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MARCH/APRIL 2015

UPDATE

DISPENSING DRUGS **IN THE SPORTS TEAM SETTING**



STOP Sports Injuries
Celebrates 5th Anniversary

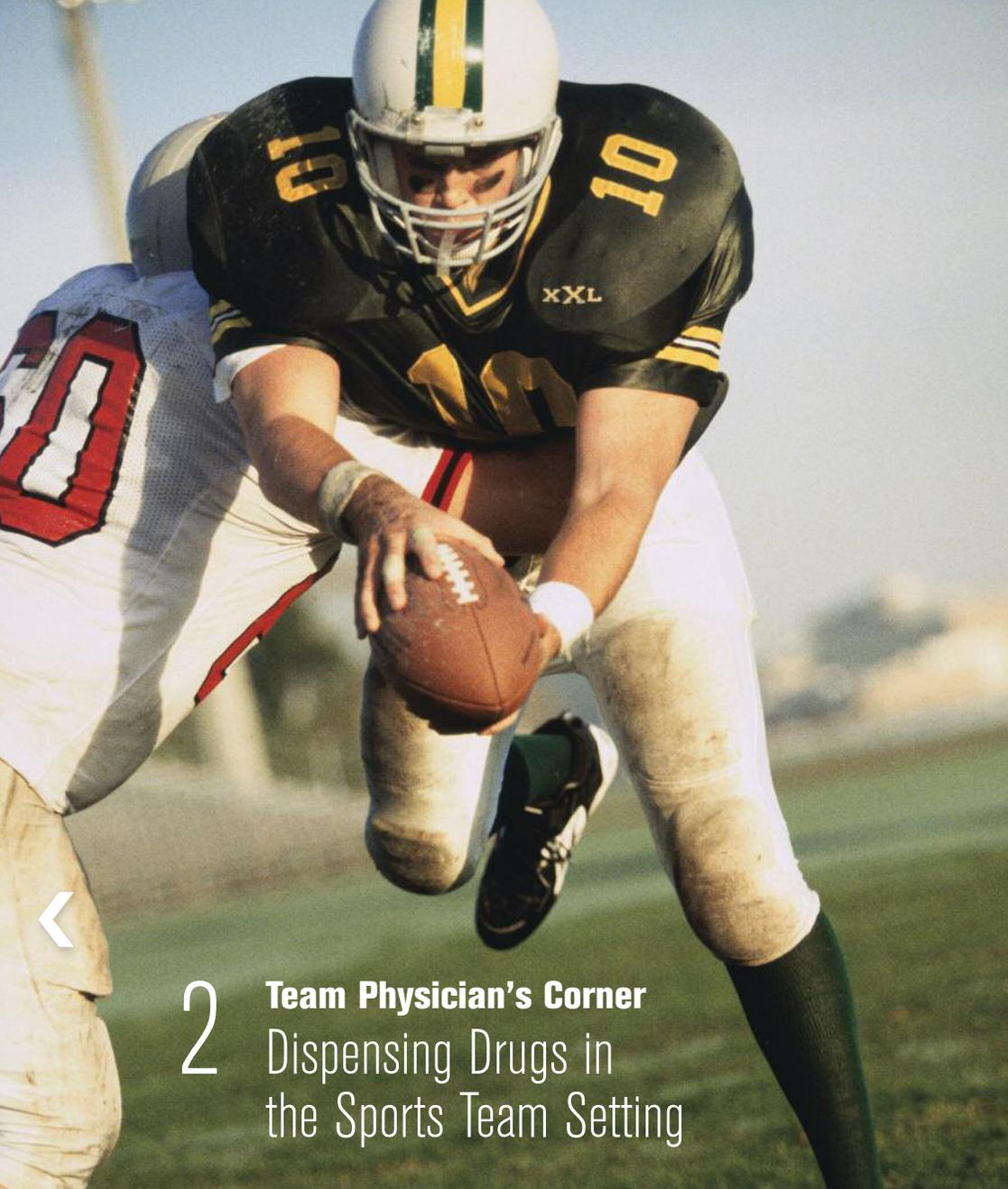
OJSM on Twitter

**2015 ANNUAL
MEETING
UPDATE**



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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, 9400 W. Higgins Road, Suite 300, Rosemont, IL 60018, Phone: 847/292-4900, Fax: 847/292-4905.

