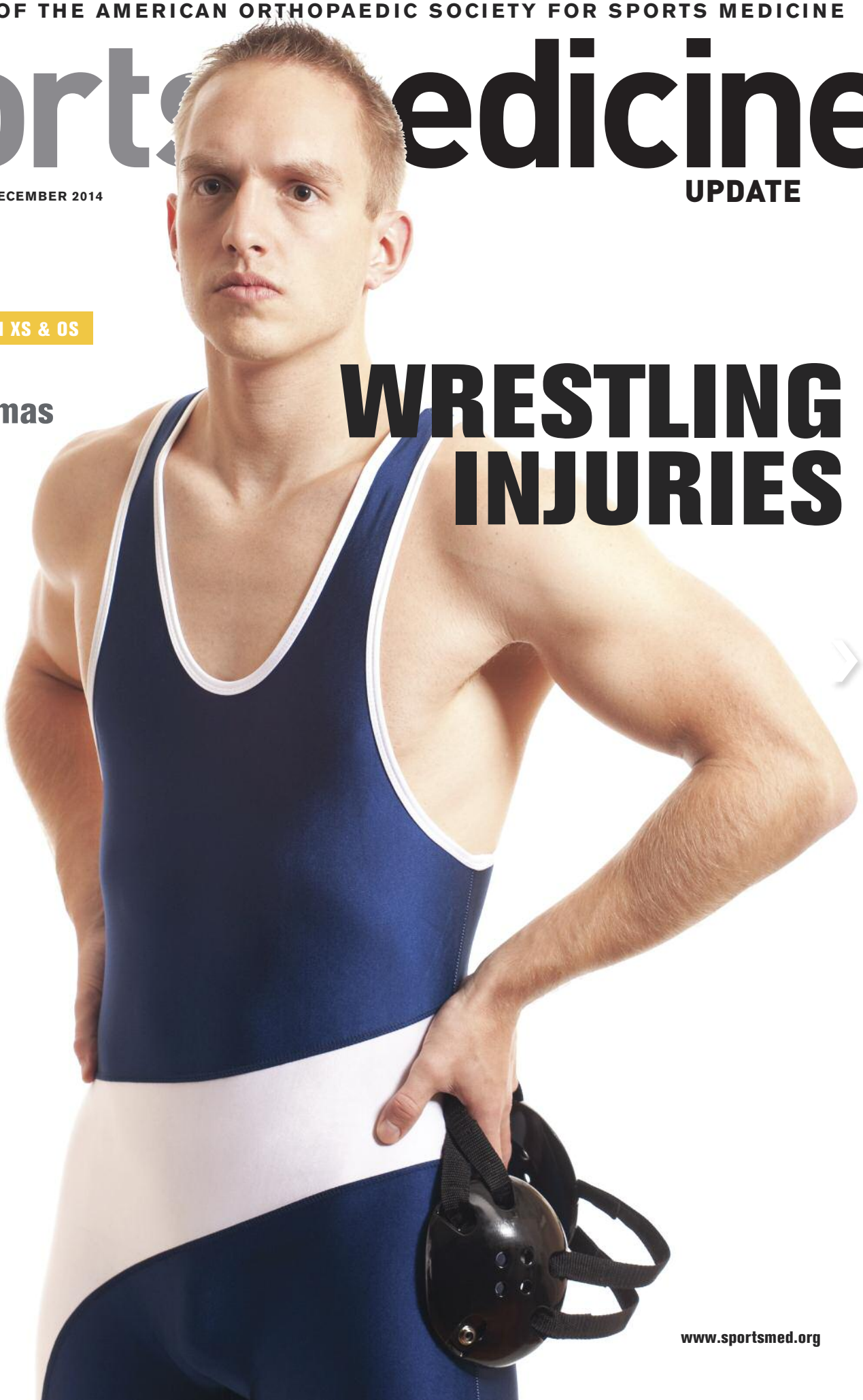
NEWSLETTER OF THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE

sports medicine UPDATE

NOVEMBER/DECEMBER 2014



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AOSSM

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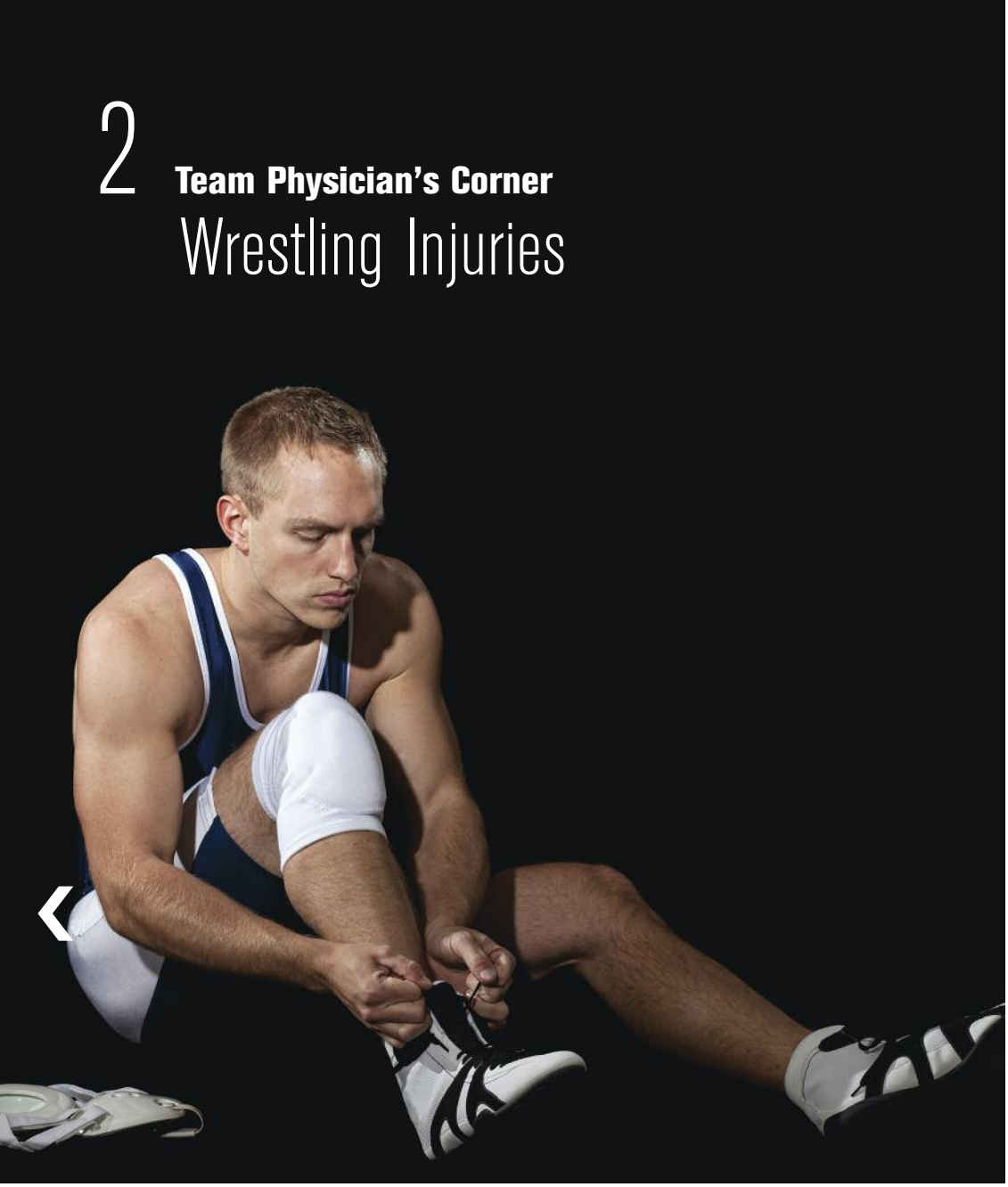

