NEWSLETTER OF THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE

sportsmedicine UPDATE

JANUARY/FEBRUARY 2014

HIGH-ALTITUDE ILLNESS & TRAINING

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New ACGME Policy

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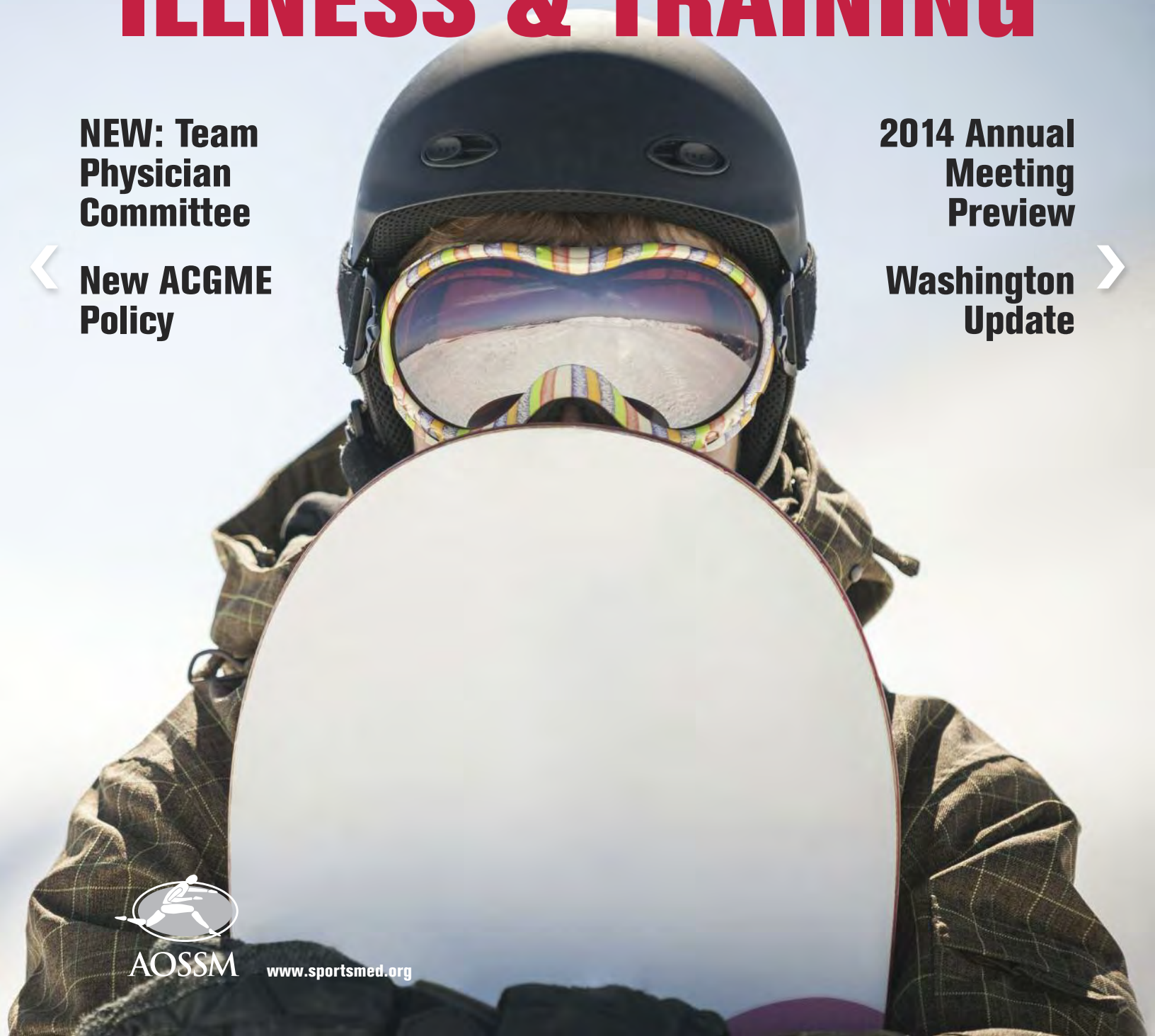
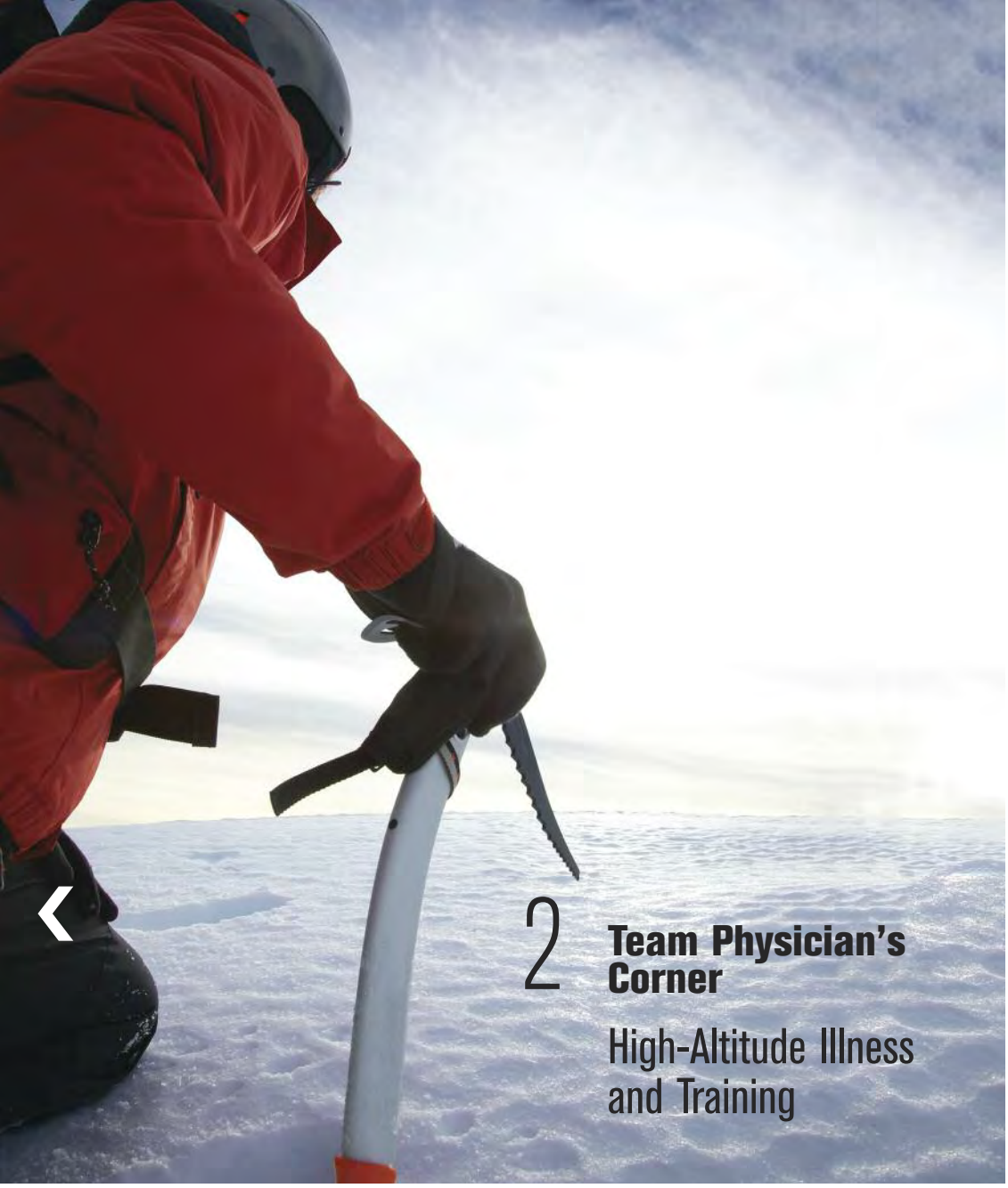


