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JULY/AUGUST 2015

UPDATE

TEAM PHYSICIAN XS & OS

**In-Game Patella
Dislocations**

#SportsSafety

Research Awards

**Washington
Update**

FAI

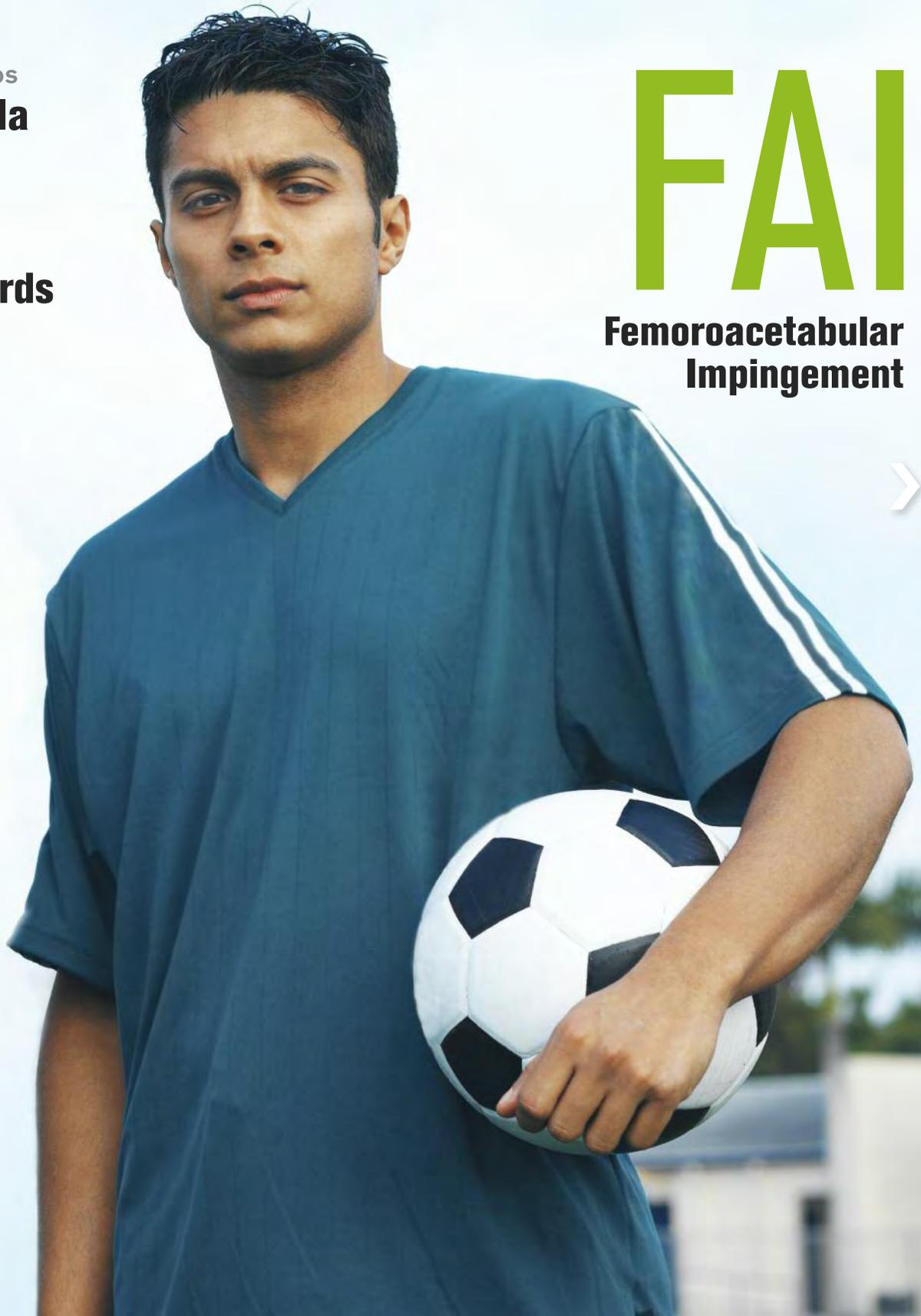
**Femoroacetabular
Impingement**

**2015
ANNUAL
MEETING
RECAP**



AOSSM

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Team Physician's Corner

Femoroacetabular Impingement

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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.

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FROM THE PRESIDENT



It is an honor to be AOSSM's 44th president, and a privilege to follow Bob Arciero, MD. Bob's leadership has set the standard, as we expand our many highly regarded programs and develop new activities that meet your needs and interests. The following illustrates how AOSSM's programs are evolving.

The Society's primary mission when it was first founded was education, and the Society's Annual Meeting to this day, remains the culmination of the latest research and education in orthopaedic sports medicine. Bob and his program chair, Gus Mazzocca, MD, did a masterful job with the program by increasing the number of podium presentations (70), posters (71), and ICs (27) to an all-time high. They added guided poster tours and integrated surgical demos into the plenary sessions, utilizing luminaries from throughout the profession. Each day had a full day of programming, with many new features, like a cross-disciplinary panel on team physician coverage and a research workshop on *Empirical Answers to Burning Clinical Questions*. But even with all the serious science, nobody could accuse Bob or Gus of not knowing how to have fun! This definitely was not our founder's annual meeting, but it certainly would have made our founders proud. Congratulations!

Just as we finish our organizational year with the Annual Meeting, we also begin the new AOSSM year with two strong, unique educational programs. Brian Busconi, MD, and Tom Gill, MD, are co-chairing the AOSSM/AAOS Orthopaedic Sports Medicine Review Course on August 14–16 in Chicago. Attend and Be Prepared, Be Informed, Be Confident and Be Awesome for ABOS certification, recertification, and subspecialty certification. Later, Keep Your Edge as an ice hockey team physician by attending the AOSSM, NHLTPS and NHL course in Toronto, Canada, on August 28–30. Nobody is better prepared to lead the course than co-chairs, Michael J. Stuart, MD, and Donald Chow, MD.

If education was our birthright as an organization, it was because research was part of the profession's DNA. That research was initially archived in our flagship journal, the *American Journal of Sports Medicine*. With the expansion of the profession and proliferation of its intellectual capital, the very best science continues to be catalogued not only in AJSM, but also in our two newer scientific publications—*Sports Health: A Multidisciplinary Approach* and the *Orthopaedic Journal of Sports Medicine*. In fact, we recently got notification that *Sports Health* will be indexed in MEDLINE, a huge accomplishment. We are blessed to have Bruce Reider, MD, and Ed Wojtyls, MD, as two of the finest editor-in-chiefs setting a standard that will lead the profession forward.

More recently, the Society's research has focused on facilitating a collaborative approach to specific topics that have a clinical or scientific impact. This fall the Society is sponsoring an *Early Sports Specialization Workshop* with leaders from around the world and across disciplines to help develop a tangible research agenda to address this growing concern within youth sports. Earlier this month, the Society hosted *Biologic Treatments for Sports Injuries II* in which leading researchers shared their ideas for investigating the burgeoning field. Thanks to support from RTI Surgical, AOSSM will be able to fund a \$250,000 collaborative research grant on this topic and elevate the discussion on the NIH radar.

To further promote the profession within the NIH, the Society recently established the Bart Mann Award for the Advancement of Sports Medicine Research to provide up to five, \$5,000 awards to orthopaedic surgeons who help review grants on NIH study sections. While this award is the legacy of our former director of research, I want to take this occasion to extend a heartfelt welcome to Kevin Boyer, MPH, as AOSSM's new Director of Research. His training and extensive experience working in research for both the American Academy of Orthopaedic Surgeons and more recently, the American Academy of Dermatology, will provide continued staff leadership for our strong research program, and expand it to help us meet the demands of clinical practice guidelines, appropriate use criteria and patient reported outcomes.

AOSSM's strength is in its rich tradition of embracing change. Our leaders before us provided the insight and framework for the next leaders to carry on and to add to our profession. For that, I am especially grateful to Bob Arciero, MD, AOSSM's past president, Chris Harner, MD, past president, and Lyle Cain, MD, member-at-large under 45 years, who just completed their tenure on the Board. Their leadership was exemplary and will be a standard for new Board Members, Charles Bush-Joseph, MD, Vice President, and Joe Guettler, MD, member-at-large under 45, and especially for me as AOSSM president. Thank you!