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SPORTS MEDICINE UPDATE is a bimonthly publication of the American Orthopaedic Society for Sports Medicine (AOSSM). The American Orthopaedic Society for Sports Medicine–a world leader in sports medicine education, research, communication, and fellowship–is a national organization of orthopaedic sports medicine specialists, including national and international sports medicine leaders. AOSSM works closely with many other sports medicine specialists and clinicians, including family physicians, emergency physicians, pediatricians, athletic trainers, and physical therapists, to improve the identification, prevention, treatment, and rehabilitation of sports injuries.

This newsletter is also available on the Society's website at **www.sportsmed.org.**

TO CONTACT THE SOCIETY: American Orthopaedic Society for Sports Medicine, 6300 North River Road, Suite 500, Rosemont, IL 60018, Phone: 847/292-4900, Fax: 847/292-4905.

FROM THE PRESIDENT

As your president it is my responsibility and really my privilege to represent our Society at a number of meetings to ensure we have proper input to the many activities that are occurring within the specialty of orthopaedics. One of these was attendance at the recent AAOS Fall meeting and Board of Specialty Society meetings held in Nashville this past September. I can assure you that our close collaboration with the AAOS will serve us well in the future.

In last month's edition of *SMU,* a "Q and A" article was written regarding the Clinical Practice Guidelines and Appropriate Use Criteria. A number of our members have had an extensive role in the development of these documents and importantly the Consensus Statements that truly reflect our day-to-day practice. This close collaboration with the AAOS Evidence-Based Committee generated an invitation to our Society to be held as a model for such activity to other societies. I would like to thank those members who participated in the committee on our behalf.

Another subject for implementation is the development of performance standards. This is one of the most important new initiatives for the AAOS. The initial summit was attended by Past President, Jo Hannafin, MD, PhD, and the AAOS has reached out to us to contribute in a very meaningful way. Several of our members are actively involved in creating two types of performance measures:

1. **Current Performance Measures**—These are measures available from payers or public reporting agencies through administrative claims or registry data. Members of this group are working to identify measures that could be readily and appropriately used as a performance metric.
2. **Aspirational Performance Measures**—These are preferably outcome measures, including patient reported outcome measures that our Society identifies as most appropriate.

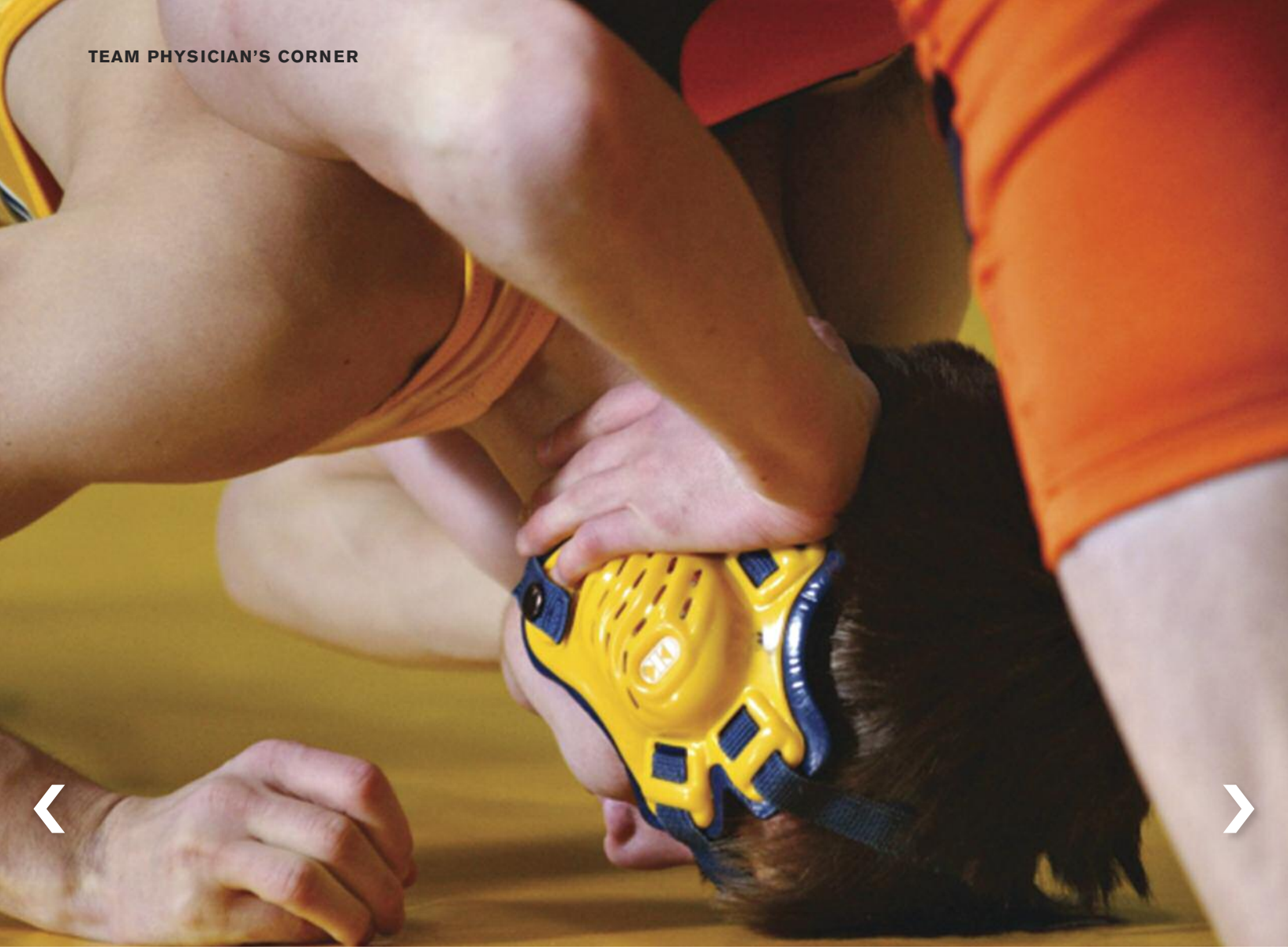
This is critical collaborative work for the future and more information will be available soon.

