M. Bodnar, MD
Arthur L. Boland Jr., MD
Joel L. Boyd, MD
Robert L. Brand, MD
Robert D. Bronstein, MD
Robert H. Brophy, MD
Jon E. Browne, MD
Peter G. Buck, MD
R. Charles Bull, MD
Michael F. Burns, MD
Charles A. Bush-Joseph, MD
Paul R. Cain, MD
John P. Cannizzaro, MD
Seth Cheatham, MD
William G. Clancy Jr., MD
Patrick E. Clare, MD
Nathaniel P. Cohen, MD
Steven B. Cohen, MD
Brian J. Cole, MD, MBA
Daniel E. Cooper, MD
Jerald L. Cooper, MD
Andrew J. Cosgarea, MD
Ralph J. Curtis Jr., MD
Diane L. Dahm, MD
Tal S. David, MD
Joseph P. DeAngelis, MD
Carl A. DiRaimondo, MD
Brian J. Donahue, MD
James C. Dreese, MD
Holly J. Duck, MD
Jeffrey R. Dugas, MD
Cory Edgar, MD, PhD
Paul D. Fadale, MD
Jack Farr II, MD
Colleen M. Fay, MD
John A. Feagin Jr., MD
Stephen Fealy, MD
Brian T. Feeley, MD
Gary B. Fetzer, MD
Gerald A. M. Finerman, MD
David A. Fischer, MD
Robert W. Frederick, MD
Kevin B. Freedman, MD
Freddie H. Fu, MD
Michael S. George, MD
Thomas J. Gill IV, MD
Brian Giordano, MD
John P. Goldblatt, MD
Benjamin K. Graf, MD
Letha Y. Griffin, MD, PhD
Stephen S. Haas, MD
Jo A. Hannafin, MD, PhD
Robert S. Heidt Jr., MD
R. Frank Henn III, MD
Elliott B. Hershman, MD
Benton E. Heyworth, MD
Stephen W. Houseworth, MD, FACS
Michael J. Hulstyn, MD
Stephen S. Hurst, MD
Mary L. Ireland, MD
Frank M. Ivey Jr., MD
Jose E. Jaen, MD
Arlon H. Jahnke Jr., MD
Darren L. Johnson, MD
Robert J. Johnson, MD
Michael R. Jordan, MD
James S. Keene, MD
Anne M. Kelly, MD
John D. Kelly IV, MD
Kristofer A. Kimber, MD
Patricia A. Kolowich, MD
John A. Kuri II, MD
Jeffrey A. Macalena, MD
Roy A. Majors, MD
Alan W. Markman, MD
Robert G. Marx, MD, FRCSC
Richard J. Mason, MD
L. Jay Matchett, MD
Eddie T. Matsu, MD
Michael J. Maynard, MD
Timothy G. McGarry, MD
Ryan C. Meis, MD
David S. Menche, MD
Scott A. Meyer, MD
Lyle J. Micheli, MD
Martha M. Murray, MD
William D. Murrell Jr., MD
Mark C. Mysnyk, MD
Shane J. Nho, MD, MS
Gregg T. Nicandri, MD
Robert J. Nicoletta, MD
Barton Nisonson, MD
Carl W. Nissen, MD
Frank R. Noyes, MD
Stephen J. O'Brien, MD, MBA
John F. Orwin, MD
Charles A. Popkin, MD
Carlos A. Prietto, MD
Michael B. Purnell, MD
Arun J. Ramappa, MD
Anil S. Ranawat, MD
Paul D. Reynen, MD
Alan M. Reznik, MD
Lars C. Richardson, MD
John C. Richmond, MD
Scott A. Rodeo, MD
Howard A. Rose, MD
D. Daniel Rotenberg, MD
Lucien M. Rouse Jr., MD
John B. Ryan, MD
Thomas S. Samuelson, MD
Felix H. Savoie III, MD
Michael F. Schafer, MD
Mary Lynn Scovazzo, MD
Matthew G. Scuderi, MD
Wayne J. Sebastianelli, MD
Robert M. Shalvoy, MD
Beth E. Shubin-Stein, MD
Paul J. Siatczynski, MD
Kenneth M. Singer, MD
Domenick J. Sisto, MD
Patrick A. Smith, MD
William B. Smith, MD
Jeffery J. Soldatis, MD
Robert A. Stanton, MD
J. Richard Steadman, MD
John A. Steubs, MD
Sabrina M. Strickland, MD
Michael J. Stuart, MD
Stephen G. Taylor, MD
Vincent M. Tedone, MD
Fotios P. Tjoumakaris, MD
Nikhil N. Verma, MD
George A. Wade, MD
Jon B. Wang, MD
Russell F. Warren, MD
Daniel C. Wascher, MD
Charles T. Weeks, MD
Thomas L. Wickiewicz, MD
Rick D. Wilkerson, DO
Leland A. Winston, MD
Rick W. Wright, MD
George J. Zambetti Jr., MD
Bertram Zarins, MD