Allen Anderson, MD



Femoroacetabular Impingement

CHRISTOPHER J. TUCKER, MD, Fort Belvoir Community Hospital, Arlington, Virginia

Femoroacetabular impingement (FAI) is an increasingly recognized condition in patients presenting with pain around the hip—especially in young, active athletes. Interest in understanding the condition has gained momentum in the last decade, and the body of knowledge surrounding this diagnosis, along with its treatment options, outcomes, and long-term prognosis continues to expand. As the number of youth involved in sports programs continues to grow across the country and around the world, the number of patients who present to athletic trainers, therapists, and orthopaedic clinics with hip pain has increased.



Defining the Condition

The original description of FAI and its relationship to the development of osteoarthritis of the hip is credited to Professor Reinhold Ganz and colleagues.¹² Femoroacetabular impingement refers to the pathological condition in which the repetitive motion of a misshapen hip joint secondarily leads to the breakdown of intra-articular structures, causing pain and associated dysfunction, which can be followed by the premature development of osteoarthritis.³ The five essential elements that must be present to lead to this condition include:

1. **An abnormal morphology of the femur and/or the acetabulum**
2. **Abnormal contact between these two structures**
3. **Vigorous supraphysiologic motion that results in collision between these two structures**
4. **Repetitive motion that leads to continuous insult**
5. **Soft tissue damage**^{12, 22}

Cam and Pincer Impingement

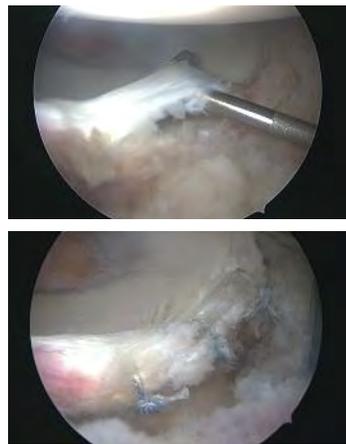
There are two general categories of impingement—pincer and cam—yet many patients can exhibit some degree of overlap with a combined type.¹² Pincer impingement is the result of an excessive prominence or overhang of the anterolateral rim of the acetabulum, either resulting from overgrowth of the edge or retroversion of the entire socket. There can also be an associated piece of bone along the rim, called an os acetabulum, or a calcified labrum. With hip flexion, the prominent rim of the socket compresses the labrum against the femoral neck, and with repetitive microtrauma, can lead to breakdown and tearing of the acetabular labrum.^{3, 20} Cam impingement occurs when a nonspherical femoral head with an increased radius is flexed into the acetabulum through a range of motion, typically flexion.²⁰ This abnormal prominence can lead to the peeling back and tearing of the labrum,

The hallmarks of FAI on physical examination are decreased internal rotation, especially in flexion, and pain with the “impingement position” of hip flexion, adduction, and internal rotation.



which can extend to involve the acetabular cartilage and its separation from the subchondral bone—commonly in the anterior superior quadrant.

(Figures 1A and 1B: Acetabular labral tear and repair.)



(Figures 2A and 2B: Femoral CAM lesion and osteoplasty.)



Coexistent, Compensatory, and Coincidental Disorders

Assessment of the hip region can be complex, and a thorough history and physical exam along with appropriately obtained imaging studies can help to distinguish between intra-articular and extra-articular hip pathology. In addition, one must distinguish true hip pathology from coexistent, compensatory, and coincidental findings.

Coexistent Conditions

Lumbar spine disease often coexists with hip joint disease, and is commonly seen in athletes who participate in sports requiring trunk rotation, such as baseball and golf. Athletic pubalgia, or “sports hernia,” can result from increased pelvic motions that compensate for reduced hip joint rotation, leading to soft tissue breakdown.

Compensatory Conditions

Due to the common delay in diagnosis associated with FAI, secondary disorders can arise due to altered gait and joint mechanics. Significant disability can be





attributed to these compensatory disorders which can require focused treatment of their own in addition to the underlying FAI. Chronic gluteal discomfort and strain, trochanteric bursitis, and abductor irritation can be seen.³

Coincidental Findings

Iliopsoas tendon snapping is present in 10 percent of the active population as an asymptomatic incidental finding and can be coincidentally found in patients with painful FAI.² Additionally, snapping of the iliotibial band is less commonly confused with hip joint pathology, but it can mimic hip instability.³

Clinical Evaluation

Athletes who present with FAI can describe either chronic stiffness leading to eventual pain or an acute event exacerbating the hip dysfunction. Commonly they will describe the pain as an intermittent deep, sharp, stabbing pain that is provoked by certain hip positions such as flexion and internal rotation or motions such as twisting or lateral movements. Patients can localize the pain with the classic “C” sign cupping the hip, and provoke the pain with squatting or rising from a seated position.³

The hallmarks of FAI on physical examination are decreased internal rotation, especially in flexion, and pain with the “impingement position” of hip flexion,

adduction, and internal rotation (FADIR). Other special tests for FAI include the logroll test, Stinchfield test, and FABER test for posterior impingement. The sensitivities of the impingement and FABER tests have been reported as 78 percent and 60 percent, respectively, with specificities of 10 percent and 18 percent.¹⁵ Tests to rule out the previously described coexistent, compensatory, and coincidental conditions are important to round out the evaluation.

Imaging to include plain radiographs is indicated for the initial evaluation of the patient with suspected FAI. Overcoverage of the anterior acetabulum, characteristic of pincer-type impingement, can be evaluated with the crossover sign, posterior wall sign, and prominent ischial spine sign. Global overcoverage of the femoral head is seen in acetabular profunda and protrusio, as well as an increased center-edge angle. The cam deformity can be seen on both the anteroposterior (AP) view as well as either a frog leg or Dunn lateral view. AP and lateral alpha angles quantify the degree of femoral head-neck abnormality due to the cam deformity, and herniation pits are further evidence of impingement. One study reported a 30 percent prevalence of herniation pits in cases of symptomatic FAI; however, it can also be seen in asymptomatic patients.¹⁴

Magnetic resonance imaging (MRI) with intra-articular gadolinium has greater sensitivity in detecting intra-articular pathology.⁵ MRI arthrograms can detect abnormal sphericity of the femoral head, low neck offset, herniation pits, labral and chondral lesions, and anterior acetabular subchondral edema which can be a sign of underlying articular chondral injury.^{3, 20}

Diagnostic intra-articular hip injections can be used to help confirm the intra-articular etiology for a patient’s hip pain. Byrd and Jones demonstrated a 90 percent accuracy of a positive response to an injection on later arthroscopy.⁵ Byrd et al have also recently compared in-office ultrasound-guided injections

to fluoroscopically guided injections and found that the former technique is more convenient and less painful than the latter, with equivalent efficacy.⁶

Nonoperative Treatment

Management of FAI begins with a trial of nonsurgical treatment to include activity modification, nonsteroidal anti-inflammatory medications, and physical therapy. Although limited evidence is available, several studies suggest potential for symptom improvement in a subset of patients with mild deformity (alpha angle < 60 degrees) in the short term.^{11, 13} The long-term prognosis of the efficacy of nonsurgical management for FAI is unknown.

Surgical Treatment

Surgery is performed to address both the underlying bony deformity and the resulting labrochondral pathology. The surgical approach used can vary, and is influenced by several factors to include patient characteristics, disease patterns, and surgeon experience and preference.¹⁷ Surgical options include open surgical dislocation of the hip, mini-open anterior exposure (for the cam deformity) with concomitant arthroscopy (for the intra-articular lesion), or arthroscopy alone. The trend in surgical preference continues to evolve, with an increased popularity of the arthroscopic approach seen in the last decade—an 18-fold increase in hip arthroscopy among American Board of Orthopedic Surgery candidates noted between 1999 and 2009.¹⁰ Clohisy et al reported on a large cohort of surgeons between 2008 and 2011 with the distribution of preferred surgical approaches emphasizing arthroscopy (50.4%), followed by surgical dislocation (34.4%).⁷ Surgeons must keep in mind that more complex hip deformities may require advanced reconstructive procedures such as periacetabular osteotomy (PAO) with open circumferential access to the proximal femoral head and acetabulum.