AOSSM www.sportsmed.org



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JANUARY/FEBRUARY 2014

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.

FROM THE PRESIDENT

As AOSSM president, I am incredibly grateful for your active involvement as members. The Society is strongest and most effective when you provide your time, energy, thoughts, and insight so that we can best support your professional needs. That commitment was recently illustrated when 25 percent of our members took an average of 17 minutes to complete the detailed survey that we circulated to you. This is an extraordinary response for a membership survey, especially in an age when everyone with an e-mail address is solicited on a daily basis for feedback.

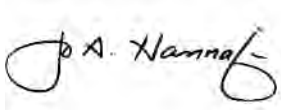
In this issue of *SMU* and in upcoming ones throughout the year we will focus on specific survey findings to provide you with insight on what we've learned. In the meantime, I'd like to highlight in broad terms what we've learned about our membership and what you told us you value from the Society.

- Members are at the front end of their career, with an average age of 47.
- Members are practicing in a variety of settings, but predominantly in a single specialty group or university setting.
- Team coverage remains a predominant hallmark of the AOSSM membership.
- Knee and shoulder continue to comprise the majority of our members' surgical cases, but hip, foot, ankle, and elbow are an important component of the sports medicine practice.
- Member patient load is predominantly adult, but nearly half of members' patient population is either adolescent/child or seniors.
- Members look to AOSSM for education, publishing, research, fellowship, and communication over any other organization.
- Members want expanded educational content, and in a variety of modes—live and online.
- Members' preference for how they receive and access their educational content is both evolving and varied—paper, web-based, and apps.
- Sports medicine professionals are looking to AOSSM for educational content that is tailored to their specific needs, especially as it relates to MOC.
- Individuals are looking for options for collecting and evaluating outcomes data.

As noted, we will be examining each of these points—and more—in future issues of *SMU,* but the take away message is that your input and active involvement in the Society is valued by the leadership because it provides us with important feedback so that AOSSM can serve you better.

Another area where we need your involvement is by volunteering and actively participating in AOSSM committees. The last issue of *SMU* had a Committee Volunteer form for you to complete if you wanted to contribute in that way. In addition to the Committee openings listed, the Board recently created a new Team Physician Committee to be comprised of members who take care of teams at the high school, collegiate, or elite levels, but with a special emphasis on members taking care of non-elite teams. I encourage you to complete and return the form.

Your ongoing input and support is incredibly important for the AOSSM leadership as we chart the Society's course during the months and years ahead. Thank you for helping to make AOSSM a truly unique and vibrant organization.



Jo A. Hannafin, MD, PhD

High-Altitude Illness and Training

KENNETH FOERSTER, MD
KEVIN DEWEBER, MD

While sports and recreational activities at high altitude have their risks for orthopaedic injuries, they also have the potential to cause high-altitude illness (HAI). Clinicians working with athletes going to high altitudes or in facilities that treat mountaineering injuries need to know how to recognize and treat these potentially fatal illnesses.