To change gears, it is with great anticipation that I provide a snapshot of several upcoming events that we as a Society are really experts at, education. First, in December our headquarters will move into the new building in Rosemont. There is no question this facility will position our Society to educate surgeons in the subspecialty of sports medicine for many years to come. The ability to simultaneously conduct multiple seminars, surgical skills development, and administrative activities under one roof is unparalleled. We are well-resourced to conduct our first OLC course on hip arthroscopy in this facility in April 2015.

Second, the AOSSM Specialty Day in March at the annual meeting of the AAOS in Las Vegas promises to be a unique, comprehensive day of learning. In the morning session we are partnering with both the American Society of Shoulder and Elbow Surgeons and the Arthroscopy Association of North America. Timely topics such as knee, shoulder, and elbow, and business aspects of our specialty, all germane to our societies, will be featured. The afternoon will feature an AOSSM specific scientific program with original research papers and symposia.

Third, planning for our Annual Meeting in Orlando, July 9–12, is underway. The Program Committee, chaired by Gus Mazzocca, is working on a meeting that will be chock-full of original research, symposia, surgical skills, and workshops that promise to fill every educational need. We will again have the luxury of space to provide three concurrent sessions to enhance the program. My wife and I recently visited the venue at The Hilton Resort at Bonnet Creek, and it is an ideal setting for education, vacationing with family, and interacting with friends and colleagues. I hope you will mark your calendar to attend our showcase educational event.

Bob Arciero, MD



Wrestling Injuries

BY ALEXANDER GOLANT, MD

Wrestling is one of the oldest and most practiced sports in the world, having been a category in the Olympic games as far back as 776 BC. In the United States today, nearly a quarter of a million high school boys and 10,000 high school girls along with approximately 6,000 collegiate men participate in competitive wrestling, where the ultimate goal is to immobilize the opponent on his/her back. Wrestling is a sport that requires intense training and places strenuous demands on the athlete's body, resulting in relatively high rates of injury—as high as 30.7 per 1,000 athlete exposures in college wrestling, second only to injury rates in college football.[7] Similar to football, wrestling injuries can often be severe, resulting in lost time from athletic participation, and having potential long-term consequences.

Although overuse injuries do occur in wrestling, the literature primarily reports on the acute injuries.[5] The overall rates of injury have been reported to be between 2.32 and 9.6 per 1,000 athlete-exposures,[6,7,10,11] with up to three times higher rates of injury in college compared to high school, and between 2 to 5 times higher in matches than in practice.[1,11] Most injuries in wrestling occur from a takedown maneuver, with the person being taken down typically getting injured.

While the majority of wrestling injuries are minor and nearly half of all injured wrestlers return to practice and competition within a week from injury,[11] severe injuries can and do occur. Severe injuries were defined as injuries that kept an athlete from participating in a sport for more than 21 days. Severe injuries in wrestling have been found to constitute 9.3 percent of all severe injuries in high-school athletes, occurring at a rate of 0.52 per 1,000 athlete-exposures, which is the second highest rate among all high-school sports, behind only football (0.69 per 1,000 exposures).[4]

In a study analyzing injuries in collegiate wrestlers over a 16-year period, the most common injuries and conditions that resulted in loss of more than 10 days from participation were internal derangements of the knee, ankle sprains, shoulder subluxations, shoulder sprains, AC joint injuries, concussions, and skin infections.[1] While the majority of injuries in wrestling are treated non-surgically, as many as eight percent overall may require surgical treatment.[11]

Wrestling injuries can be divided into musculoskeletal versus non-musculoskeletal injuries, as well as grouped by the body part affected. The typical injury types include strains/sprains, fractures, dislocations/subluxations, contusions, concussions, and lacerations. For purposes of this discussion, wrestling injuries and conditions will be divided as those of the skin, head and spine, upper extremity, and lower extremity.