Multiple studies have reported favorable early outcomes on the arthroscopic treatment of FAI, with success rates between 67–90 percent.^{9, 16} Studies focusing on management of FAI in athletes have varying rates of success, with certain implications for confounding variables. Byrd and Jones reported on 200 consecutive athletes managed arthroscopically for FAI with a minimum 1-year follow-up with 95 percent of professional and 85 percent intercollegiate

athletes returning to previous level of competition post-operatively.⁴ Philippon et al has also reported favorable return to sport rates in professional athletes (93%); however, this success has been observed to decline with further follow-up to 78 percent continuing to play at an average of 1.6 years post-op.²¹ Nho et al reported a combined 79 percent return to sport rate for a cohort of 47 athletes at a minimum 1-year follow-up, including all levels between high school, college, and professional.¹⁹

Summary

In summary, the recognition, diagnosis, and management of FAI continue to evolve. As the body of evidence expands, so too does our collective understanding of this complex spectrum of disease. Improvements in patient outcomes will be furthered by the continued investigation of surgical indications, techniques, and post-operative rehabilitation programs.

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In-Game Patella Dislocations

Lance LeClere, MD and David Keblish, MD



Patella dislocations can commonly occur from twisting injuries, or by direct contact to the anterior aspect of the knee. Typically, the patella dislocates laterally and is commonly associated with a tear of the medial patellofemoral ligament (MPFL). Frequently, the patella self-reduces and no specific reduction maneuver is required on the sidelines. However, if the patella remains dislocated at the time of sideline assessment, simple extension of the knee followed by a medially directed force to translate the patella over the lateral edge of the trochlea will result in successful reduction.

Post-reduction radiographs should be obtained to ensure adequate reduction and to assess for osteochondral fragments. In the event that reduction cannot be

obtained, radiographs are helpful to rule out large osteochondral fragments that may act as a mechanical block.

Immediate post-reduction treatment typically consists of application of a knee immobilizer or a hinged range of motion brace locked in full extension. A compressive wrap should be applied in order to mitigate the large effusion resulting from intra-articular hematoma that typically occurs. Patients are allowed weight bearing as tolerated in full extension.

An emerging technique for early post-reduction management consists of immobilization in 120 degrees for the first 24 hours, similar to what one might do for a quadriceps contusion. Splinting the knee in flexion can dramatically shorten the recovery

period after a patella dislocation because it provides maximum congruency to the patella-femoral joint, reduces tension on the MPFL and minimizes bleeding and swelling of the anterior soft tissues. By twisting the 6-inch compressive bandage with each pass behind the knee, all compression comes from the anterior aspect of the thigh and shin respectively, so there is no circumferential pressure behind the knee which could compromise blood flow. After 24 hours the bandage is removed, full range of motion tolerance and weight bearing is allowed, and a return to sport protocol is initiated. This technique is used routinely at the US Naval Academy and the early results have recently been accepted for publication.

STOP SPORTS INJURIES

Make Sports SAFER in Under 140 Characters



STOP Sports Injuries hosts monthly tweet chats to provide a forum for discussing youth sports safety concerns—with topics ranging from common injuries to prevention plans and tips. These hour-long sessions draw a broad audience, including athletes, parents, and coaches, as well as health professionals from varying fields who are charged with the care of injured athletes. Join the Twitter conversation every second Wednesday of the month at 9 PM ET/8 PM CT under the #SportsSafety hashtag. Just a simple tweet can help keep athletes in the game!

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!

MEDICAL INSTITUTIONS

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STOP Sports Injuries thanks the following companies for their continued support:



Membership Categories, Deadlines, and Requirements Changed

AOSSM DUES NOTICES SENT



Dues notices were sent via e-mail August 1. Members have 30 days to pay. If you do not pay within 90 days, your benefits will be suspended. Anyone owing more than one year's dues will be terminated from membership and have to reapply to become a member again.

Questions, please contact Debbie Czech, Membership Manager at Debbie@aossm.org or call the Society office, 847/292-4900.

Society Membership for Residents

Beginning in August 2015, AOSSM will offer membership to residents who are in an accredited program. They will receive reduced meeting registration fees for the AOSSM Annual Meeting, Specialty Day, and other AOSSM sponsored meetings. They will also have the ability to view the members only section of the AOSSM website. Resident membership is free of charge.

Membership Changes

- **Applications**—Individuals will now have the ability to complete a membership application for Active/Associate/Affiliate membership throughout the year instead of just August through November. Applications will be reviewed on a quarterly basis by the Membership Committee.
- **Upgrades**—Candidate members will now move into full membership once they receive formal notification from ABOS, AOBOS, or Canadian equivalent and send a copy of that letter to the Society office.
- **Meeting Attendance Requirement**—All AOSSM sponsored meetings, including Specialty Day, Board Review, Surgical Skills, Annual Meeting, and Sport Specific will now be honored to fulfill meeting requirements.

Any questions, please contact Membership Manager, Debbie Czech at debbie@aossm.org.



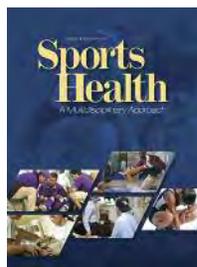
Submit an Annual Meeting Instructional Course Proposal

Submit your proposal for an instructional course during the 2016 Annual Meeting at www.sportsmed.org. Deadline for submissions is August 28, 2015, noon CST. Abstracts submissions for the AOSSM 2016 Annual Meeting will open in September. Abstracts and IC proposals are only accepted via the website.

AAOS Committee Appointment Program Vacancies

There are five vacancies on the Sports Medicine/Arthroscopy Program Committee for the AAOS. AOSSM members are encouraged to apply for these vacancies by going to www7.aaos.org/member/cap. The deadline to apply is September 1, 2015. If you have any questions, please contact picardo@aaos.org.

Sports Health Accepted into MEDLINE



It is our pleasure to announce that *Sports Health: A Multidisciplinary Approach* has been accepted into MEDLINE for indexing. Congratulations to Ed Wojtys, MD, Editor-in-Chief, and the entire *Sports Health* team for all of their hard work. With this acceptance, published articles will now be fully searchable through the

National Library of Medicine. Thank you for all of your support!

To submit your manuscript to *Sports Health*, please go to <http://submit.sportshealthjournal.org>.

AOSSM Self-Assessment Examination 2015 Now Available

AOSSM released its new Self-Assessment Examination, with 125 peer-reviewed questions to help you assess your strongest areas of sports medicine knowledge and identify areas for further study. The AOSSM Self-Assessment Examination 2015 (SAE) helps fulfill your American Board of Orthopaedic Surgery's (ABOS) Maintenance of Certification (MOC) Part II self-assessment requirement and offers CME credits. The cost per exam is \$125 (3 annual versions available). Visit www.sportsmed.org/selfassessment to order. Questions? Contact Meredith Herzog at meredith@aossm.org.

AOSSM thanks  for their support of the Self-Assessment Examination.



Shaffer Passes Away

Tell Us What You Do

Sports Medicine Update is looking for individuals to highlight the various activities, team coverage, 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.

Join the Conversation

AOSSM, *AJSM*, *Sports Health*, and *OJSM* are all on social media. Learn about the latest news and articles and stay up to date on Society happenings and deadlines.



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AOSSM member, **Benjamin S. Shaffer, MD**, of Georgetown passed away at home Wednesday, May 20, 2015. Born April 22, 1958, and raised in Mansfield, Ohio, and Hollywood, Florida, Dr. Shaffer graduated magna cum laude from the University of Florida. Following an internship and residency in New York, he was awarded a fellowship in sports medicine at Kerlan-Jobe in LA. He began his orthopaedic practice at Georgetown, where he was a professor and then began a private practice at Washington Orthopedics and Sports Medicine. During his career he was the team doctor for the Georgetown Hoyas, the Washington Nationals, and the Washington Capitals.