Allen Anderson, MD


Jay Albright, MD


Morgan Jones, MD


Matthew Smith, MD

Newest Members Added to the Traveling Fellowship Family

This year the AOSSM Traveling Fellows will be visiting Asia. The tour will be between AOSSM and APKASS. Godfather for this tour will be former traveling fellow, Allen Anderson, MD, from The Tennessee Orthopaedic Alliance. Dr. Allen's companions will be Dr. Jay Albright, Orlando Health/Arnold Palmer Hospital for Children; Dr. Morgan Jones, The Cleveland Clinic; and Dr. Matthew Smith, Washington University in St. Louis.

The tour will take place May 22–June 12 during which time the fellows will be hosted by many former traveling fellows. The fellows will start their tour at the JOA Congress in Hiroshima, Japan. Other stops during the tour will include Kobe and Tokyo, Japan; Beijing and Shanghai, China; Hong Kong; and Macau.

The AOSSM, Traveling Fellowship Committee, and all past participates of the Traveling Fellowship Program thank DJO Global for their support of this program.

Orthopaedic Updates from Washington

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

Sequestration and the debt ceiling continue to dominate the news in Washington. While there are important developments on both fronts, there have been some promising developments on SGR repeal and parts of the Affordable Care Act (ACA).

SGR Repeal Gains Steam

Reps. Allyson Schwartz (D-PA) and Joe Heck (R-NV) have introduced a new piece of legislation designed to repeal the flawed SGR formula and replace it with a system that rewards doctors based on the health of their patients, rather than paying for each service a doctor performs. While previous efforts to repeal and replace SGR have fallen flat, there is new optimism in the wake of recent news that the Congressional Budget Office dropped its estimate of the cost from $244 billion to $138 billion.

Titled the Medicare Physician Payment Innovation Act, the bill, according to Rep. Schwartz's office: permanently repeals the SGR formula; provides annual positive payment updates for all physicians for four years; ensures access to preventive care, care coordination, and primary care services through increased payment updates for those services; aggressively tests and evaluates new payment and delivery models; identifies a variety of unique payment models to provide options for providers across medical specialties, practice types, and geographic regions; stabilizes payment rates for providers who demonstrate a commitment to quality and efficiency within a fee-for-service model; and ensures long-term stability in the Medicare physician payment system through predictable updates that accurately reflect the cost and value of providing health care services in coordinated care models.

ACA Device Tax

Reps. Erik Paulsen (R-MN) and Ron Kind (D-WI) formally introduced a bill to repeal the health law's 2.3 percent medical device tax. They have 175 co-sponsors. Sens. Orrin Hatch (R-UT) and Amy Klobuchar (D-MN) are expected to introduce similar Senate legislation soon. The effort faces some significant challenges in part because the bill would repeal the tax without offsetting spending cuts, violating the rules of the House.