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FROM THE PRESIDENT



Colleagues, as I write, I am in the second half of my term as president. I am aware of the number of activities, changes, and milestones we have reached and the many more that will come. It really is a reflection of our membership's keen dedication to our subspecialty. I continue to be inspired by the members of the Board, our committees, our membership, and our staff. The level of volunteerism and professionalism is the very foundation of what we do and makes our organization one of the premier societies in the world.

We have been in our new home for several months. Our open house on February 21 was the formal introduction of the building and learning center for our profession. With state-of-the-art office structure and space-age technology, the new headquarters and learning center will facilitate top orthopaedic education worldwide for possibly the next 30 years and represents the cohesion of all the societies that make the profession what it is. What has impressed me the most is that in an age when subspecialization threatens to fragment orthopaedic surgery, the new building initiative served to bring the societies closer together. The collective fund-raising of more than eight million dollars is at the very least a signal of a unified commitment to the advancement of our specialty. This increased cooperation and communication will no doubt serve us well as we strategize to handle the complexities of patient advocacy and CMS requirements, such as performance measures, while continuing our dedication to education and research.

Staying with the theme of new beginnings, our recently formed Team Physician Committee has been busy with a number of issues that threaten the practice of team physicians, particularly at the collegiate and professional levels. In November 2014, the U.S. Drug Enforcement Agency (DEA) interviewed the medical personnel and inspected the medical records of the San Francisco 49ers, Tampa Bay Buccaneers, and Seattle Seahawks after the three teams played away games in other states. The DEA was investigating whether the medical personnel were appropriately managing prescription drugs, after a recent class-action lawsuit filed against the NFL by former players included allegations that teams routinely dispensed Percocet, Toradol, Novocain, and other drugs to energize players before games and relieve pain afterward.¹

This event brings attention to the question of what authority do the medical personnel of sports teams have to carry and dispense drugs while away from home? The DEA and federal law is quite strict concerning the transportation and dispensing of prescription drugs, and especially controlled substances, in states where the physician is not licensed. This incident highlights that although dispensing these drugs has been common practice for team physicians as they care for their injured athletes, the laws and physicians' awareness of the laws are often vague. What may be presumed appropriate treatment could actually violate practice acts. While many of these laws have not been strictly enforced, our Team Physician Committee, chaired by Dr. Tim Hosea, has been vigorously pursuing clarification of these statutes so that they can provide guidance to members. This issue of *SMU* has an especially illuminating article on this topic, prepared by our outside counsel at the Team Physician Committee's direction.

Lastly, I would like to again remind you to not miss the educational highlight of our year, the 2015 AOSSM Annual Meeting at the Hilton at Bonnet Creek in Orlando, Florida. Surrounded by the Walt Disney Resort, it promises to be a rich educational and fun experience for ourselves, families, and friends. See you there!

Bob Arciero, MD

1. Belson K. Federal Investigation Into Painkillers Targets N.F.L. Teams' Medical Staffs. *New York Times*. November 16, 2014. http://www.nytimes.com/2014/11/17/sports/football/dea-investigation-of-painkillers-targets-nfl-teams-medical-staffs.html?_r=0. Accessed December 8, 2014.





WHAT YOU NEED TO KNOW ABOUT
Dispensing Drugs in
the Sports Team Setting

By Serj Mooradian, Barnes and Thornburg LLP



On November 16, 2014, the U.S. Drug Enforcement Agency (DEA) interviewed the medical personnel and inspected the medical records of the San Francisco 49ers, Tampa Bay Buccaneers, and Seattle Seahawks after the three teams played away games in other states.¹ The DEA was investigating whether the medical personnel were appropriately licensed to possess and handle prescription drugs in the other states, after a recent class-action lawsuit filed against the NFL by former players included allegations that teams routinely dispensed Percocet, Toradol, Novocain, and other drugs to energize players before games and relieve pain afterward.²

The DEA raids lead to the question: what authority do the medical personnel of sports teams have to carry and dispense drugs while away from home?