In addition to his medical career he was passionate, loving, and devoted to his family. He will be greatly missed by Jill, his loving wife of 20 years, his daughter, Emma and his son, Noah. He is survived by his loving mother, Dianne Hyman Shaffer, his brother, Steven (Rori), and his sister, Susan Solovay (Michael), as well as loving nieces and nephews, Daniel, Sarah, Jenny, Harry, James, and William. He is also survived by his in-laws, Robert and Jane Duryea, his brother-in-law Robert Duryea (Natalie) and loving nephews James and William. In lieu of flowers, contributions may be made to The Green Door, www.greendoor.org, 1221 Taylor Street NW, Washington, DC 20011, Attn: Maria Barry.

NAMES IN THE NEWS

Feagin Receives Sports Medicine Award

Past President, **John A. Feagin Jr., MD**, recently received the 2015 Dr. Ernst Jokl Sports Medicine Award by the United States Sports Academy. The honor is named in recognition of the former Olympic athlete, international sports medicine scholar, and Director of the University of Kentucky Rehabilitation Center. It is given annually to an individual for their contributions to the growth and development of some aspect of sports medicine through practice or research. Congratulations!

Edward V. Craig, MD, MPH named TRIA Orthopaedic Center's CEO

AOSSM member, **Edward V. Craig, MD, MPH**, was recently named the Chief Executive Officer (CEO) at Tria Orthopaedic Center in Minneapolis, Minnesota. Dr. Craig comes to TRIA from the Hospital for Special Surgery in Manhattan and Greenwich.

Chico Hall of Fame Inducts Azevedo

Congratulations to AOSSM member, **Alan Azevedo, MD**, who was recently inducted into the Chico Sports Hall of Fame, in Chico, California. Dr. Azevedo has been the Chico State team physician since 1985. He has supported area schools by working to get athletic trainers on the sidelines during athletic events and spearheading the program to provide free physicals for thousands of student-athletes.

Distinguished Alumni Award Given to Steadman

The 2015 Distinguished Alumni Award from Texas A&M University was recently given to AOSSM Hall of Fame member, **J. Richard Steadman, MD**. This award is one of the highest honors given to a former student of Texas A&M University. Since the inception of the award in 1962, only 249 of Texas A&M's 425,000 former students have been recognized with the Distinguished Alumnus Award.



RESEARCH GRANT AND AWARD SUBMISSION DEADLINES APPROACHING

Grants

AOSSM is now accepting applications for the Young Investigator (supported through an educational grant from Musculoskeletal Transplant Foundation) and Sandy Kirkley Clinical Outcomes research grants. The pre-review option for these opportunities is August 15 with a final submission deadline of December 1, 2015.

Bart Mann Advancement of Sports Medicine Research Award

This newly created \$5,000 award, in honor of AOSSM's first Director of Research, will be given to up to five AOSSM members to support service to the profession, as well as their professional development, as reviewers on the NIH Study Section for sports medicine and orthopaedics.

AOSSM Research Awards

These awards recognize outstanding research in orthopaedic sports medicine. Awards are made in three categories:

1. Basic science studies
2. Clinical research
3. Either basic science or clinical research conducted by an individual under 40 years old

Submit your applications by November 1, 2015. All submissions must be full manuscripts and cannot have been presented, published, or accepted for presentation or publication prior to submission.

For more information and to submit your information for an AOSSM research award or grant, visit www.sportsmed.org/research.



Petrick Hits 25-Year Mark at AOSSM

Congratulations to Camille Petrick, AOSSM Managing Director, for 25 years of service to the Society. Her responsibilities and contributions have been critical to AOSSM's success. She has managed the growth of our annual meeting from a few hundred to over 1,200 attendees, as well as arranged every Society education, board and committee meeting during that time. Camille also oversees the day-to-day operations of the office and its 19 staff, and she played a significant role in the planning, building and moving to our new headquarters. Somehow, she still finds time to be involved with her professional organizations and son's school, as well as attend his athletic events. Every president, board member and staff member is indebted to Camille, and they honored her at the Past President's Retreat this year—pictured above. Send a note of congratulations and appreciation to Camille at camille@aossm.org. Thank you, Camille!

New Research Director and Editorial Assistant Join AOSSM



Kevin Boyer, MPH, joins AOSSM as the new Director of Research.

He began his professional career as a research analyst for AAOS where he conducted systematic reviews of evidence-based theories in the development of clinical guideline programs. After almost six years, he accepted a position as Manager, Clinical Guidelines and Application for the American Academy of Dermatology (AAD). In this position, he developed a grant mechanism, funded with seed money from the association which led to the formation of "Dataderm," a centralized bank where data from all organ transplants is recorded. He looks forward to transferring these same skills to AOSSM. He earned his Bachelor of Arts degree in biology from St. Louis University and a Masters of Public Health degree from Des Moines University Osteopathic Medical Center in Des Moines, Iowa. Kevin can be reached at kevin@aossm.org.



Hannah Janvrin joins AOSSM as the new Editorial Assistant for the *American Journal of Sports Medicine*. She is a graduate of Allegheny College in Meadville, Pennsylvania, where she received her Bachelor of Arts in English with minors in psychology and Spanish. She also served as a City Year Corps member in Cleveland in 2014 and has recently been honing her

administrative and leadership skills through her coordination of swim teams and coaches at a local Illinois swimming school. Hannah can be reached at hjanvrin@asjm.org.





WASHINGTON UPDATE By Julie Williams, AAOS Advocacy

King vs. Burwell: What's Next?

The Supreme Court has issued its King versus Burwell decision regarding the validity of premium assistance issued by federally funded insurance marketplaces. In a 6–3 ruling the Court upheld subsidies for people who have purchased insurance on the federal Affordable Care Act (ACA) exchange. It is now possible that Congressional Republicans will use a process called “budget reconciliation” to repeal the health care law. Budget reconciliation only requires a majority vote in the Senate but must reduce the deficit. The Congressional Budget Office has said a complete repeal of the 2010 health care law would add more than \$100 billion to the deficit over the next decade.

ICD-10

The Centers for Medicare & Medicaid Services (CMS) announced several changes to ICD-10 implementation, including a transition period where doctors will not be penalized with claims denials or quality-reporting penalties as long as they select a diagnosis code from the right family of codes for the first year of implementation. Among the changes announced are several that the AAOS aggressively pursued. Specifically—in addition to advocating for the complete elimination of ICD-10—AAOS lobbied for legislation that would make the transition period smoother for physicians if it does go into effect. H.R. 2247, sponsored by Rep. Diane Black (R-TN), would have prevented rejection of claims and denial of payment based solely on sub-coding specificity during the transition period. The CMS announcement includes this policy change.

Response from FDA on Phentolamine

The Food and Drug Administration (FDA) recently responded to a letter from AAOS and several orthopaedic specialties on the shortage of phentolamine and its impact on clinicians and patients. The FDA said it is working with the manufacturer to have it back on the market as soon as possible. They are proactively working with West-Ward pharmaceuticals to get the product to the U.S. market. The FDA is also working with Sandoz to make additional supply available to U.S. patients. They said if there are supplies that can be made available temporarily until the approved phentolamine is back on the market the FDA will work to ensure that the supplies meet FDA standards. They will post information on their website about how to obtain the supplies once they are available.

Two-Midnight Rule

CMS released its proposed rule for FY 2016 hospital outpatients payments and quality reporting. Among other changes, it would modify the two-midnight rule to make it easier to get an exception. In addition to substantially lowering the threshold for a rule exception, CMS is planning to overhaul the way it will enforce the policy. CMS will also tweak certain timing and documentation requirements. The outpatient payment rule also advances chronic care management codes and boosts telehealth.

Medicare Sequester Defeated

Recently, lawmakers voted on the Trade Adjustment Assistance Act. Initially, the bill included an extension of the Medicare sequester as a funding mechanism. AAOS

and other specialties lobbied to have the provision dropped after it passed the Senate.

Saving Lives/Saving Costs Act

Rep. Andy Barr (R-KY) and Sen. Barrasso (R-WY) introduced the Saving Lives, Saving Costs Act (H.R. 2603/S. 1475). The bill would allow physicians who can demonstrate they followed recommended best practices developed by the physician community to benefit from increased liability protection in the form of a legal safe harbor.