When the bill came up last year, the House Ways & Means Committee amended it to provide for an offset, something that could happen again in the new Congress. However the committee attached language that would pay for ending the tax by requiring the government to recapture all overpayments of health insurance subsidies provided in the healthcare law. Under current law, only some of these overpayments must be returned to the government. That drew a veto threat from the President, stalling the bill in the Senate. If the same offset is proposed this time, it would probably stall the bill out again.

Custom Devices

Late last year, the Food and Drug Administration (FDA) issued a Federal Register notice indicating that it is currently drafting a policy to implement the custom device exemption requirements in the Federal Food, Drug, & Cosmetic Act, and was seeking comments. On January 18, the orthopaedic community issued its response with a letter signed by AAOS, AOSSM, AAHKS, ASSH, AOFAS, LLRS, POSNA, SRS, AANA, CSRS, and the Knee Society. Unlike most medical devices that require prior marketing authorization, if certain conditions are met, custom devices may be exempted. The custom device must meet several criteria:

- It is created or modified in order to comply with the order of an individual physician, dentist, or other "specially qualified person;"
- It is not "generally available" in the United States in finished form through labeling or advertising by the manufacturer, importer, or distributor for commercial distribution;
- It is "intended" to treat a "unique pathology or physiological condition" that no other device is available in the United States to treat;
- It is "intended" to meet the special needs of a physician, dentist, or other specially qualified person, in the course of this individual's professional practice, or is intended for use by a patient designated in this individual's order;
- No more than five units per year of the particular type of device are produced; and
- The device manufacturer must submit an annual report to FDA explaining its use of the custom device exemption.

In the letter, AAOS communicated to FDA the importance of making this exemption accessible to surgeons, in partnership with manufacturers.

Exemptions from the ACA

At the end of January, the IRS and CMS issued a rule outlining which entities and individuals would be exempt from the individual mandate penalty and requirements to cover essential health benefits. The IRS rule clarifies the requirement that nonexempt individuals maintain minimum essential coverage or make a shared responsibility payment (penalty). The CMS rule lays out specific exemptions to minimum coverage requirement, most notably that any person otherwise eligible for Medicaid under the new ACA eligibility expansion, but who resides in a state that has chosen not to expand, will not be subject to the shared responsibility payment.

Continued on page 17

Sequestration Redux

With sequestration set to kick in at the end of March, the President held a news conference to urge Congress to pass a stopgap measure to again delay the sequester. This would amount to an SGR-style patch in the hopes that a broader deal could be worked out, putting off mandatory spending cuts and deriving more revenue through tax reform. Republican leadership almost immediately called the plan dead on arrival.

IPAB

Representative Phil Roe, MD, (R-TN) has introduced H.R. 351, the Protecting Seniors' Access to Medicare Act, which would repeal the Independent Payment Advisory Board (IPAB) provision of the Affordable Care Act. H.R. 351 was introduced on January 23, 2013, with Rep. Allyson Schwartz (D-PA) and has already garnered over one hundred co-sponsors on both sides of the aisle. While it would likely pass the House with ease, it would face a steeply uphill climb in the Senate.

By April 30, the Centers for Medicare & Medicaid Services will have to determine whether the health law's Medicare spending triggers have been hit for the year and require the Independent Payment Advisory Board to act. It would be the first action involving the IPAB since the law was enacted, however it is unlikely to happen: the trigger is when Medicare's projected spending growth rate per beneficiary rises above an inflation threshold of Gross Domestic Product per capita plus 1 percent. The growth is unlikely to be that high.

Open Enrollment Begins

On October 1, open enrollment in the health insurance exchanges will begin, with coverage starting January 1, 2014. While this is a key test of the Affordable Care Act, it is particularly notable because October is also about the time that employers will begin open enrollment periods for the 2014 calendar year. We will likely then see whether the law's penalties for employers who don't provide coverage are sufficient incentives to provide employee insurance plans.