HAI Syndromes

HAI typically presents in three forms:

- Acute Mountain Sickness (AMS)
- High-Altitude Cerebral Edema (HACE)
- High-Altitude Pulmonary Edema (HAPE)

AMS and HACE are thought to be on the same spectrum of the cerebral syndromes. As the rate of ascent, maximal altitude, and level of exertion increase, the severity of HAI also increases. HACE and HAPE can be fatal if not treated quickly.

AMS, the mildest and most common form of HAI, is a clinical diagnosis made in patients with recent rapid ascent to altitude who develop headache and other symptoms such as fatigue, weakness, dizziness, lightheadedness, insomnia, and gastrointestinal symptoms. These symptoms are nonspecific and frequently ignored or misdiagnosed, but affect approximately 20–25 percent of tourists at elevations greater than 7,500 feet. AMS affects approximately 20 percent of skiers in Colorado.[1]

HACE is also diagnosed clinically and results from progressively worsening AMS that is inadequately treated.[2] Patients with worsening AMS who develop signs of encephalopathy such as ataxia, confusion, cognitive impairment, and a declining level of consciousness are diagnosed with HACE. MRI can be useful in unclear cases and can rule out other causes of encephalopathy.

HAPE is relatively uncommon but can also occur at moderate and extreme altitudes and can develop independently of the cerebral syndromes. Persons with preexisting cardiac or lung disease are more susceptible.[3] The diagnosis of HAPE is made clinically with two pulmonary symptoms (dyspnea at rest, cough, weakness, chest tightness, or chest congestion), and two signs (crackles, wheezing, cyanosis, tachypnea, or tachycardia). Chest radiography may be useful and often shows patchy infiltrates in the mid-lung fields and findings consistent with interstitial edema. Portable pulse oximetry will show hypoxemia and can be useful in monitoring treatment and recovery.

Pathophysiology

The effects of high altitude are due to hypobaric hypoxia. The body responds immediately with increased respiration, leading to respiratory alkalosis and a compensatory contraction of plasma volume via bicarbonate diuresis. Increased sympathetic tone causes tachycardia, increased cardiac output, and increased cerebral blood flow. Shunting of pulmonary blood flow leads to pulmonary hypertension.[4] These responses increase vasculature pressure and permeability, leading to cerebral and pulmonary edema and the resulting HAI syndromes.[5, 6]

Treatment

Any time HAI is suspected activity should be stopped and a medical assessment performed. For all syndromes the mainstays of treatment are rest and halt of ascent to minimize tissue hypoxia. As the syndromes worsen other interventions are required, such as medications, supplemental oxygen, and hyperbaric therapy. It is recommended that treatment follow an algorithm based on the severity of the HAI and any progression to HACE or HAPE (see Table 1). For an athlete diagnosed with HACE or HAPE, improvement of oxygenation is paramount, so descent should be attempted. If descent is not possible, supplemental oxygen should be given. Portable, inflatable hyperbaric chambers are also effective.

Acetazolamide, a carbonic anhydrase inhibitor, is the first-line medication treatment in AMS or HACE and is recommended in HAPE. The mechanism of action is multifactorial and includes bicarbonate diuresis, increased ventilatory response, and decreased CSF production. The recommended dose is 250 mg twice daily.

Dexamethasone, a corticosteroid, has been shown to have benefit in all forms of HAI. The presumed mechanisms include limiting inflammatory cascades, reducing cerebral swelling, increasing nitric oxide synthase, and increasing sympathetic tone. The recommended oral dose is 8 mg initially followed by 4 mg every 6 hours.

Nifedipine, a calcium channel blocker, reduces pulmonary vascular pressure via vasodilatation and is an adjunctive treatment for HAPE. The recommended dose is 30 mg of the sustained release (SR) formulation twice daily. Phosphodiesterase-5 inhibitors may treat and prevent HAPE, but further research is needed prior to widespread recommendation.[7]

Primary and Secondary Prevention

The risk of occurrence of HAI is directly related to three factors: previous history of HAI, rate of ascent, and planned elevation gain. Assessment of these factors should be used to categorize travelers into low, moderate, or high risk for HAI.[8] Those

Acclimatization at altitude and moderation of ascent rate continue to be the most effective methods to prevent HAI.

1,500 FEET
A rate of ascent of less than 1,500 feet/day is recommended above 900–1,000 feet.

LOWER ELEVATION
Sleep at lower elevation as sleep elevation appears to have a greater effect on HAI than does maximum elevation reached.

with moderate and high risk may benefit from medical prophylaxis.

Acclimatization at altitude and moderation of ascent rate continue to be the most effective methods to prevent HAI. A rate of ascent of less than 1,500 feet/day is recommended above 900–1,000 feet and the old adage of climb high and sleep low still holds true, as sleep elevation appears to have a greater effect on HAI than does maximum elevation reached. However, even these measures are inadequate at extreme altitudes, even for natives of high altitude.

The primary medication for prophylaxis of AMS and HACE is acetazolamide 125 mg twice daily, begun 24 hours before ascent and continued until descent has begun. Dexamethasone has a lower benefit-to-risk ratio and is not recommended for standard prophylaxis or low risk individuals. For those at moderate to severe risk and with a history of HAPE or HACE, adjuvant dexamethasone 8 mg/day divided into 2 to 4 daily doses, is reasonable.[9] For HAPE prophylaxis nifedipine SR 30 mg daily is adjunctive but not as effective as proper ascent protocol and acclimatization.

Return to Activity at Altitude

Athletes with new onset HAI who wish to continue ascent are at greater risk of developing more severe forms of illness as they continue to gain altitude. Therefore, recovery before continuing activity is strongly recommended. For mild AMS, continued ascent is reasonable after rest at current altitude and assurance of neurologic function. For moderate AMS, HACE, and HAPE, rest and full recovery are mandatory prior to continued ascent. Subsequent slow ascent (<1,500 feet/day with one rest day for every two ascent days) with prophylactic medications as above should allow for continued activity.