Labor/HHS Appropriations Bill Increases NIH Funding, Terminates AHRQ

The House Appropriations Committee recently approved a bill that would increase the Centers for Disease Control and Prevention funding by \$140 million and the NIH funding by \$1.1 billion. The funding announcement comes several months after orthopaedic surgeons and their patients met with members of Congress to discuss the need for increased musculoskeletal research funding. However the bill would also eliminate funding for the U.S. Agency for Healthcare Research and Quality (AHRQ). Among other things, the agency supports research to improve health care quality and outcomes. AAOS, along with over 140 other groups, signed a letter to oppose the proposed cuts. The Senate Appropriations bill does not terminate AHRQ, though it does cut its funding by \$100 million.



ANNUAL MEETING

HIGHLIGHTS TECHNIQUES, RESEARCH  EXCELLENCE IN SPORTS MEDICINE



2015 ORLANDO, FLORIDA



AOSSM's 2015 Annual Meeting brought together more than 1,100 sports medicine professionals and their families for four days of education and fun in Orlando. The meeting began on Wednesday afternoon with pre-registered individuals being able to pick up meeting materials and a pre-conference workshop in collaboration with SPTS.

On Thursday, AOSSM President, Robert A. Arciero, MD, and Program Chair, Augustus D. Mazzocca, MD, MS, welcomed everyone to the official start of the meeting and began the morning's session with a discussion on ACL repairs and outcomes. The O'Donoghue Sports Injury Research Award was presented to Timothy Hewett, PhD, FACSM, and his colleagues for their paper, *Utilization of ACL Injury Biomechanical and Neuromuscular Risk Profile Analysis to Determine the Effectiveness of Neuromuscular Training: A Prospective Cohort Double Blind Randomized Controlled Trial*. The meeting continued with three concurrent sessions on patella, foot and ankle, and biologics.

Between the morning and afternoon sessions, attendees continued their learning through moderated poster tours with the authors. This new feature was a huge success and allowed individuals to delve deeply into the latest research. AOSSM thanks ConMed for an educational grant in support of the poster tours and posters.

Additionally, the AOSSM Medical Publishing Group Reviewers' Workshop was packed with more than 100 individuals learning how to review cohort studies by James L. Carey, MD, MPH, and how to review randomized control trials by Brett D. Owens, MD.

During the Thursday afternoon general session discussions on rotator cuff and team coverage issues were highlighted. AOSSM thanks Smith & Nephew for their support of the team coverage session. In addition, there was an informational session on how to become an NIH reviewer and the financial assistance that will be available through AOSSM for these endeavors. For more information visit www.sportsmed.org/research.



The first day concluded with a beautiful evening at the annual welcome reception in the pavilion at the Hilton Bonnet Creek. Attendees and their families had the opportunity to socialize and catch up with colleagues and meet new friends while enjoying delicious food and treats.

Friday's session began with shoulder instability, including a live surgical demonstration on open bankart repair. James R. Andrews, MD, Lars Engebretsen, MD, PhD, and J. Richard Steadman, MD, were also inducted into the AOSSM Hall of Fame on Friday.

Dr. Arciero's presidential address, *Embracing Our Craft: The Only Solution to the Challenges of Today and Tomorrow*, acknowledged the difficulties faced in a variety of sports medicine facets, including changes to ACGME rules and regulations, performance measures, treating athletes across state lines, and continued educational needs and growth. He noted a few important items for all orthopaedic surgeons to remember:

- Be open and seek mentorships
- Never accept mediocrity
- Be inspired by your colleagues
- Be your best at all you do
- Listen to your patients and use your hands to assess their condition
- Take care of athletes at all levels, including the uninsured
- Practice, practice, practice your craft
- Know what's really important at the end of the day—your family and friends

Concurrent sessions included FAI, SLAP/biceps, posterior instability, MDI, and sports medicine education trends. The general afternoon session discussed meniscus and cartilage research and treatment issues, including additional live surgical demonstrations on meniscal root repair, large OCD: Osteoarticular Transfer System and allografts. AOSSM thanks DePuy Synthes Mitek Sports Medicine, Smith & Nephew and Stryker for educational grants in support of the live surgical demonstrations and Vericel for their support of Friday's General Session.



Additionally, individuals took advantage of the industry-sponsored symposiums on Friday afternoon and the industry theatre sessions to learn more about the latest orthopaedic devices and surgical tools.

During the business meeting on Friday, the following members' names were put forth to be part of the 2015–16 Nominating Committee, which will be voted on in November:

- John E. Conway, MD
- Diane L. Dahm, MD
- Michael D. Maloney, MD
- Edward R. McDevitt, MD
- E. Lyle Cain, MD
- Alison P. Toth, MD
- Edward M. Wojtys, MD
- David R. Diduch, MD
- Christopher S. Ahmad, MD
- Lee D. Kaplan, MD

New Board Members for the 2015–2016 year were also approved and included:

- Charles Bush-Joseph, MD, Vice President
- Joseph Guettler, MD, Member-at-Large, Under 45
- Steven Cohen, MD, Education Chair

Orlando also provided family fun for attendees with an abundance of sunshine and activities, including visiting amusement parks and the amazing pools at the Hilton Bonnet Creek and Waldorf Astoria Hotel.

On Saturday morning attendees headed back to the Floridian ballroom at the Hilton for discussions and presentations on rotator cuff research, multi-ligament knee/pediatric knee, clavicle fractures, throwing elbow treatments, and hip procedures. AOSSM thanks Stryker for an educational grant in support of Saturday's General Session.

One of the biggest highlights of the meeting also occurred on Saturday, with Presidential Guest Speaker and sports writer, John Feinstein entertaining the audience with fascinating and funny stories of his encounters with athletes at all levels. AOSSM thanks Breg for an educational grant in support of the Presidential Guest Speaker.



Following the speech, Richard J. Hawkins, MD, received the Sports Medicine Leadership Award, one of the Society's highest honors, for his outstanding career in sports medicine. Dr. Arciero then presented the presidential medallion and pin to incoming president, Allen Anderson, MD. This ceremony signified Dr. Anderson's induction as the 2015–2016 AOSSM President.

Awards were also given for outstanding posters to the following:

First Place: Poster 5

Effect of High-Grade Pre-operative Knee Laxity on Outcomes of Anterior Cruciate Ligament Reconstruction

Robert A. Magnussen, MD, Emily Reinke, PhD, Laura J. Huston, MS, MOON Knee Group, Timothy E. Hewett, PhD, FACSM, Kurt P. Spindler, MD

Second Place: Poster 26

Hyaluronic Acid vs. Platelet-Rich Plasma: Double-Blind Randomized Controlled Trial Comparing Clinical Outcomes and Intra-Articular Biology for Treatment of Knee Arthritis

Brian J. Cole, MD, MBA, Lisa A. Fortier, DVM, PhD, Vasili Karas, MD, Kristen Elizabeth Hussey, Annemarie K. Tilton, BS, David B. Merkow, BS, Nikhil N. Verma, MD, Bernard R. Bach, MD, Brian Forsythe, MD

Third Place: Poster 15

Comparison of Three-Dimensional Motion during Side-Step Cutting in Pediatric Athletes with Recent ACL Reconstruction and Those with No ACL Surgical History

James Lee Pace, MD, Nicole Mueske, MS, Tracy Zaslow, MD, Mia Katzel, DPT, Matthew Chua, PhD, Tishya Wren, PhD



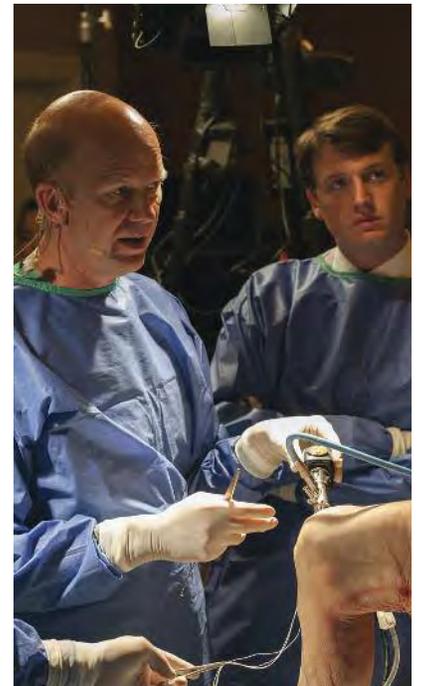
The Young Sports Medicine Specialists' Workshop, *Your Practice Your Way*, on Saturday afternoon covered the topics of surgicenter treatment of total joint arthroplasty and how to market to your patients. The informal small groups allowed attendees to interact on a more personal level. William Champion, a nationally recognized orthopaedic marketing specialist, also gave detailed advice on maintaining a practice. AOSSM thanks Flexion Therapeutics for an educational grant in support of this workshop.