Physician Payment Sunshine Act Final Rule Released

By Jamie Gregorian, Esq., AAOS Senior Manager, Specialty Society Affairs and Research Advocacy, and Simit H. Pandya, Orthopaedic Quality Institute/Government Relations Specialist

Background and Summary

On February 1, 2013, the Centers for Medicare & Medicaid Services (CMS) published the long awaited Final Rule that will implement the Physician Payment Sunshine Act ("Sunshine Act"). The Sunshine Act, passed as Sect. 6002 of the Affordable Care Act, requires that "Applicable Manufacturers" of drugs, devices, biologicals, and medical supplies covered by Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) annually report all payments or other "transfers of value" (gifts, consulting fees, research activities, speaking fees, meals, and travel) made to physicians and teaching hospitals ("Covered Recipients") to the Department of Health and Human Services (HHS).

Additionally, the law stipulates that "Applicable Manufacturers" and "Applicable Group Purchasing Organizations" (GPOs) must annually report ownership and investment interests held by physicians and their immediate family members in such entities. Interestingly, neither the Sunshine Act or applicable manufacturers or GPOs need to report ownership or investment interests held by teaching hospitals.

Finally, the Sunshine Act requires CMS to give applicable manufacturers and GPOs, covered recipients, and physician owners and investors at least 45 days to review, dispute, and correct their reported information before posting it on a publicly available website. The information on this public website must be easily aggregated, downloaded, and searchable. Covered recipients will be notified using an online posting and through notifications on CMS listserves. Disputed transfer of value will be resolved directly between the covered recipient and the relevant applicable manufacturer or applicable GPO.

Unfortunately, the Sunshine Act did not address some questions related to its applicability and implementation. Subsequently, CMS issued a proposed rule to address these issues in December 2011 and solicited comments on that rule. CMS issued the final regulation, titled "Transparency Reports and Reporting of Physician Ownership or Investment Interests," on February 1, 2013.

Main Points About Final Rule Provisions

- Establishes August 1, 2013, as the starting date for data collection, and March 31, 2014, as the first reporting deadline;
- Excludes many foreign entities from reporting;
- Excludes certain medical education programs from the disclosure requirements;
- Creates separate reporting and publishing procedures for payments related to research;
- Excludes from reporting large group meals where recipients are difficult to identify and establishes a reporting process for smaller group meals; and
- The final rule gives parties an additional 15 days to resolve disputes that may arise late in the 45 day review/correction period.

Ramifications for the Provider Community

The burden of all reporting requirements under the Sunshine Act and this final regulation falls on "Applicable Manufacturers" and "Applicable GPOs," NOT on "Covered Recipients" (Physicians and Teaching Hospitals). However, this publicly reported information will inform patients when their doctors have financial relationship(s) with companies that manufacture or supply their medicines or medical devices. Informed patients may question their health care provider's choice of pharmaceuticals and/or devices. The aim of the Sunshine Act and this Final Rule is to reduce the potential conflict of interest that physicians or teaching hospitals could face resulting from their relationships with manufacturers.

Educational Opportunities Are *Sky High*

AT 2013 ANNUAL MEETING

In the first of a series of articles on this year's Annual Meeting, we provide a focused look at what to expect from the outstanding educational activities provided. Social activities will be highlighted in our next installment.

PICTURE THIS: the best minds in orthopaedic sports medicine all congregating in one magnificent world-class setting, along a crystal blue lakefront, with a myriad of educational experiences, family and social activities, and incredible food. This is exactly what is going to happen this upcoming summer at the AOSSM 2013 Annual Meeting in downtown Chicago.

On Thursday, July 11, the meeting begins in earnest with an outstanding line-up of research and poster presentations. Program Chair, Mark Miller, MD, and his committee have selected nearly 50 podium presentations highlighting surgical and nonsurgical treatment of athletic injuries. For the first time, we will also have nearly 70 e-posters available for viewing online prior to and during the meeting.