Skin Injuries and Conditions

Lacerations in wrestling typically occur to the facial area from direct contact with an opponent's knee or elbow, and are usually minor. Non-traumatic skin lesions in wrestling typically result from fungal (tinea corporis, known as "ringworm") or viral (herpes simplex, known as "herpes gladiatorum") infections, although bacterial infections have also been reported, including those with staphylococcus. Skin infections typically result in lost time from athletic participation, and in one study accounted for 8.5 percent of all reported events in high school wrestlers and as many as 21 percent in college wrestlers.[11]

The majority of infections occur on the head, face, neck, and arms,[2,9,11] and are thought to be a direct result of skin-to-skin transmission during lock-up positions in matches and practice. Therefore, early identification and treatment, as well as appropriate withholding of the infected athlete from training and competition, are essential to prevent the spread of infection.

Current recommendations include screening of all wrestlers on a weekly basis, prior to practice, as well as immediately prior to competition matches. Management of skin infections in wrestlers includes treatment with topical or oral medications, based on the infecting organism, daily cleansing and protection of the infected area, and prevention of the infection spread by abstaining from wrestling. Proper hygiene in the training area, including the locker room, is also essential.

Head and Spine Injuries

Concussions have been reported to comprise 1–8 percent of all wrestling injuries, with most injuries occurring during takedowns.[5,9] Attention must be paid to both mechanism of injury and the athlete's symptoms. Appropriate evaluation and treatment must be implemented immediately, including withholding the athlete from training and competition based on the current guidelines for concussion management.

Recurrent auricular hematomas, resulting in "cauliflower ears" or "wrestler's ears," is one of the classic injuries of wrestling that most often occurs when headgear is not worn. This chronic disfigurement can be mostly prevented by proper use of headgear during training and competition.

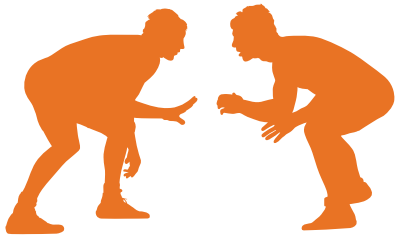
Most common spine injuries are strains that resolve with conservative treatment. Cervical cord neuropraxia in wrestling is relatively rare, compared to football, but "stingers" can occur from hyperextension of the neck as the wrestler "shoots in" for a takedown.

Most of the catastrophic injuries in wrestling involve severe rotational or axial forces on the cervical spine and the head, resulting in fractures, dislocations, or blunt head trauma. Fortunately, these are relatively rare, with a rate of one for every 100,000 participants. A review of an 18-year period found 35 cases of catastrophic injuries, with one fatality; of the 27 cervical spine injuries 15 resulted in permanent disability.[3]

Upper Extremity Injuries

The upper extremity experiences heavy forces and is often placed into extreme joint positions during wrestling, and the shoulder and elbow have been reported to be some of the most commonly injured sites in this sport, with the shoulder injuries comprising as many as a quarter of all reported injuries in one study.[9]

Minor injuries such as rotator cuff strains and contusions are common but self-limiting, while more severe injuries such as AC joint separations and glenohumeral dislocations or subluxations may result in significant lost time from wrestling, and may require surgery. Pectoralis major ruptures have been reported in several case series in wrestlers, and have been successfully treated with acute surgical repair. Elbow injuries typically result from hyperextension abduction mechanism damaging the ulnar collateral ligament and the anterior



The majority of injuries in wrestling are treated non-surgically, but 8% may require surgical treatment.

capsule.[5] Along with knee injuries, shoulder dislocations/subluxations and elbow fractures are among the wrestling injuries that most commonly required surgery.[11]

Lower Extremity Injuries

Most of the lower extremity injuries in wrestling occur around the knee with knee injuries having been reported to be the most common season-ending injury, representing 44 percent of these.[9] Common injuries to the knee include collateral ligament sprains, meniscus tears, and prepatellar bursitis. This latter condition is relatively unique to wrestling, constituting as many as 21 percent of knee injuries in wrestling, and recurring in as many as 50 percent of cases.[8] Septic bursitis may occur, and must be promptly recognized and treated.

The second most common site for lower extremity injuries in wrestling is the ankle, accounting for 3.2 to 9.7 percent of all wrestling injuries.[5] The most common ankle injury in wrestling is the lateral ligament complex sprain, typically occurring during takedowns. More severe ankle injuries include high ankle sprains, which damage the syndesmosis, and typically result in greater loss of time from athletic participation.

Issues with Equipment and Training Methods

Improper use or lack of use of the protective equipment may play a role in injuries sustained during wrestling. Mats must be in good condition, to help properly absorb the shock during landing, and must be cleaned regularly, to decrease the risk of infection transmission among wrestlers. Headgear wear helps prevent recurrent auricular injuries resulting in "cauliflower ears." Mouthguards decrease the risk of orofacial injuries and should be worn for sparring and competition.

Issues with Nutrition and Hydration

Competitive wrestlers are required to "make weight" for matches and frequently utilize food and fluid depravation to quickly lose large amounts of weight in short periods of time before the weigh in—a practice that is discouraged by health care professionals. Fatalities related to improper "making weight" techniques have occurred, and resulted in mandated changes to weight categories in collegiate wrestling.[1] Problems that may arise from acute and prolonged dehydration include changes in blood plasma volume, cardiac performance, renal function, and electrolyte balance.[5] Balanced fluid and caloric intake is essential throughout the training season, and large fluctuations in weight should be avoided.

In summary, while wrestling undoubtedly provides significant benefits to participants, including increased strength, endurance, flexibility, self-esteem, and weight management, it is a contact sport with heavy physical demands on the body and a high risk for injury, which often cannot be altogether avoided. Combined efforts by coaches, referees, athletic trainers, and physicians, and athletes themselves are required to decrease the rate and impact of injuries. Special attention must be paid to implementing proper training techniques, (including avoidance of rapid and excessive weight loss), ensuring correct use of protective equipment, avoiding potentially dangerous holds and maneuvers during matches, and promptly identifying and treating all injuries and conditions.