This article gives an overview of the law concerning dispensing prescription drugs in the sports team setting, including the requirements related to: licensure requirements for dispensing and administering prescription drugs; registration requirements for dispensing and administering controlled substances; general requirements for travelling with prescription drugs; and considerations when delivering over-the-counter (OTC) drugs.

Who Can Dispense and Administer Prescription Drugs in the Sports Team Setting?

In most states, a practitioner who is licensed to prescribe drugs is also permitted to dispense and administer drugs.

For example, physicians receive authority to both prescribe and dispense from their states' medical practice acts, which usually define the "practice of medicine" to include prescribing, ordering, giving, or administering any drug or medicine. (References in this article to "physicians" refer to both allopathic and osteopathic physicians and reference to the "practice of medicine" or "medical practice act" apply equally to the "practice of osteopathy" or "osteopathic practice act.")

Most states also grant nurse practitioners and physician assistants the power to prescribe, dispense, and administer some (but usually not all) prescription drugs, either directly in the appropriate practice

act or by allowing physicians to delegate such authority to the nurse practitioners and physician assistants.

States may impose procedural requirements on licensed prescribers who dispense. For example, a state may require that licensed prescribers: (a) register with either their professional boards or the board of pharmacy in their state before dispensing or administering; or (b) only dispense or administer after issuing valid prescription orders. A small number of states restrict certain prescribing practitioners from dispensing or administering prescription drugs except in certain circumstances, such as emergencies.

The legal scope of practice of some other licensed practitioners, such as registered nurses and pharmacists, includes dispensing and administering prescription drugs, but not prescribing them. These licensed practitioners dispense or administer prescription drugs only pursuant to the valid order of a licensed prescriber, subject to any additional restrictions in their respective practice acts. A valid order can be in the form of: (a) a patient-specific prescription order; (b) a standing order authorizing dispensing or administration of a drug to a specific patient; or (c) a non-patient-specific standing order authorizing dispensing or administration of a drug to an identified population of patients.

Some states grant very limited authority to other non-prescribing providers to administer prescription drugs. For example, some states permit certified athletic trainers to administer topical

KEY POINTS

- 1 To dispense or administer a drug, a person must be licensed or otherwise authorized by the state in which the dispensing or administering occurs.
- 2 A prescribing practitioner can personally transport non-controlled-substance prescription drugs, including across state lines.
- 3 Both federal and state controlled substance acts impose restrictions on practitioners' dispensing controlled substances.
- 4 A practitioner can only transport controlled substances between physical locations at which they are authorized by their DEA and applicable state registration numbers to dispense and administer controlled substances.
- 5 An individual does not need to be licensed to deliver OTC medication, but they should work with a licensed prescriber and OTC drugs should be delivered with federally required packaging and labeling.

prescription drugs and physical therapists to administer prescription oxygen. However, in both cases, licensed prescribers must usually provide a valid order for the drugs and supervise their administration.

If a licensing act permits a practitioner to dispense or administer prescription drugs pursuant to a prescription order, the licensing act may further permit such practitioner to delegate authority to dispense or administer prescription drugs to unlicensed assistants under the practitioner's supervision.

Other unlicensed coaching personnel not acting under the direction of a practitioner and pursuant to a valid order do not have authority to dispense or administer any prescription drugs.



Where Can Sports Team Personnel Dispense and Administer Prescription Drugs?

To dispense or administer a drug, a person must be licensed or otherwise authorized by the state in which the dispensing or administering occurs.

Accordingly, when a practitioner travels to a state in which the practitioner is not licensed or certified, he or she may only dispense or administer prescription drugs in the destination state if the destination state's law permits such practitioner to practice the profession without a license or certification.