Athletes with a distant history of HAI who wish to return to high elevations need to be aware that they are at increased risk for recurrence. Careful risk assessment and management as above are critical to prevent recurrence.

Table 1. Treatment of HAI

	Not Meeting LL Criteria (Headache)	**Mild AMS by LL** (3–4)	**Moderate AMS by LL** (4–5)	**Severe AMS by LL** (>5)	**HACE**	**HAPE**
Analgesics	▲	▲	▲	▲	▲	
Fluids		▲	▲	▲	▲	
Acetazolamide			▲	▲	▲	▲
Dexamethasone				▲	▲	▲
Halt Ascent		▲	▲			
Descent				▲	▲	▲
Oxygen			▲	▲	▲	▲
Nifedipine						▲
Hyperbaric 02 Chamber				▲	▲	

LL: The Lake Louise scoring system (sample assessment form can be found at www.high-altitude-medicine.com/AMS-worksheet.html) can be used to assess the severity of AMS and tailor treatment and future ascent plans.

References

1. Honigman B, Theis MK, Koziol-McLain J, et al. Acute mountain sickness in a general tourist population at moderate altitudes. *Ann Intern Med.* 1993. 118:587–592.
2. Rodway GW, Hoffman LA, Sanders MH. High-altitude-related disorders—Part I: Pathophysiology, differential diagnosis, and treatment, and Part II: Prevention, special populations, and chronic medical conditions. *Heart and Lung: The Journal of Acute and Critical Care.* 2003. 32(6):353–359 and 33(1):3–11.
3. Basnyat B, Murdoch DR. High-altitude illness. *The Lancet.* 2003. 361:1967–1974.
4. West, JB. The Physiologic Basis of High-Altitude Diseases. *Ann Intern Med.* 2004.141:789–800.
5. Bartsch P, Bailey DM, Berger MM, Knauth M, Baumgartner RW. Acute Mountain Sickness: Controversies and Advances. *High Altitude Medicine and Biology.* 2004. 5(2):110–124.
6. Imraya C, Wright A, Subudhi A, Roache R. Acute Mountain Sickness: Pathophysiology, Prevention, and Treatment. *Progress in Cardiovascular Diseases.* 2010. 52:467–484.
7. Maggiorini M. Prevention and Treatment of High-Altitude Pulmonary Edema. *Progress in Cardiovascular Diseases.* 2010. 52:500–506.
8. Hackett PH, Shlim DR. Altitude Illness. *CDC Health Information for International Travel.* 2014 edition. Chapter 2 Self-treatable conditions. http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014.
9. Luks AM, McIntosh SE, Grissom CK, Auerbach PS, Rodway GW, Schoene RB, Zafren K, Hackett PH. Wilderness Medical Society Consensus Guidelines for the Prevention and Treatment of Acute Altitude Illness. *Wilderness & Environmental Medicine.* 2010. 21:146–155.

MAKE SPORTS SAFETY YOUR RESOLUTION IN 2014

As STOP Sports Injuries enters the New Year, we are grateful for the continued support of AOSSM members across the country and world. Want to know how you can get involved? The list below will have you on your way!

Join the conversation

Join the conversation on youth sports injury prevention with our monthly #SportsSafety tweet chat, held the second Wednesday of the month at 9 PM ET/8 PM CT. Upcoming chats include:

January 8
Off-Season Conditioning and Training

February 12
Olympic Sports Injuries

Sign up

Sign up your practice or institution as an official collaborating organization. Visit www.STOPSportsInjuries.org and click "Join Our Team" to get started.

Provide information

Provide athletes information on a specific injury or offer prevention advice by sharing the program's numerous sports tip sheets in your practice or institution, available at www.STOPSportsInjuries.org.

Featured Resource

We recently partnered with the Datalys Center to produce a set of tip sheets highlighting the benefits of youth sports participation, including preventing obesity and promoting physical well-being. Download these free tip sheets at www.STOPSportsInjuries.org and share with athletes and parents in your community!

Welcome to Our New Collaborating Organizations!

Thank you to the newest STOP Sports Injuries collaborating organizations for their commitment to keeping youth sports safe:

Sports Medicine Practices

DARI:Clinic
Lenexa, Kansas

Des Moines Orthopaedic Surgeons (DMOS)
West Des Moines, Iowa

Integrated Sports Medicine and Physical Therapy
Leesburg, Virginia

Moss Sports Rehab
Jenkintown, Pennsylvania

Physical Therapy and Sports Medicine Center
Westbrook, Connecticut

Rajeev Pandarinath, MD
Washington D.C.

Skopp Sports Medicine and Chiropractic
Alexandria, Virginia

Southeastern Sports Medicine
Asheville, North Carolina

Sports Ortho Center
Boca Raton, Florida

Vitacare Medical Associates
Glendale, California

Sports and Recreation Organizations

Functional Muscle Fitness
Concord, California

Machine M3 Performance Center
Vienna, Virginia

Prichard Performance
Anacoco, Louisiana

Athlete Safety Headlines New Initiative

Providing a safe sports experience for young athletes is a collective effort, and the National Conference on Youth Sports Safety earlier this month spotlighted that theme. The 2013 edition of this meeting celebrated the launch of the Protecting Athletes and Sports Safety (PASS) initiative, created to establish national safety guidelines intended to educate parents and provide information that helps reduce youth sports injuries.