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Aspiration of Hematomas

RONAK M. PATEL, MD AND JOHN A. BERGFELD, MD
Cleveland Clinic Foundation, Cleveland, Ohio

Blunt trauma to an athlete can occur in almost any team or individual sport. A majority of the time there will be minimal ecchymosis or mild swelling. However, occasionally the force of the injury is great enough to result in a large hematoma. Hematomas in the soft tissues can be not only painful but also damaging to the local tissue with potential to cause skin necrosis. Evacuation of a hematoma to decompress the soft tissues is typically unsuccessful with a needle and syringe secondary to the viscosity of the hematoma. We recommend decompression under local anesthesia using a liposuction cannula and vacuum.

Our published technique in *JBJS* (Dowden RV, Bergfeld JA, & Lucas AR, 1990) notes case reports of treated hematomas to the calf of one diver, and ankle injuries in two other people. This technique has been employed in athletes of varying competitive levels and at multiple sites including subcutaneous hip pointer, groin, and knee. The athlete will notice an immediate relief in pain from the decompression while the swelling and ecchymoses resolve gradually soon thereafter.

An interval of one week between the injury and aspiration appears to be safe and the technique has been performed up to four weeks after injury. The previously mentioned citation contains full technical notes.

In brief, a local anesthetic is used only for a 1 cm incision on healthy skin adjacent, but not overlying, the hematoma. A 3 mm liposuction cannula is introduced through the subcutaneous fat into the hematoma. Suction is then initiated mechanically through a vacuum or manually with a 30 cc syringe attached to the cannula. The cannula opening is directed towards the wall of the cavity rather than the underlying muscle/tendon or overlying skin. After decompression, an elastic bandage is applied and the athlete is encouraged to elevate their extremity until the edema resolves.

However, this technique is not recommended for all hematomas. If an athlete has a persistent painful hematoma this technique should be compared to open evacuation.

SHARE THE GIFT OF

Sports Safety with Young Athletes

The approach of winter means a new slate of sports are starting up, and young athletes should be mindful of injury prevention tips when training outdoors in the heart (not be confused with heat) of cold weather months. Be sure to let them know about www.STOPSportsInjuries.org as a source of injury prevention tips and materials, and share the link above for tips on staying safe in their specific sports, like basketball, hockey and swimming.

WELCOME TO OUR NEW COLLABORATING ORGANIZATIONS!

Thank you to the newest STOP Sports Injuries collaborating organizations for their commitment to keeping young athletes safe. Interested in having your practice or institution listed in the next *SMU?* Head over to www.STOPSportsInjuries.org and click "Join Our Team" to submit an application!

Child Safety Organizations

ParentingAces.com
Marietta, Georgia

Medical Institutions

Texas Children's Hospital
Houston, Texas

Sports and Recreation Organizations

CrossFit Oakland Park
Oakland Park, Florida

South Florida Owls
Boca Raton, Florida

Sports Medicine Practices

Apex Physical Therapy
San Mateo, California

Arkansas Children's Hospital Sports Medicine
Little Rock, Arkansas

ATI Physical Therapy
Elgin, Illinois

Biomechanics & Sports Injury Clinic
Dublin, Ireland

Bodycentral Physical Therapy
Tucson, Arizona

Dr. Mark Kemenosh
Laurel Springs, New Jersey

Gleason Chiropractic, PA
Goodland, Kansas

Innova
Cordoba, Argentina

Integrated Health Center
Centennial, Colorado

Jonas Chiropractic
Syosset, New York

Mountain View Rehabilitation Spine and Sports Medicine Clinic
Grass Valley, California

MountainTop Physical Therapy and Wellness
Park City, Utah

Orthopaedic Sport Institute
Collingwood, Ontario

Physical Therapy Connection
Dewitt, Michigan

Sherwood Park Sports Physiotherapy
Sherwood Park, Alberta

St. Alphonsus Medical Group Sports Medicine
Boise, Idaho

The Sports & Healing Center
Wayne, Pennsylvania

SUBMIT YOUR 2014 ANNUAL MEETING ABSTRACT

Deadline for abstract submissions is November 15, 2014.
Visit www.sportsmed.org for complete details on how to submit.

Upgrade Your Membership Status

Applications for upgrading your membership status to Active are due by November 15. Candidate membership applications are due by December 15. To submit your application visit www.sportsmed.org/membership/Apply/Membership_Application.

Nominate a Mentor for the Hall of Fame

Do you know someone who deserves to be put into the AOSSM Hall of Fame? Submit your nomination by January 15, 2015, at www.sportsmed.org/apps/HallofFame. Questions? Contact Camille Petrick at Camille@aossm.org.

Host a Traveling Fellow

The Traveling Fellowship Committee is looking for volunteers to host the 2015 North American tour. Deadline for volunteering is December 31, 2014. For more information and to submit your host application visit www.sportsmed.org/Education/Traveling_Fellowship/Traveling_Fellowship/ or contact Debbie Czech, Membership Manager, at Debbie@aossm.org.

Systematic Review Topics Needed

AAOS and AOSSM are looking for systematic review topics that may be relevant to our membership. Please submit topics using the CPG/SR Topic Nomination Form at www.aaos.org/guidelines. As soon as AAOS staff receives a submission notice, it will be forwarded to the AAOS Committee on Evidence-Based Quality and Value for consideration.

NAMES IN THE NEWS

AOSSM Founding Member, Leslie Bodnar, MD, Writes Book

Congratulations to 98-year-old, **Dr. Bodnar** on the publication of his second book, *Sports Medicine, Notre Dame*. The book chronicles the dramatic changes in sports medicine during his tenure with Notre Dame, a period that spanned from 1949 to 1985. Any sports medicine physician wishing to peek into the history of the field will find this book a fascinating trip into the past. The book can be purchased on Amazon.

Laurencin Wins NIH Award

AOSSM member, **Cato T. Laurencin, MD, PhD,** recently won a National Institutes of Health Pioneer Award for his team's research in regenerative engineering. The $4 million grant is part of the NIH's program for high-risk research with potentially high rewards. It will support his cutting-edge work in regenerative engineering. The NIH Director's Pioneer Award recognizes an exclusive class of individual scientists whose work is deemed exceptionally creative, highly innovative, and has the potential to produce "unusually high impact" in addressing or solving "exceptionally important problems" in biomedical or behavioral sciences. Laurencin is internationally known for developing revolutionary new ways to treat musculoskeletal injury. Last year, a bioengineered matrix he invented to regenerate ligament tissue inside the knee began clinical trials in Europe.