For example, a survey of state medical boards conducted by Viola et al. in 2012 found that seventeen states allow team physicians licensed in other states to practice medicine in the state temporarily.³ The states permitting such activity are Arkansas, California, Colorado, Connecticut, Delaware, Indiana, Iowa, Kentucky, Minnesota, Mississippi, Montana, New Hampshire, North Carolina, Utah, Virginia, Washington, and Wyoming.³ Additionally, Missouri grants exceptions to physicians from bordering states. The survey also identified states that allow physicians licensed in other states to consult with in-state physicians for the purpose of treating destination state patients.³ (Note: Since 2000, Florida has exempted out-of-state licensees travelling with visiting sports teams from Florida's licensure requirements, if an equivalent license category exists in Florida. Additionally, since the publication of the Viola article, Ohio has passed legislation temporarily exempting sports team physicians from Ohio's medical licensure requirement. Other states may have passed similar exemptions or may pass similar exemptions in the future.)

The same rules apply to non-physician practitioners who have authority to dispense or administer in one state and travel to another in which they are not licensed. The destination state



must permit the practitioner to dispense or administer prescription drugs in the destination state.

With respect to a nurse practitioner or physician assistant who dispenses or administers under delegated authority from a physician, the destination state must authorize both the nurse practitioner or physician assistant, as the case may be, and the delegating physician to practice their respective professions in the destination state without a license.

Additional Requirements to Dispense and Administer Controlled Substances

The federal and state controlled substances acts impose restrictions on practitioners dispensing controlled substances.

Under federal law, a practitioner may only store, dispense, or administer controlled substances at a physical location and address registered with the DEA. Therefore, a practitioner dispensing or administering controlled substances at multiple practice locations must do so at each location under that location's specific DEA registration number. Most states similarly require practitioners to dispense under a state controlled substances registration.

DEA and state (where applicable) registrations authorize registrants' employees and agents to dispense or administer controlled substances at the registered locations, if it is within their legal scope of practice to do so.

Transporting Drugs to Be Dispensed in Another Location

Usually, a prescribing practitioner can personally transport non-controlled-substance prescription drugs, including across state lines.

However, the practitioner may generally only transport controlled substances between physical locations at which he or she is authorized under DEA and state (if applicable) registration numbers to dispense and administer the controlled



substances. This applies whether the controlled substances are transported within the same state or across state lines.

Additionally, because the transfer affects the inventories of controlled substances between two registered locations, federal law requires that the registrants complete specific DEA order forms (for Schedule II controlled substances) or drug-specific invoices (for Schedule III-V controlled substances), as may be applicable, for the purposes of each registered location's required records.

Risks of Non-Compliance

There are considerable risks associated with dispensing or administering prescription drugs in a state by a practitioner who is not authorized to do so by the laws of that state.

1. **Criminal Liability.** The severity of the potential penalties varies from state to state, but they generally consist of a fine and/or imprisonment. With respect to controlled substances violations, a practitioner can be subject to penalties under state and federal law.
2. **Professional Discipline.** Most practice acts allow professional boards to discipline a licensee for engaging in unprofessional conduct, which may include unlicensed practice in another state. Actions can include an informal warning, a formal reprimand, a fine, or suspension or revocation of a license. Accordingly, a practitioner may be subject to discipline in the practitioner's home state as well as the destination state.

3. National Practitioner Databank Reporting. Certain violations of the federal Controlled Substances Act and adverse actions against a practitioner's professional license are required by federal law to be reported to the National Practitioner Databank.

4. Contractual Issues. A practitioner's malpractice coverage or third-party payor contracts may exclude claims arising out of unauthorized practice in another state or the failure to comply with controlled substances registration requirements.

Practitioners must be mindful that although a prohibited act may be common industry practice or not be strictly enforced by authorities in a jurisdiction, it is nonetheless a prohibited act. An individual who knowingly or unwittingly engages in a prohibited act puts his or her license and/or personal freedom at risk.

Options for Sports Medical Personnel Travelling with Prescription Drugs

As indicated above, the key to being able to dispense drugs in a state is either licensure or an exception to the licensure requirement in that state.

If a team practitioner is not appropriately licensed or registered to dispense drugs in a destination state to which he or she is travelling, the practitioner can partner with other appropriately licensed and registered practitioners to provide services when travelling.