Saturday's other workshop, *Empirical Answers to Burning Clinical Questions*, provided more than 100 attendees with the latest research on rotator cuff healing, ACL reconstruction outcomes, best ACL grafts, osteoarthritis in knee injury patients, and PRP from some of the leading sports medicine minds. AOSSM thanks Flexion Therapeutics and Smith & Nephew for educational grants in support of this research workshop.

The day ended with a fun-filled party at the Hilton Pavilion with the outstanding show band, The Leonard Brothers, creating a festive atmosphere for everyone and their families. The event kept people dancing and having fun throughout the night. AOSSM thanks DJO Global for their support of the Annual Meeting.

The meeting concluded on Sunday with traveling fellows presentations, the NATA Exchange Lecture, shoulder basic science presentations, administrative database lessons and knee injury research.

AOSSM would like to thank all of our sponsors and exhibitors for their ongoing Annual Meeting support. The next AOSSM Annual Meeting will be in Colorado Springs, Colorado, July 7–10, 2016. See you next year!



Annual Meeting materials, including abstracts, outlines and posters can be viewed by logging into your MyAOSSM page at www.sportsmed.org and clicking on the Meeting Materials link on the left hand side. For those who purchased them, Instructional Course handouts can also be found here.

CME for AOSSM 2015 Annual Meeting Available

If you attended the AOSSM Annual Meeting in Orlando, you should be receiving an e-mail with details to claim your CME credit. If you do not receive it, log in to your My AOSSM page or contact the Society office at 847/292-4900.



AOSSM Presents Prestigious Research Awards at Annual Meeting

In order to recognize and encourage cutting-edge research in key areas of orthopaedic sports medicine, AOSSM presented ten research awards and seven grants during the Annual Meeting in Orlando, Florida. As a leader in orthopaedic sports medicine, AOSSM annually provides more than \$350,000 to research initiatives and projects around the country. Highlights of this year's award recipients include:

2015 AOSSM Young Investigators Grant

The Young Investigator Grant (YIG) is specifically designed to support young researchers who have not received prior funding, and is supported by individual giving to the Society. This year AOSSM selected **Thomas Kremen, MD**, from Cedars-Sinai Medical Center for his research, "Novel In Vivo Nuclear Imaging of Stem Cells in Tendon Regeneration," which examines stem cell use in regenerating injured tendons. *AOSSM gratefully acknowledges Musculoskeletal Transplant Foundation for their support of this grant.*

2015 AOSSM Sandy Kirkley Clinical Outcomes Research Grant

To honor the memory and spirit of Dr. Kirkley, AOSSM established a grant of \$20,000 that provides start-up, "seed," or supplemental funding for an outcome research project or pilot study. This year's recipient is **Clare L. Ardern, PhD** (La Trobe University), for "Development and Trial of a Web-Based Toolkit to Facilitate the Return to Sport Transition After Anterior Cruciate Ligament Reconstruction," a project aimed at using technology to help athletes during recovery from knee surgery.

2015 AOSSM/Sanofi Biosurgery Osteoarthritis Grant

The fourth-annual Sanofi Biosurgery Osteoarthritis Grant was awarded to

Blaine A. Christiansen, PhD (Regents of the University of California), for his research titled "Inhibition of Cathepsin K for Preventing OA Following Non-Invasive ACL Rupture in Mice." The research aims to identify potential treatment measures to reduce or eliminate the effects of osteoarthritis. This one-year award of \$50,000 supports a lab/basic science project and is chosen by the AOSSM Research Committee. *AOSSM gratefully acknowledges Sanofi Biosurgery for their support of this grant.*

AOSSM/RTI Biologics Three-Year Research Initiative Grant

AOSSM's Research Initiative Grant supports extended research projects with five installments of \$50,000 over a two-year period (2013–2015). The latest grant was presented to **Alexander Scott, PhD**, to support his ongoing research titled "Intratendinous Injections of Platelet-poor Plasma, or Platelet-rich Plasma With or Without Leukocyte Enrichment for Patellar Tendinopathy: A Multicentre, Double Blind, Randomized Controlled Trial," which explores the use of PRP therapy in treating sports injuries. *AOSSM gratefully acknowledges RTI Biologics for their support of this grant.*

Fellow Research Award—Clinical Science

The Fellow Research Award, formerly the Aircast Award, is determined by

the AOSSM Fellowship Committee. The award is given to the best papers in clinical science and basic science submitted by a sports medicine fellow. Each recipient receives \$1,500 and an award plaque. This year's winning paper is: "Improved Return to Play in Intercollegiate Contact Athletes following Arthroscopic Stabilization for Anterior Shoulder Instability: A Prospective Multicenter Study," from authors **Jonathan F. Dickens, MD, John Paul H. Rue, MD, Kenneth L. Cameron PhD, MPH, ATC, Kelly G. Kilcoyne MD, C. Dain Allred, MD, Steven J. Svoboda, MD, Robert T. Sullivan, MD, John M. Tokish, MD, Karen Y. Peck, MEd, ATC, and Brett D. Owens, MD.** *AOSSM gratefully acknowledges Flexion Therapeutics for their support of this award.*

Cabaud Memorial Award

Given to the best paper researching hard or soft tissue biology, this award is selected by the AOSSM Awards Subcommittee with winners receiving \$2,000. This year's winning paper is: "Transcriptomic Signatures of Meniscal Tears and Articular Cartilage from Knees Undergoing Arthroscopic Partial Meniscectomy Show Evidence for Early Osteoarthritis." Contributing authors to this research include **Robert H. Brophy, MD, Linda Sandell, MD, Rick W. Wright, MD, and Muhammad Farooq Rai, PhD.**



Research Awards continued—

Excellence in Research Award

This award is selected by the AOSSM Awards Subcommittee with principal investigators receiving \$2,000. This year's winning paper was from **Daniel C. Herman, MD, PhD, CAQSM,** and **Jeffrey C. Barth, PhD,** titled "Neuromuscular Performance Varies with Baseline Neurocognition: Implications for Anterior Cruciate Ligament Injury Risk and Prevention."

O'Donoghue Sports Injury Research Award.

The 2015 recipients include **Timothy E. Hewett, PhD, FACS, Kevin R. Ford, PhD, Yingying Xu, Jane Khoury, PhD,** and **Gregory D. Myer, PhD, CSCS,** for their research titled, "Utilization of ACL Injury Biomechanical and Neuromuscular Risk Profile Analysis to Determine the Effectiveness of Neuromuscular Training: A Prospective Cohort Double Blind Randomized Controlled Trial." This award is given annually to the best overall paper that deals with clinical based research or human in-vivo research. The awardee is selected by the AOSSM Awards Subcommittee with recipients receiving \$2,000.

Hughston Award

This year's recipients of the Hughston Award are **Björn Barenius, MD, PhD, Sari Ponzer, MD, PhD, Adel Shalabi, MD, PhD, Robert Bujak, MD, PhD, Louise Norlén, MD,** and **Karl Eriksson, MD,** for their paper, "Increased Risk

of Osteoarthritis After Anterior Cruciate Ligament Reconstruction—A 14-Year Follow-up Study of a Randomized Controlled Trial." The award, chosen by a panel of *AJSM* editors and reviewers, is given to the most outstanding paper published in the *American Journal of Sports Medicine* and receives \$5,000.