Another Thursday afternoon highlight this year will include the Live Upper Extremity Surgical Demonstration Workshop. Procedures and faculty include:

Co-Chairs: William N. Levine, MD, and Matthew Provencher, MD

SHOULDER

Open Latarjet
Moderator: Edward G. McFarland, MD
Surgeon: Laurence D. Higgins, MD

Arthroscopic Labrum: Around the World in 80 Days
Moderator: Robert A. Arciero, MD
Surgeon: Christopher D. Ahmad, MD

Arthroscopic Rotator Cuff
Moderator: Augustus D. Mazzocca, MD, MS
Surgeon: Nicholas A. Sgaglione, MD

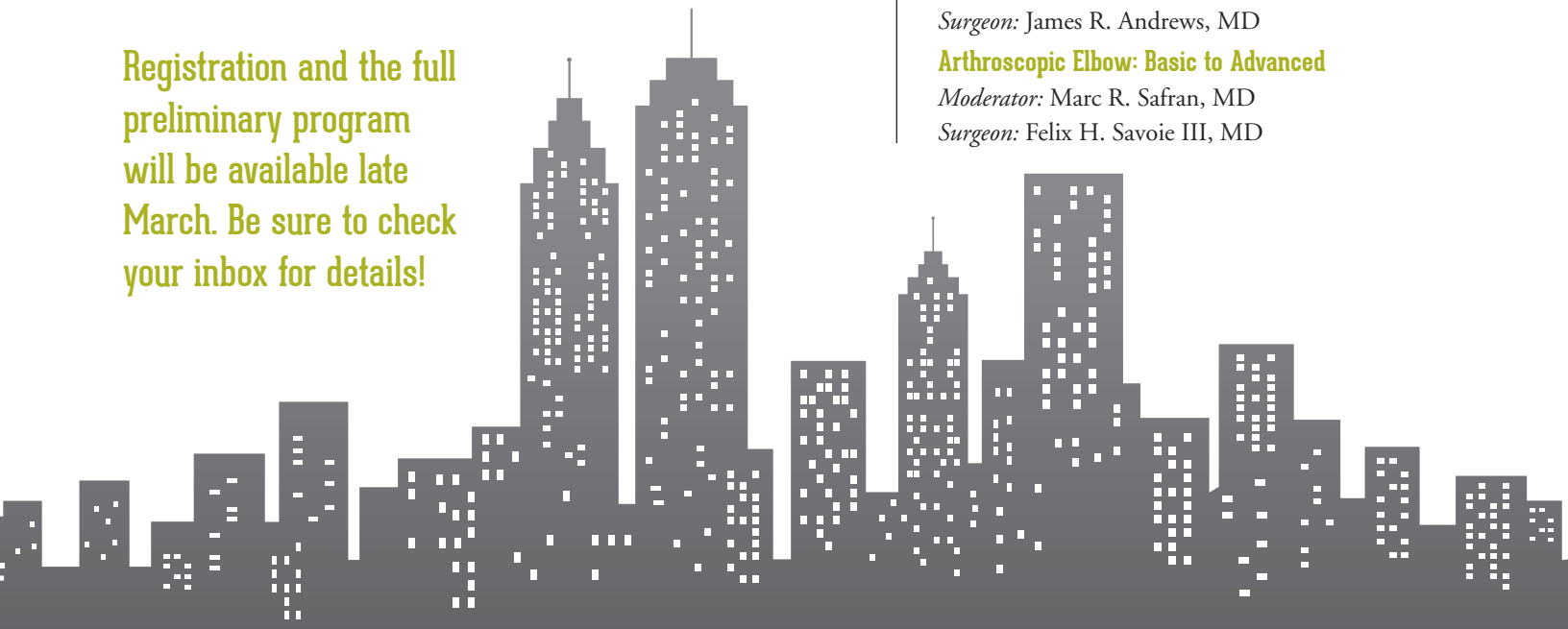
Arthroscopic Suprascapular Nerve Release
Moderator: Jon J. P. Warner, MD
Surgeon: Sumant G. Krishnan, MD, MSc, FRCS

ELBOW

UCL Reconstruction
Moderator: Neal S. ElAttrache, MD
Surgeon: James R. Andrews, MD

Arthroscopic Elbow: Basic to Advanced
Moderator: Marc R. Safran, MD
Surgeon: Felix H. Savoie III, MD

Registration and the full preliminary program will be available late March. Be sure to check your inbox for details!