The November meeting in Washington, D.C. featured a wide range of participants, including the players and coaches to the health care providers crucial to ensuring player safety. The PASS initiative hopes to bring these groups together with policy leaders, governing bodies, and the media to explore the research that is needed to study sports injuries—in particular concussions—as well as understand the role individuals play in building awareness (and ultimately preventing the injuries when possible).

AOSSM President Jo Hannafin, MD, attended the meeting to offer her perspective as a health care provider connected directly to athletes through the sports medicine specialty. We are grateful to be a part of the PASS initiative, and look forward to sharing more in the future!

Dr. Jo Hannafin, AOSSM President, David Satcher, MD, PhD, Director of the Satcher Health Leadership Institute and former Surgeon General of the United States, and Dr. David Teusher, Second Vice President of the American Academy of Orthopaedic Surgeons.

Members Provide Insight into Caseloads

AOSSM conducted a survey of its membership in October. Of the 2,900 individuals who received the survey link, 732 responded (25 percent). *SMU* and *Action and Updates* will be presenting a few of the results over the next several months. In the first tidbit, the table below shows the average number of cases seen each year by respondents along with the median (the middle score), the minimum, and maximum reported. A full copy of the survey results can be downloaded at http://bit.ly/19fcWUR.

Region	Mean	Median	Minimum	Maximum
Knee	175.2	150.0	0	1,000
Shoulder	140.6	100.0	0	600
Hip	29.9	20.0	0	450
Foot/Ankle	20.3	15.0	0	400
Elbow	18.1	10.0	0	200

Get *AJSM, Sports Health,* and *OJSM* on the Go

FREE *AJSM, Sports Health,* and *OJSM* apps are now available! These apps present the cover-to-cover print edition in a mobile, user-friendly format. Readers can now mark "favorite" articles and download entire issues for offline reading. The *AJSM* and *Sports Health* apps are subscriber-only benefits and are already included in your subscription to the print journal. To set-up your password and download the app, follow these simple steps:

1. Go to app.ajsm.org or app.sportshealthjournal.org and follow the steps to create your password.
2. Go to the Apple App Store on your device and download the free *AJSM* and *Sports Health* apps.

   For the *OJSM* app simply search for *OJSM* in the iTunes store.
   If you have questions, contact Colleen O'Keefe at Colleen@aossm.org.

Sports Health Call for Photographers!

Sports Health: A Multidisciplinary Approach is looking for amateur photographers to submit action, sports-related photos, free of charge, to appear on the cover of the journal. Five different images are featured on the cover of each issue and picture athletes of all ages competing in sporting-related events. You are invited to submit your photos to the editorial office for approval and potential use. Photos must be submitted as JPEG or TIFF files and at a resolution of 300 dpi to be considered. Color photographs are strongly recommended. Please submit your photos and direct any questions to Colleen O'Keefe at Colleen@sportshealthjournal.org.

Are You Participating as a Health Care Provider for a Winter Olympic Team?

If you will be serving as a team physician, athletic trainer, or physical therapist at the upcoming Winter Olympics and are interested in serving as an expert for media calls we may receive, please send your name, contact information, and sport you will be assisting with to Lisa Weisenberger at Lisa@aossm.org.

GET INVOLVED!

New Committee Option Available

AOSSM is forming a new Team Physician Committee. The committee will include members who have experience with high school, collegiate, elite, and professional athletes in order to gain a broad perspective on pertinent issues. Applicants should submit a 250-word write-up listing their experiences as team physicians including the sports covered, types of teams, and how long you have worked with the teams. Applications will be reviewed by the Committee on Committees in April.

In addition, every year AOSSM accepts new volunteers to serve on its standing committees. These volunteer committees form the lifeblood of AOSSM and provide guidance for Society programs and projects. Those who join committees not only heighten their experience as an AOSSM member, but form ties of fellowship with their colleagues that can last throughout their career. Because different committees work so closely with each other to help accomplish the Society's mission, participating in a committee is an excellent way to see how AOSSM develops its meetings, courses, publications, and other resources.

Although requirements and duties vary by committee, volunteers must be able to attend regular committee meetings, which are typically scheduled in conjunction with Specialty Day each spring and the AOSSM Annual Meeting each summer. With the range of Society programs and corresponding committees, there are many opportunities to share your unique perspective.

If you are interested in serving on an AOSSM committee, simply fill out the Volunteer Form at www.sportsmed.org and e-mail to Camille@aossm.org by February 1, 2014.

New Nominating Committee Members Selected

Congratulations to Eric McCarty, MD, Matthew Provencher, MD, Scott Rodeo, MD, and Dean Taylor, MD, for being selected to serve on the 2013–2014 Nominating Committee. These individuals were chosen by the AOSSM membership during our online voting window in September/October. Past President, Peter Indelicato, MD, will serve as Chair with Robert Stanton, MD, serving as Past Chair, Ex-Officio.

Looking for Volunteers? Submit Your Request to AOSSM

AOSSM now has a designated page on our website to submit volunteer opportunities for other organizations, such as participating as a team physician, or volunteering to serve on a committee or at an event. For complete details and how to submit your opportunity for volunteering, visit www.sportsmed.org/About/Volunteer_Opportunities.

TELL US WHAT YOU DO

In 2014, *Sports Medicine Update* will have a member spotlight column to highlight the various activities, teams, and work our members do every day in their local communities and institutions. Whether you've been practicing sports medicine for 40 years or just five, or know someone who is performing some amazing feats caring for athletes of all levels and ages, we'd love to hear about it! Please forward your story or your colleague's to Lisa Weisenberger at Lisa@aossm.org.