AJSM Systematic Review Award

Jeffrey M. DeLong, BS, Kevin Jiang, MD, and **James P. Bradley, MD,** received this year's award for their paper, "Posterior Instability of the Shoulder: A Systematic Review and Meta-analysis of Clinical Outcomes." The Systematic Review award is given to the best systematic review paper submitted to the *American Journal of Sports Medicine* during a calendar year, as determined by a panel of *AJSM* editors and reviewers. The award winning authors receive \$5,000.

T. David Sisk Award for Best Original Research Paper

The winners were selected from the best papers in original research submitted to *Sports Health: A Multidisciplinary Approach*. The award includes a \$2,500 cash prize and a plaque. Two papers received the award this year, including "Is There Chronic Brain Damage in Retired NFL Players? Neuroradiology, Neuropsychology, and Neurology Examinations of 45 Retired Players," from authors **Ira R. Casson, MD, David C. Viano, Dr Med, PhD, E. Mark Haacke PhD, Zhifeng Kou, PhD,**

and **Danielle G. LeStrange, RN, MSN, ACNS-BC.** The second paper awarded is "Prevalence of Abnormal Vitamin D Levels Among Division I NCAA Athletes," authored by **Diego Villacis, MD, Anthony Yi, BS, Ryan Jahn, BS, Curtis J. Kephart, MD, Timothy Charlton, MD, Seth C. Gamradt, MD, Russ Romano, MA, ATC, James E. Tibone, MD,** and **George F. Rick Hatch III, MD.**

T. David Sisk Award for Best Review Paper

This year's recipient is the paper "Evaluation and Management of Wolff-Parkinson-White in Athletes," from **Ashwin L. Rao, MD, Jack C. Salerno, MD, Irfan M. Asif, MD,** and **Jonathan A. Drezner, MD.** The winners were selected from the best review papers submitted to *Sports Health: A Multidisciplinary Approach*. The award will include a \$2,500 cash prize and a plaque.

T. David Sisk Award for Best International Paper

The winners were selected from the best international papers submitted to *Sports Health: A Multidisciplinary Approach*. The award will include a \$2,500 cash prize and plaque. This year's winner of the best international research paper is "Effect of Active Versus Passive Recovery on Performance During Intrameet Swimming Competition," from authors **Jaime Hinzpeter, MD, Álvaro Zamorano, MD, Diego Cuzmar, MD, Miguel Lopez, MD,** and **Jair Burboa.**

For more information on AOSSM research projects and awards please visit www.sportsmed.org and click on the "Research" tab.





Andrews, Steadman and Engebretsen Inducted into AOSSM Hall of Fame

James R. Andrews, MD, J. Richard Steadman, MD, and Lars Engebretsen, MD, were inducted into the AOSSM Hall of Fame on Friday, July 10, during the AOSSM Annual Meeting. Hall of Famers are individuals in the sports medicine community who have contributed immensely and set themselves apart from others in the field.

Dr. Andrews, is a past AOSSM president and one of the founding members of Andrews Sports Medicine and Orthopaedic Center in Birmingham, Alabama. He is also founder, chairman and medical director of the American Sports Medicine Institute (ASMI) a non-profit institute dedicated to injury prevention, education and research in orthopaedic and sports medicine. In addition, he is a founding partner and medical director of the Andrews Institute and the Andrews Research and Education Institute in Gulf Breeze, Florida. He was also crucial to the development of the STOP Sports Injuries

campaign to help prevent athletic overuse and trauma injuries in kids.

Dr. Lars Engebretsen has served on the faculties of the University of Trondheim and the University of Minnesota as Associate Professor in Orthopaedic Surgery. He was the Professor and Chairman for the Department of Orthopaedic Surgery at Ullevaal Hospital from 1996–2000 and from 2002–2004 and the Orthopaedic University Clinic in Oslo from 2000–2002. From 2005–2007, he served as the Divisional Director for Orthopaedics, Neurosurgery, Neurology, Physical Medicine and Rehabilitation in the Division of Musculoskeletal and Neurosciences at the University of Oslo. He is currently Professor of the Department of Orthopaedic Surgery at Oslo University Hospital and Faculty of Medicine University of Oslo, along with Co-chair of the Oslo Sports Trauma Research Center. Since 2007, he has also served as the Head of Medical Sciences

for the International Olympic Committee.

Richard Steadman began his sports medicine orthopaedics career in South Lake Tahoe, California in 1970. He became active with the U.S. Ski Team soon thereafter, and he donated his services at what became the first ever U.S. Olympic Training Center in Squaw Valley, California. He was the head US Alpine Ski Team Physician from 1976 to 2012 and developed the U.S. Ski Team Sports Medicine Committee. He continues today as the Chairman of the Medical Group of the U.S. Ski Team. In 1990, he moved his practice to Vail, Colorado and became the founding and managing partner of the Steadman Clinic. He also founded the entity now known as the Steadman Philippon Research Institute and continues as the Institute's co-chairman. Prior to his retirement from clinical practice in 2014, Dr. Steadman served as a consultant to several professional sport teams in the U.S. and Europe.



Hawkins Receives Sports Medicine Leadership Award



South Carolina orthopaedic surgeon, **Richard J. Hawkins, MD, FRCSC**, received the 2015 Robert E. Leach Sports Medicine Leadership award, Saturday, July 11, during the AOSSM Annual Meeting. This prestigious award is given annually to honor those who have made a significant contribution to the world of sports medicine and includes a \$5,000 donation to the winner's charity of choice. It is one of the top awards the Society presents each year. Dr. Hawkins is the 42nd recipient of this distinguished award.

Dr. Hawkins relocated from his native Canada to Vail, Colorado, in October

1990, where he teamed with Dr. J. Richard Steadman to form the Steadman Hawkins Clinic. In 2004, Dr. Hawkins opened an expanded practice in South Carolina, the Steadman Hawkins Clinic of the Carolinas, which has grown to five locations and 27 physicians. Dr. Hawkins is a program director for the Steadman Hawkins Clinic of the Carolinas Fellowship Program and Chairman of the Hawkins Foundation.

Dr. Hawkins graduated from the University of Western Ontario where he later became Professor of Orthopaedics and Director of the Residency Program. He is fellowship trained in the knee, shoulder, and spine and was an ABC Traveling Fellow to Great Britain in 1979.

Dr. Hawkins is a founding member and Past President of the American Shoulder and Elbow Surgeons, Past President of the Orthopaedic Learning Center, Past President of the Canadian Academy of Sports Medicine, former Director of the Sports Medicine Council of Canada, former Team Physician to the Canadian Olympics in Calgary in 1988,

and a former consultant to the United States Ski Team. He was the National Medical Director for the U.S. Disabled Ski Team, and was Team Physician for the 1998 and 1999 Super Bowl Champion, Denver Broncos. He served as Medical Director and team physician for the Colorado Rockies and the Denver Broncos. He currently serves as Team Physician for the South Carolina School for the Deaf and the Blind.

Dr. Hawkins has published more than 200 articles and has presented more than 800 pieces at both national and international meetings serving as visiting professor and guest speaker at many programs. He has published nine textbooks in orthopaedics in multiple languages. He is a professor of clinical orthopaedic surgery at the University of South Carolina, adjunct professor of the Department of Bioengineering in the College of Engineering and Science—Clemson University and is a former clinical professor at the University of Colorado and the University of Texas Southwestern Medical School.





PHOTOS FROM ANNUAL MEETING

Photos from the Annual Meeting are now available at www.photographyg.pixieset.com/aossm2015. Many photos of the scientific sessions, award presentations, and family fun are there for your enjoyment and to purchase. Thank you to Garrett Hacking of PhotographyG.com for his work.