In Memoriam

The following members passed away in 2014: **Frank W. Jobe, MD; Warren R. Kadrmas, MD.**

JOIN THE CONVERSATION

Stay in the know on all the Society happenings and recent articles by liking or following our social media sites:

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

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

Tell Us What You Do

Sports Medicine Update is looking for individuals 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.

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 at lisa@aossm.org. High resolution (300 dpi) photos are always welcomed.

OA Grant Deadline Approaching

The deadline for the AOSSM/Sanofi Biosurgery Osteoarthritis (OA) Grant is January 15, 2015. The $50,000 grant funds investigations related to early OA and/or the prevention of OA progression, including either a clinical research study or a lab/basic science project. Proposed studies need not relate specifically to sports injuries and should also have broad applicability to OA in the general population. Projects involving viscosupplementation will not be considered. For more information and to apply visit http://www.sportsmed.org/researchgrants.

AOSSM gratefully acknowledges Sanofi Biosurgery for the grant in support of this program.

SANOFI BIOSURGERY

Other research grants and awards are also available through AOSSM. Upcoming deadlines:

Young Investigator Grant
December 1

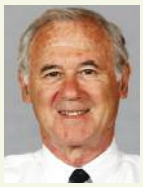
Kirkley Grant
December 1

AOSSM Moves in December

The new orthopaedic headquarters for AOSSM, AAOS, numerous other specialty societies, and the new Orthopaedic Learning Center is nearly complete. Our move-in date is scheduled for December 4. Next time you are in Chicago or Rosemont for a meeting, be sure to stop in and take a look at our new space! All e-mail addresses and phone numbers will be the same but our new address will be: 9400 W. Higgins Road, Suite 300, Rosemont, Illinois 60018.

Why I Give to AOSSM

This year marks a shift in OREF's fundraising model, so AOSSM is taking the lead in soliciting and processing annual contributions to help fund sports medicine research and education initiatives.



Ken Singer, MD, a dedicated Society member and long-time donor addresses why it's important to support AOSSM:

"My career as an orthopaedist specializing in sports medicine has been extremely rewarding—we can and do make a genuine difference in patients' lives. This is in large part due to the many advances in sports medicine research and scientific initiatives made possible by the generosity of the many AOSSM members who have stepped up to support those efforts.

During my 40 years in clinical practice and as a team orthopaedist for the University of Oregon (go Ducks!), I have seen first-hand, as many of you have, how these research efforts directly and continually translate into and improve our clinical practice.

We all know that young investigators often struggle to obtain larger grants. It is through the AOSSM Young Investigator Grant program that these orthopaedists—early in their academic careers—are able to bridge the gap towards sustainable funding while addressing important questions in sports medicine.

Similarly, the AOSSM Research Mentoring Program helps members who have shown outstanding scientific promise at an early stage of their careers to secure significant external funding by pairing them up with experienced researchers to develop NIH-level grant applications. Together, these programs successfully perpetuate the momentum of sports medicine researchers integral to the growth of the profession and patient outcomes!

Results matter to all of us. Seeing patients benefit from a broadened base of scientific knowledge and innovation is what makes this profession so gratifying and continues to inspire me to support AOSSM. I hope that you will also support this most worthwhile cause by making a contribution to AOSSM today."

Join your colleagues and make an impact today through a tax-deductible contribution at www.sportsmed.org/individualgiving.

Call for 2015

SOCIETY COMMITTEE VOLUNTEERS

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.

All membership categories are eligible to serve on AOSSM Committees. Term of service is a four-year non-renewable term. Appointment of volunteers to the Society's standing committees is made by the Committee on Committees, which meets in the spring of each year. Volunteers will be notified if they have been selected by May 2015.

If you are interested in serving on an AOSSM committee, simply fill out the Volunteer Form on the facing page and fax it back to the Society office by February 2, 2015, to 847/292-4905, or complete the online form at www.sportsmed.org. Questions? Contact Camille@aossm.org.

VOLUNTEER COMMITTEE OPPORTUNITIES

Education Committee
Charles A. Bush-Joseph, MD

Provides educational opportunities to our membership. Develops, monitors, and implements a core curriculum of knowledge and skills appropriate for a range of stakeholders.

Enduring Education Committee
Bradley J. Nelson, MD

Provides oversight for all enduring education programs and develops new initiatives for online, multimedia, and other re-purposed material. Categorizes resources and monitors activity associated with the online library. Committee members must be familiar with the AOSSM Educational Curriculum. Committee members promote enduring educational activities, including online meetings and the online library.

Fellowship Committee
Thomas M. DeBerardino, MD

Consists of members who are all involved with fellowship training and represent both academic and non-academic sports medicine fellowships. Monitors issues relating to sports medicine fellowship accreditation and fellowship training. Selects winners of the Aircast Awards for Basic Science and Clinical Science.

Hall of Fame Committee
Robert A. Stanton, MD

Develops application and guidelines for the Hall of Fame, as well as makes final selection of recipients.

Legislative & Regulatory Advocacy Committee
Stephen C. Weber, MD

The Health Policy & Ethics Committee works with the Council of Delegates, the Board of Directors, and the AAOS in addressing health policy and advocacy issues. The committee has an AOSSM representative that sits on the Board of Specialties.

Public Relations Committee
Barry Boden, MD

Develops proactive communications strategies to promote the Society and its membership as sports medicine experts on local and national levels. Identifies and promotes newsworthy papers from the ***American Journal of Sports Medicine, Sports Health: A Multidisciplinary Approach, Orthopaedic Journal of Sports Medicine,*** as well as from Society meetings and courses.

Publications Committee
Brett D. Owens, MD

Provides editorial content for ***Sports Medicine Update, In Motion,*** blogs, and other publications as needed. Identifies new projects and solicits content as appropriate for patient and/or physician education materials. Monitors sales of publications and joint efforts to ensure effective use of Society resources.