Are You a Fan or a Follower?

AOSSM, AJSM, and *Sports Health* are all on Facebook and Twitter. Join the conversation and learn about the latest news and articles from AJSM and Sports Health. Stay up to date on Society happenings and deadlines at AOSSM.

Facebook

Facebook.com/AOSSM
Facebook.com/American-Journal-of-Sports-Medicine
Facebook.com/SportsHealthJournal
Facebook.com/STOPSportsInjuries
Facebook.com/TheOJSM

Twitter

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

Fun for All Ages Abounds in Seattle

In the first of a series of articles on this year's Annual Meeting in Seattle, we provide a focused look at all of the social and family activities available in this amazing Pacific Northwest city. Attendee lodging for the 2014 AOSSM Annual Meeting will open in January with registration to follow in March. Visit www.sportsmed.org/AnnualMeeting2014 for more information.

Coffee, flying fish, space needles, historic underground tours, and melodious music of all kinds are just a few of the unique things you'll discover and enjoy when visiting Seattle, July 10–13, 2014, for the AOSSM Annual Meeting. If you've never been to the northwestern United States, July is the time to go with normally outstanding weather, in season flowers and food from Pike's Place Market, festivals and so much more!

The AOSSM's biggest social event and family friendly party will be at the Seattle Aquarium this year on Saturday, July 12. AOSSM will have full access to the entire venue, including the Great Hall, Life on the Edge, all mammal exhibits, and even the Under Water Dome—a 360 degree tunnel/view into the 400,000 gallon fish tank. The venue is one of the most unique and best-kept waterfront secrets in Seattle and is located on Pier 59 at the edge of Puget Sound's Elliott Bay. Attendees will also be able to experience a mammal feeding show and interact with the sea otters, fur seals, and harbor seals along with taking in dive shows.

But this is just one piece of your Pacific Northwest experience! In just a few days, you and your family can enjoy so many different activities from taking a behind the scenes tour of Safeco Field to learning all about airplanes and the history of flight at the Museum of Flight and Future of Flight Aviation Center to hands-on exhibits geared

for all ages at the Children's Museum, Burke Museum, and Pacific Science Center. If an amusement park is what you are looking for, then check out Wild Waves Theme Park which offers fun and thrills for the entire family. However, if your family is more into the animal scene, then don't miss the Northwest Trek Wildlife Park, Point Defiance Zoo and Aquarium, Puyallup Fairgrounds, and Woodland Park Zoo, not to mention the plethora of wildlife at nearby Mt. Rainier National Park and the Olympic mountains.

Another one-of-a-kind family friendly activity is the Experience Music Project (EMP). This music and science-fiction museum located in Seattle Center is dedicated to the exploration of creativity and innovation in popular music and has a great variety of interpretative, interactive exhibits and cutting-edge technology. EMP captures and reflects the essence of rock 'n' roll, its roots in jazz, soul, gospel, country, and the blues, as well as rock's influence on hip-hop, punk, and other recent genres. Visitors can view rare artifacts and memorabilia and experience the creative process by listening to musicians tell their own stories.

The Science Fiction Museum (SFM) section of EMP features iconic artifacts from sci-fi literature, film, television, and art, including the Imperial Dalek from *Doctor Who,* the command chair from the classic television series *Star Trek,* and Neo's coat from the *Matrix Reloaded.* SFM is the world's first museum devoted to the thought-provoking ideas and experiences of science fiction.

For more information on all that you can see and do in and around Seattle, visit www.visitseattle.org or www.2daysinseattle.com. See you in July!

AOSSM Educational Resources

Did you miss the AOSSM 2013 Annual Meeting?

AOSSM records presentations at Specialty Day and the Annual Meeting and our sport specific meetings. You can purchase an annual subscription for $150 that includes access to presentations with audio from the Annual Meeting, Specialty Day, and our sport specific courses for one year. Online Meetings are a great way to review presentations or share new research with colleagues and fellows. For more information visit www.sportsmed.org/onlinemeetings.

Need a Review? Purchase Self Assessment Today

Looking for a great review of sports medicine? The AOSSM Self Assessment is updated annually and contains 125 new questions designed to guide your review of diagnosing, treating, and rehabilitating common orthopaedic sports medicine injuries and conditions. Each question contains commentary and references to support your learning. Earn 12 *AMA PRA Category 1* ™ credits. Self Assessment can count toward your ABOS MOC Part 2 scored and recorded exam requirement, too. Visit www.sportsmed.org for more information.

Give Your Patients the Best Sports Medicine Info

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 a patient's inbox, post on your website, or print 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.

New ACGME Policy Affects Independent Sports Medicine Fellowship Programs

The Accreditation Council for Graduate Medical Education (ACGME) has issued new policies and procedures for residencies and fellowships that became effective on July 1, 2013, however some of the changes will not go into effect until 2015, as noted below. Some of the changes in the document directly impact sports medicine fellowship programs, particularly those that are independent of an associated core residency program. Since many details about how some of these policies and procedures are not fully yet developed, AOSSM, AAOS and other orthopaedic specialties are working with the ACGME to help keep fellowship programs informed and will address potential concerns. The ACGME Policies and Procedures document is available at www.acgme.org/acgmeweb/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf.