Industry-sponsored symposiums will be taking place on Friday afternoon. Attendees will be able to choose from a variety of options and get a unique, first-hand opportunity to learn from expert faculty on the latest products and services.

In addition to all of these exciting educational offerings, **23 instructional courses** have been developed by Instructional Course Chair, Daniel Wascher, MD, including several case-based and clinical options. In addition, we have several new courses being offered this year: "Performance-Enhancing Drugs;" "Ultrasound;" "Management of Early Arthritis in the Middle Aged Patient;" "Case-Based AC Joint and Clavicle Fracture Controversies;" "Diagnosis and Management of MSK Injuries;" and "Concussion in Mixed Martial Arts and Boxing: Guidelines for the Ringside Physician." Each instructional course has limited availability so be sure to register early to get into your desired courses.

A key event of the meeting is always the **Presidential Guest Speaker,** who this year will be Tony Dungy, legendary Indianapolis Colts coach, sports analyst, and author. He will discuss the world of sports as he has seen it from the coaching and broadcast booths.

If you are newer to the sports medicine world, an exciting Saturday afternoon activity is the **Young Sports Medicine Specialists' Workshop** which offers practical pearls of wisdom on how to succeed and set up your own practice. Come listen and interact with some of the best in sports medicine! The workshop offers informal small group interactions which gives everyone involved an opportunity to benefit from varied experiences.

Another workshop to check out is Saturday's **Graft Healing and Failure After ACL Reconstruction.** This workshop will review the latest scientific evidence from both animal and human studies regarding factors thought to be important in graft healing and performance following ACL reconstruction. Topics for discussion will include: Biological Aspects of Graft Healing, Methods to Assess Healing/Functional Capacity of the Graft, and Return to Sport After ACL Reconstruction. This workshop is provided free of charge and is open to all attendees.

These are just a few of the outstanding educational opportunities that await you. Join us in Chicago and experience all the food, fun, and fellowship of AOSSM's world class orthopaedic sports medicine community!

GET YOUR HOUSING NOW 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. Specify that you are attending the AOSSM Annual Meeting. You can also book directly online by visiting www.sportsmed.org. The reservation deadline is June 8, 2013. Rooms are guaranteed until this date pending availability. Attendees are encouraged to book early.

Upcoming Meetings & Courses

For more information and to register, visit 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, IL
August 9–11, 2013

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.

JuggerKnot™ SOFT ANCHOR

Cortical Loads to Failure[1,2]

Cancellous Loads to Failure[1,2]

Biologics • Bracing • Microfixation • Orthopedics • Osteobiologics • Spine • **Sports Medicine** • Trauma • 3i

1. Barber FA, Herbert 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:

biometsportsmedicine.com • 800.348.9500 x 1501

BIOMET® SPORTS MEDICINE

One Surgeon. One Patient.

All trademarks herein are the property of Biomet, Inc. or its subsidiaries unless otherwise indicated.
SutureTak™ is a trademark of Arthrex, Inc. BioRaptor™ is a trademark of Smith & Nephew. Gryphon™ is a trademark of DePuy.

Sports Medicine Update
AOSSM
6300 North River Road
Suite 500
Rosemont, IL 60018

Bone and Joint Initiative USA

Exclusive AOSSM Member Gift Subscription for ATs

$45 for 1 year/ 6 issues

AOSSM members can now purchase *Sports Health: A Multidisciplinary Approach* gift subscriptions for athletic trainers they work with. The number of subscriptions you may sponsor is unlimited. All you need to do is go to

www.sportsmed.org/shj

and complete the subscription form providing the recipient's mailing information.

Sports Health

30% off the list price

AOSSM thanks Biomet for their support of *Sports Medicine Update.*

BIOMET SPORTS MEDICINE