Research Committee
Robert F. LaPrade, MD

Evaluates applications and selects recipients of Young Investigator Grants and AOSSM Research Awards. Selects the AOSSM Exchange Lecturer for the NATA Annual Meeting on the basis of that year's research award winners. Develops initiatives for AOSSM-sponsored research education.

Self Assessment Committee
Charles L. Cox, III, MD/Jesse C. DeLee, MD

Develops new questions for the AOSSM Self Assessment based on the question writing guidelines. Reviews and edits question content. This committee is involved with pilot testing the Self Assessment, and analyzing data related to question content and participant data. Committee members must understand the AOSSM educational curriculum and the requirements for Subspecialty Certification in Sports Medicine.

STOP Sports Injuries Education and Outreach Committee
Matthew J. Matava, MD

Reviews and helps develop the educational content for the STOP Sports Injuries program, including tip sheets, videos, and other website content. Members may answer questions regarding the campaign from the media and general public and help develop greater campaign awareness.

Traveling Fellowship Committee
Michael D. Maloney, MD

Selects Traveling Fellows and works with AOSSM President-Elect to choose a Godparent for upcoming tours. Develops and maintains relationships with ESSKA, APOA, and SLARD. Oversees Traveling Fellowship Tours, including selection of hosts and itinerary. Note: Eligibility is contingent on previous participation as a Traveling Fellow.

THANK YOU AOSSM VOLUNTEERS!

The Society thanks all the volunteers who have given so generously of their time in service to AOSSM committees over the years. Your commitment drives the Society's contributions to the entire orthopaedic community.

AOSSM COMMITTEE SERVICE VOLUNTEER FORM

Name_____

Practice Name/Institution _____

City _____ State _____

Age _____ Year Joined AOSSM _____

Committee(s) you are interested in serving on:

_____

_____

_____

Please use the area below to outline your interests, abilities, and experience, particularly as they relate to your committee of interest, in 200 words or less, or submit a letter with same. **Do not attach your curriculum vitae.** The Committee on Committees will use the information to assist them in their selection of committee members in May 2015. This information will be kept confidential. Return to the Society office no later than **February 2, 2015,** by mail or fax to 847/292-4905, or e-mail camille@aossm.org.

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Washington Update

By Jamie A. Gregorian, Esq., AAOS Senior Manager, Government Relations & Specialties

The House and Senate are adjourned until after the November 4 elections. Following the midterms, Congress is expected to return for two weeks before breaking for the Thanksgiving holiday, and then the first two weeks of December before adjourning for the year. We expect the agenda to include an appropriations package and addressing expired tax provisions. SGR is a possibility, though something of a remote one.

CMS Launches Physician Payment Website

In early October, CMS launched its online Open Payments System, which aims to boost transparency by making public the payments health care providers receive from drug makers and medical device manufacturers. According to a CMS press release the data collection contains information on 4.4 million payments assigned to 546,000 physicians and nearly 1,360 teaching hospitals. Cumulatively, those payments are valued at close to $3.5 billion. The data includes money paid out as consulting fees, research grants and travel reimbursements during the last five months of 2013. However, CMS said last month that about one-third of the Open Payments records will be withheld upon launch because of data inconsistencies. The agency gave providers until September 25 to review and request corrections to data.

The Open Payments program has been a subject of controversy for doctors and industry groups since the passage of the Affordable Care Act (ACA) in 2010. Earlier this year, more than 20 medical societies asked CMS to explain the context that will be provided to help the public understand the justification for payments, such as speaking fees and grants used to fund clinical research.

Judge Rules Against ACA Subsidies in Federal Exchanges

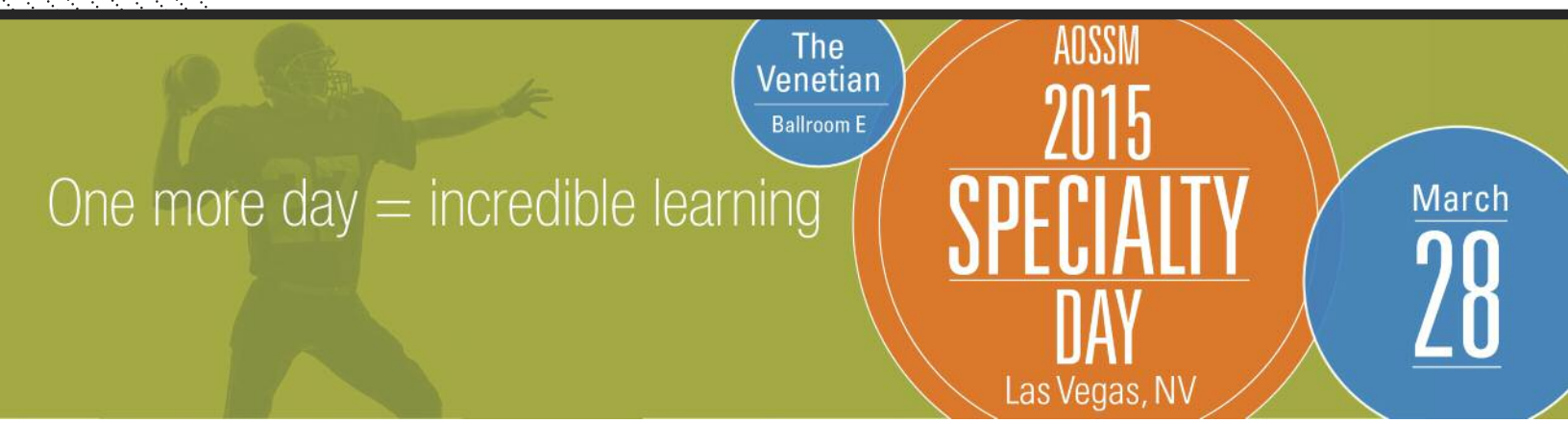
Also in October, a federal judge in Oklahoma ruled that ACA subsidies cannot go to consumers who obtained health coverage through the federal exchange. In 2012, Oklahoma challenged an IRS rule that enabled consumers in states that used the federal exchange to get the tax credits, which lower coverage costs. Critics have argued that language in the ACA only allows subsidies to be provided through states that set up their own exchanges. U.S. District Judge Ronald White ruled in favor of the state's lawsuit challenging the IRS regulation, calling the agency's rule arbitrary and capricious. However, White placed his ruling on hold pending an appeal, which means subsidies for plans purchased through the federal exchanges will still be available in Oklahoma. Opponents of the subsidies said White's ruling could push the high court to review the issue. The Obama Administration is expected to appeal Judge White's ruling to the 10th Circuit Court of Appeals. The White House and Congressional Democrats say the law was written to allow anyone to get subsidies—and that any contradictory ACA language was written in error.