AOSSM has requested and received clarification from the ACGME on the following four issues:

1. The ACGME policies of July 1, 2013, apply to all ACGME accredited programs, primary and subspecialty, and not just orthopaedic programs.
2. By July 1, 2015, current independent programs may remain as accredited subspecialty programs if they are either:
    a. Within an institution without an associated core residency program in the specialty and operating under the oversight of a sponsoring institution accredited by ACGME and geographically proximate; or
    b. Sponsored by an ACGME accredited institution with an associated core residency program and functioning as a dependent subspecialty program to the associated core residency program.
3. There are two types of sponsoring institutions: those that sponsor one program or one type of program (Single Program Sponsoring Institution (SPSI)) and those that sponsor multiple programs. Prior to July 1, 2015, SPSIs can become a program sponsored by a currently accredited multiple program sponsoring institution or seek accreditation from the ACGME's Institutional Review Committee (IRC). The IRC oversees the accreditation of institutions sponsoring residency/fellowship programs. After July 1, 2015, SPSIs will only be accredited by the ACGME's IRC. The ACGME has not yet established the procedures for obtaining accreditation by the IRC. It is important to note that not all orthopaedic "sponsoring institutions" listed on the public ACGME search site meet the new sponsoring institution requirements.
4. Independent subspecialty programs within an institution, without an associated core residency program in the specialty must operate under the oversight of a sponsoring institution accredited by ACGME and should be geographically proximate. Also note that not all orthopaedic sports medicine programs listed in the public ACGME program search site meet this requirement.

AOSSM will continue its dialogue with the ACGME, advocate on behalf of our fellowship programs and keep you informed of any new information. Please contact Jeff Kramer, FACHE, CAE, at Jeff@aossm.org or 847/655-8650 with any questions.

INDEPENDENT FELLOWSHIP PROGRAM ACCREDITATION DETAILS

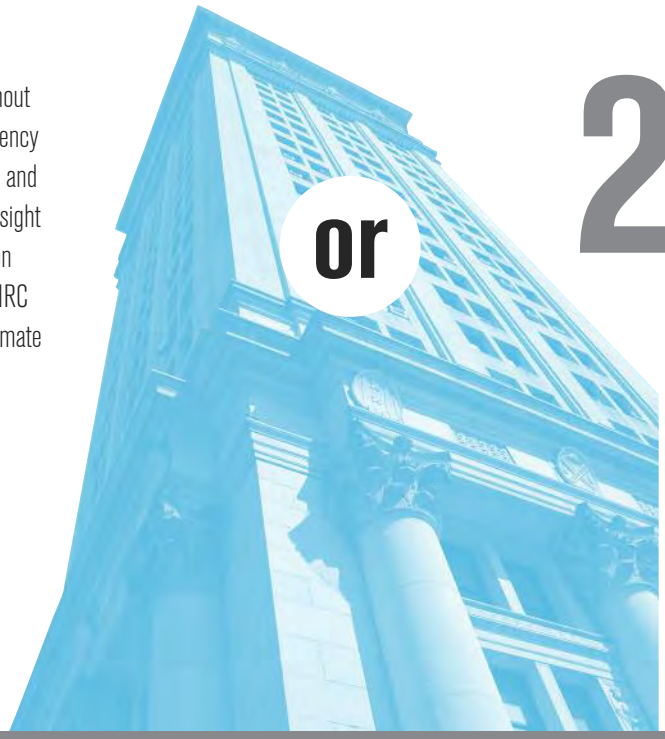
ACGME Policies Effective July 1, 2013

By July 1, 2015, previously existing independent programs may remain as accredited subspecialty programs if they are either:

1 Within an institution without an associated core residency program in the specialty and operating under the oversight of a sponsoring institution accredited by ACGME's IRC and geographically proximate

or

2 Sponsored by an ACGME accredited institution with an associated core residency program and functioning as a dependent subspecialty program to the associated core residency program



sponsoring institutions include:

Single Program Sponsoring Institution (SPSI): sponsor one program or one type of program

Institution with Multiple Accredited Programs

Prior to July 1, 2015, SPSIs may be sponsored by:

- A currently accredited, multiple program sponsoring institution or
- May seek accreditation from the Institutional Review Committee (IRC).

After July 1, 2015, SPSIs will only be accredited by the ACGME's IRC.

2015 AAOS/NIH Research Symposium to Focus on Biologics for Sports Injuries

AAOS has held a Research Symposium annually for many years in partnership with NIH. These symposia provide an opportunity for experts to exchange information and develop collaborative endeavors through scientific presentations and active discussion groups. The format of the meeting includes lectures, breakout groups, and discussion periods, all designed to reach consensus on the key research findings or issues related to the symposium topic.

Topics for symposia are solicited by the Academy from specialty societies and proposals are reviewed by the AAOS Research Development Committee. Topics are evaluated for their timeliness, opportunity to stimulate new research directions, and with consideration of priorities within the AAOS Unified Orthopaedic Research Agenda and of NIAMS. AOSSM submitted a program devoted to "Biologic Treatments of Sports Injuries" for the 2015 AAOS/NIH symposium based on our 2012 think-tank meeting on the same topic. We just learned that the proposal has been accepted and will be the focus for the 2015 meeting. AOSSM Research Committee Chair, Robert F. Laprade, MD, PhD, will serve as principal investigator with Constance R. Chu, Jason L. Dragoo, MD, and Jason L. Koh, MD, as co-planners.

The Academy will facilitate the submission of a NIAMS R13 grant which is designed to provide partial support for conferences and scientific meetings. The meeting will be held in Rosemont, May 7–9, 2015. This will be a great opportunity to showcase the research currently being conducted in an important area of sports medicine research. It is also a nice example of how AOSSM research endeavors can go on to have a wider impact on the field.