2015 Council of Delegates Incoming Members

Congratulations to the new members of the AOSSM Council of Delegates:

E. Lyle Cain, Jr., MD
Alabama

Anikar Chhabra, MD, MS (re-elected)
Arizona

Robert S. Burger, MD
California

William B. Stetson, MD
California

Steven B. Singleton, MD
Colorado

Marc E. Rankin, MD
Washington, DC

Victor R. Kalman, DO (re-elected)
Delaware

John E. Zvijac, MD
Florida

Robert L. Brand, MD (re-elected)
Georgia

Jason G. Hurbanek, MD
Illinois

Mark R. Hutchinson, MD
Illinois

Vishal Mehta, MD
Illinois

James Sieradzki, MD
Indiana

Scott A. Meyer, MD (re-elected)
Iowa

John R. Babb, MD
Kansas

Peter W. Hester, MD (re-elected)
Kentucky

Thomas F. Murray, Jr., MD (re-elected)
Maine

Timothy E. Foster, MD
Massachusetts

Thomas J. Gill, IV, MD
Massachusetts

James C. Dreese, MD
Maryland

James Bicos, MD
Michigan

Marc Tompkins, MD
Minnesota

Claiborne A. Christian, MD
Mississippi

Scott G. Kaar, MD
Missouri

Charles F. Carr, MD
New Hampshire

Steven Stecker, MD (re-elected)
New Jersey

Struan H. Coleman, MD
New York

David F. Martin, MD
North Carolina

Darin T. Leetun, MD
North Dakota

Gehron Treme, MD (re-elected)
New Mexico

D. Daniel Rotenberg, MD
Nevada

David C. Flanigan, MD
Ohio

Marc T. Galloway, MD (re-elected)
Ohio

Alec E. Denes, Jr., MD
Oregon

Eric J. Kropf, MD
Pennsylvania

Jeffrey A. Guy, MD (re-elected)
South Carolina

Alison L. Cabrera, MD
Tennessee

Joe P. Bramhall, MD (re-elected)
Texas

John C. Edwards, MD (re-elected)
Utah

Christopher C. Annunziata, MD
Virginia

Edwin M. Tingstad, MD
Washington

Eric Pifel, MD
Wisconsin

E. Barry McDonough, MD (re-elected)
West Virginia

Daniel B. Whelan, MD
Canada

Dierick R. Sparks, MD
Alabama, 2012-2015

Neal S. ElAttrache, MD
California, 2012-2015

Richard K.N. Ryu, MD
California, 2012-2015

Mitchell D. Seemann, MD
Colorado, 2012-2015

John J. Klimkiewicz, MD
Washington, DC, 2012-2015

Michael J. Smith, MD
Florida, 2012-2015

Jason L. Koh, MD
Illinois, 2012-2015

Pietro Tonino, MD
Illinois, 2009-2015

J. Martin Leland, III, MD
Illinois (OH), 2014-2015

Stephen Kollias, MD
Indiana, 2012-2015

John G. Yost, Jr., MD
Kansas, 2012-2015

John C. Richmond, MD
Massachusetts, 2012-2015

Richard M. Wilk, MD
Massachusetts, 2009-2015

John H. Wilckens, MD
Maryland, 2009-2015

Joseph H. Guettler, MD
Michigan, 2012-2015

Diane L. Dahm, MD
Minnesota, 2012-2015

William L. Rice, MD
Mississippi, 2012-2015

Patrick A. Smith, MD
Missouri, 2012-2015

Tahsin Ergin, MD
New Hampshire, 2012-2015

Robert G. Marx, MD, MSc, FRCSC
New York, 2012-2015

William T. Hardaker, Jr., MD
North Carolina, 2012-2015

Philip Q. Johnson, MD
North Dakota, 2000-2015

Keith R. Swanson, MD
Nevada, 2009-2015

Paul M. Saluan, MD
Ohio, 2009-2015

James P. Bradley, MD
Pennsylvania, 2012-2015

Barry B. Phillips, MD
Tennessee, 2012-2015

Michael S. George, MD
Texas, 2012-2015

Keith W. Lawhorn, MD
Virginia, 2012-2015

David A. Parker, MD
Virginia, 2012-2015

John R. Green, III, MD
Washington, 2012-2015

John F. Orwin, MD
Wisconsin, 2012-2015

J. Robert Giffin, MD, FRCSC
Canada, 2012-2015

The Society strives to provide you with the best educational experience possible.

You should have received an e-mail from the Society asking for your comments on the meeting and how we can improve for next year. Please be sure to take a few minutes to fill this evaluation out, so we can continue to make our meetings the best in sports medicine. You should also have received an e-mail from the Society regarding your CME credit, if not, please contact the Society office at 847/292-4900. Thank you!



UPCOMING MEETINGS & COURSES

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



AOSSM/AAOS Orthopaedic Sports Medicine Review Course

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 23–25, 2015, Orthopaedic Learning Center, Rosemont, Illinois

Advanced Team Physician Course

December 10–13, 2015, Austin, Texas

Current Treatment of the Athlete's Knee: Innovative Surgical Solutions for Complex Problems

January 22–24, 2016, Orthopaedic Learning Center, Rosemont, Illinois

Specialty Day

March 5, 2016, Orlando, Florida

NFL and Sports Medicine

May 5–7, 2016, Denver, Colorado

Expand Your Skills with Personalized Learning



Consensus and Controversy: Advanced Techniques for the Athlete's Shoulder

Earn 21.5 total CME credits

October 23–25, 2015 **Orthopaedic Learning Center**
Rosemont, Illinois

Join AOSSM for a 2½ day, intensive, shoulder surgical skills experience combining science, techniques and procedures.

For details and to register visit
www.sportsmed.org/SurgicalSkillsShoulderCourse



The American Orthopaedic Society for Sports Medicine

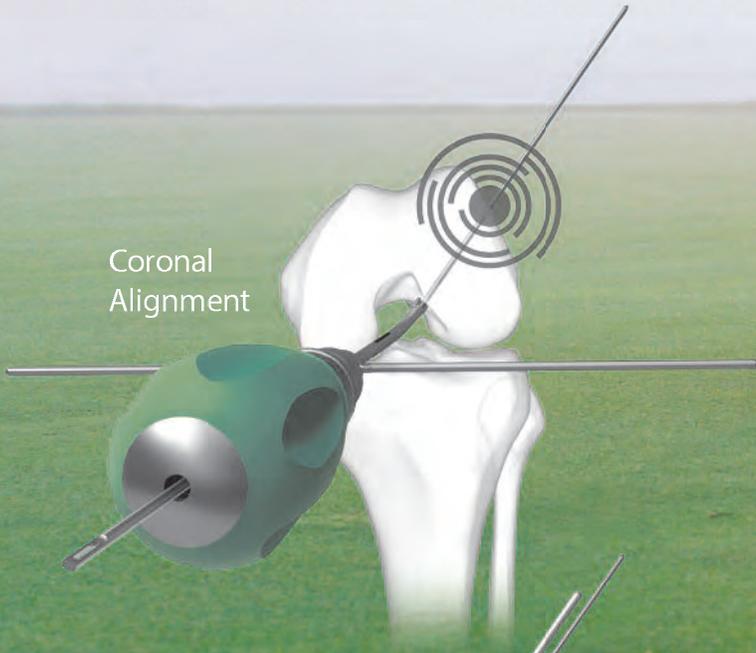


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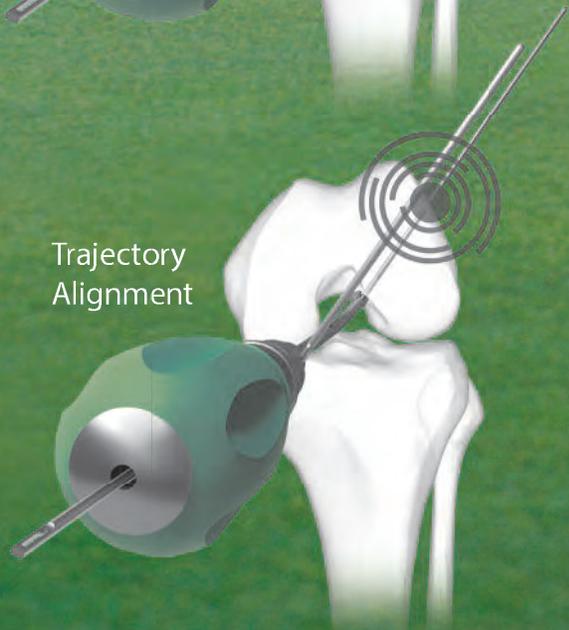
OF TUNNEL PLACEMENT IN ACL RECONSTRUCTION



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Alignment



Trajectory
Alignment



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