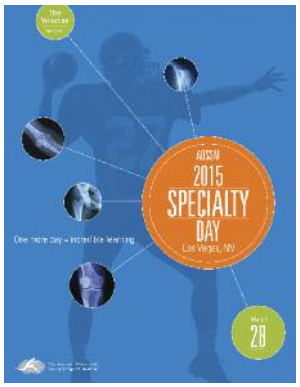
HealthCare.gov Costs Exceed $2 Billion; Administration Reviews 2015 Enrollment Goals

According to a Bloomberg Government analysis, the total cost of HealthCare.gov is now more than $2 billion, double the projection of new HHS Secretary Sylvia Mathews Burwell, who estimated the cost to be about $1 billion through fiscal year 2015. CMS officials refuted the report, arguing that the 2010 healthcare reform law has been saving money for consumers. An agency spokesperson said that the law is saving $9 billion for exchange enrollees and billions more for reductions in uncompensated care.

UPCOMING
MEETINGS & COURSES

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





Join us for 2015 Specialty Day on March 28 in Las Vegas, Nevada.

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- **Return to play decisions**
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Spend the morning in a combined session with AOSSM, AANA, and ASES. Then in the afternoon, AOSSM will immerse you in clinical updates and an overview of this year's most compelling sports medicine research. You'll leave both sessions with fresh perspectives, new ideas, and approaches that will strengthen your practice. Register today at www.aaos.org.

Advanced Team Physician Course
December 11–14, 2014
Tampa, Florida

AOSSM 2015 Specialty Day
March 28, 2015
Las Vegas, Nevada

Contemporary Treatment of the Young Adult Hip: Latest Research & Surgical Techniques
April 10–12, 2015
Rosemont, Illinois

AOSSM 2015 Annual Meeting
July 9–12, 2015
Orlando, Florida

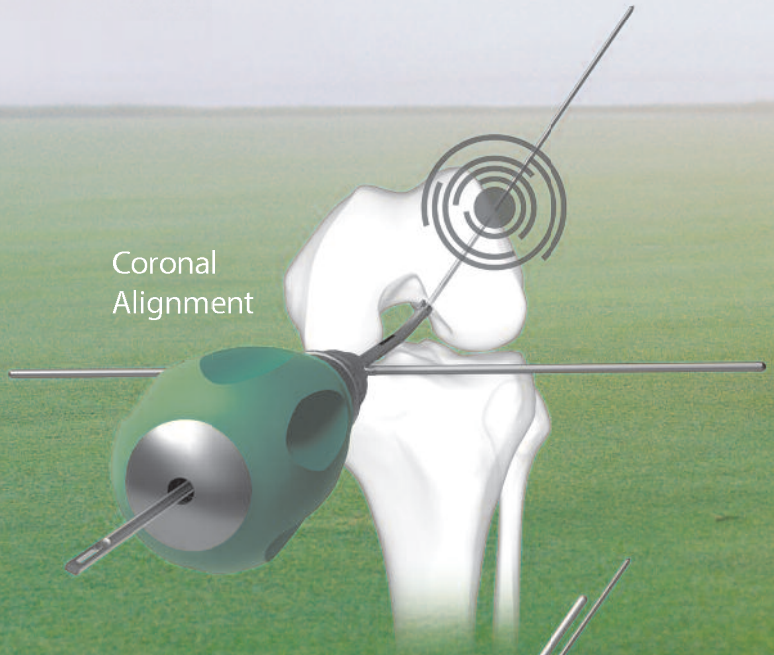
AOSSM/AAOS Review Course for Subspecialty Certification in Orthopaedic Sports Medicine
August 14–16, 2015
Chicago, Illinois

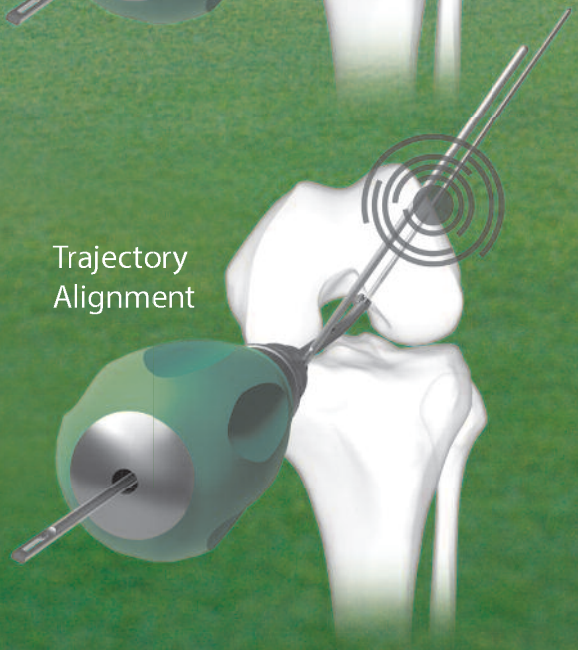
Keep Your Edge: Hockey Sports Medicine in 2015
August 28–30, 2015
Toronto, Ontario, Canada

Consensus and Controversy: Advanced Techniques for the Athlete's Shoulder
October 25–27, 2015
Orthopaedic Learning Center
Rosemont, Illinois

Eliminate the Guesswork

OF TUNNEL PLACEMENT IN ACL RECONSTRUCTION





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