Young Investigators Apply for USBJI Grant Mentoring Program

The United States Bone and Joint Initiative (USBJI) and Bone and Joint 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 in orthopaedics to assist them in securing funding and other survival skills required for pursuing an academic career. This program is different in scope from the AOSSM mentoring program.

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, without or with training awards (including K awards) are invited to apply. Investigators selected to take part in the program attend two workshops, 12 to 18 months apart, and work with faculty between workshops to develop their grant applications. The next workshop is scheduled to take place May 16–18, 2014, in Rosemont, Illinois (Chicago). 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 2014 Workshop is January 15, 2014. To apply for this program, visit www.usbji.org/rd/?yii. Deadline to apply for the Fall 2014 Workshop is July 15, 2014.

WASHINGTON UPDATE

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

Health care continues to be a prime topic in Washington. In early December, CMS published its 2014 Medicare Physician Fee Schedule final rule. In addition to covering rules and regulations proposed for implementation in calendar year 2014, the rule includes Relative Value Units (RVU) for every procedure with a code in the current fee schedule.

Physician Fee Schedule

Every year, CMS makes changes to the RVUs for procedures, including orthopaedic procedures, within the fee schedule. This year, the following four, high-volume lower extremity orthopaedic procedures were reviewed and the RVUs either revised or left at their current value include:

- 27130—Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty [THA]), with or without autograft or allograft. The work RVU has been changed from 21.79 to 20.72, a decrease of 5 percent.
- 27236—Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement. The work RVU remains the same at 17.60.
- 27446—Arthroplasty, knee, condyle and plateau; medial OR lateral compartment. The work RVU has been changed from 16.38 to 17.48, an increase of 6.7 percent.
- 27447—Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty [TKA]). The work RVU has been changed from 23.25 to 20.72, a decrease of 11 percent.

These new values will go into effect January 1, 2014. AAOS recommended that CMS and the American Medical Association's Multi-Specialty Relative Value Update Committee (RUC) make no change in work RVUs for THA (27130) and a small (4 percent) decrease in work RVUs for TKA. Although the RUC rejected these recommendations and proposed significant cuts in the work RVUs for both TKA and THA, CMS acknowledged the input from specialty societies and moderated the RUC's recommendations, resulting in a far smaller decrease.

In addition, both the RUC and CMS accepted the AAOS and AAHKS recommendations on the treatment of hip fractures (27236) and unicompartmental knee arthroplasty (27446).

SGR Repeal and Replacement

Last month, leaders of two key congressional committees agreed on a basic framework to replace the SGR with a system that would link reimbursement to the quality of care provided—a step that could put an end to the annual "Doc Fix" debate. Released by the Senate Finance and House Ways and Means Committees, the proposal is similar to one passed by the House Energy and Commerce Committee in July. Both plans aim to shift provider payments from fee-for-service to quality-based payments.

Senate Finance Committee Chairman Max Baucus (D-MT) says his panel will consider the legislation to repeal the SGR in December. Chairman Baucus sent a notice to fellow committee members announcing they will meet in "open executive session" on December 12 "to consider an original bill to repeal what is officially known as the Medicare Sustainable Growth Rate (SGR) formula." The legislation that Baucus will offer will be distributed 48 hours before the start of that meeting. *(National Journal)*

ACA Drug Savings

The Obama administration is crediting the ACA with saving seniors and the disabled nearly $9 billion on their prescription drugs, an average of $1,209 per person since 2010. The White House is touting a discount program in the Affordable Care Act, where anyone with a Medicare prescription drug plan who reached the prescription drug "donut hole" in 2010 got a $250 rebate. Beginning in 2011, beneficiaries who landed in the donut hole began receiving discounts on covered brand-name drugs and savings on generic drugs. (Whitehouse.gov)

Budget

Prior to recessing for the year, the House of Representatives passed a budget deal designed to reduce the impact of sequestration cuts and to avoid another government shutdown. The bill passed on a broadly bipartisan 332-94 vote. Though not guaranteed, due to the possibility of a filibuster, the Senate is likely to pass the measure as well, and President Obama is expected to sign it into law. The agreement would cap discretionary spending for the current budget year at $1.012 trillion and $1.014 trillion for fiscal 2015, up from the House's previous number of $967 billion. While the deal does not replace all of the sequester cuts, it does provide $65 billion in sequester relief over two years.

Potential Liability Relief for Sports Medicine Doctors

Also just before recess, Reps. Tom Latham (R-IA) and Cedric Richmond (D-LA) introduced H.R. 3722, "To provide protections for certain sports medicine professionals who provide certain medical services in a secondary State." When *SMU* went to press, the bill had not yet been posted, but when it posts, it will be here: http://beta.congress.gov/bill/113th/house-bill/3722/text.

The legislation would provide a limited amount of legal and malpractice liability protection for team doctors when traveling with their teams across state lines.

UPCOMING MEETINGS & COURSES

AAOS/AOSSM Sports Medicine Course: Weekend Warrior to Elite Athlete
Park City, Utah
February 12–16, 2014
Registration handled by AAOS

AOSSM Specialty Day
New Orleans, Louisiana
March 15, 2014
Registration handled by AAOS

Surgery for the Athlete's Knee
Orthopaedic Learning Center
Rosemont, Illinois
April 26–27, 2014

AOSSM 2014 Annual Meeting
Seattle, Washington
July 10–13, 2014

AOSSM/AAOS Review Course for Subspecialty Certification in Orthopaedic Sports Medicine
Chicago, Illinois
August 8–10, 2014

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

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SPORTS MEDICINE UPDATE
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