Example: A team physician licensed only in Massachusetts who travels to Illinois with his Massachusetts team cannot legally treat (including dispense drugs to) a Massachusetts athlete while both are temporarily located in Illinois. However, the Illinois team's physician may treat the Massachusetts athlete, with the Massachusetts physician present to provide background information on the patient. The Illinois physician would enter orders and be noted in the medical record as the treating physician for medical

services provided in Illinois. Alternatively, the Massachusetts team could contract with an independent Illinois physician to provide medical services to the Massachusetts team while in Illinois.

If a team practitioner regularly travels with his or her team to another state in which the practitioner is not licensed, the team's practitioners can become licensed in the destination state. Options usually include:

- Licensure by endorsement for practitioners actively licensed in other states
- Temporary licensure in certain circumstances

Note: if the practitioner is dispensing or administering controlled substances, he or she remains subject to federal and the destination state's controlled substance registration requirements (if the destination state requires controlled substances registration).

Having authority to dispense or administer is not the only regulatory requirement with respect to dispensing medications while travelling. In addition to being appropriately licensed and registered, the actual act of dispensing must itself comply with state and federal law, including but not limited to laws relating to:

- Physical Examination of Patient
- Medical Necessity
- Minor/Parental Consent
- Labelling of Drugs
- Record-keeping
- Storage of Drugs
- Security of Drugs
- Registration in Applicable Controlled Substances Monitoring Program(s)

Requirements for Delivering OTC Drugs to Athletes

Generally, neither federal nor state law prohibit unlicensed individuals from delivering OTC drugs to another person.

However, a person delivering OTC drugs should be mindful that OTC drugs are subject to federal packaging and

labelling requirements. OTC drugs should be delivered in original packaging that contains "drug facts" and other required drug information. Practically speaking, the athlete should have information about an OTC drug's expiration date, active ingredients, side effects, etc.

Additionally, unlicensed personnel should work with licensed prescribers and/or dispensers to make sure the appropriate drug is being delivered. The FDA may classify one dosage form of a drug as OTC and another dosage form as prescription only. For example, while a 200 mg dose of ibuprofen is approved for OTC delivery, an 800 mg dose requires a prescription.

Conclusion

Given the extent of the laws regulating the dispensing of prescription drugs, it is not surprising that the recent allegations of inappropriate dispensing by the medical staffs of NFL teams have stirred the attention of the DEA.

Medical staffs of sports teams at all levels, not only at the professional level, should be vigilant in their efforts to comply with the often rigid licensing laws relating to the dispensing and administration of prescription drugs and the even stricter requirements relating to controlled substances. The various regulatory requirements generally apply to the practitioners themselves and not the teams they serve. Practitioners who carry any drugs while travelling with their teams should consult with counsel to review their procedures when travelling, especially with respect to dispensing prescription drugs on the road.

Serj Mooradian is an Associate in the Chicago office of Barnes & Thornburg LLP and a member of the firm's Healthcare Department. He can be reached at 312/214-8331 and at Serj.Mooradian@btlaw.com. The information in this article is article is presented for informational purposes only and does not constitute legal advice.



Resources

Practitioners may contact the applicable state licensing board in the state of the sporting event to find out what the licensing and registration requirements are for that state. The following organizations maintain lists with contact information for boards in each state:

Medical/Osteopathic

Federation of State Medical Boards
www.fsmb.org/policy/contacts

Pharmacy

National Association of Boards of Pharmacy
www.nabp.net/boards-of-pharmacy

Nurses

National Council of State Boards of Nursing
www.ncsbn.org/47.htm

Physician Assistants

National Commission on Certification
of Physician Assistants
www.nccpa.net/StateBoards

Athletic Trainers

National Athletic Trainers Association
members.nata.org/gov/state/regulatory-boards/map.cfm

Physical Therapists

Federation of State Boards of Physical Therapy
[www.fsbpt.org/FreeResources/LicensingAuthorities
ContactInformation.aspx](http://www.fsbpt.org/FreeResources/LicensingAuthorities>ContactInformation.aspx)

Information regarding federal Controlled
Substances Act requirements is available on the
DEA's Office of Diversion Control's website at
www.deadiversion.usdoj.gov/drugreg/index.html.

References

1. DEA agents check NFL medical staffs after games. National Football League website. <http://www.nfl.com/news/story/0ap3000000429654/article/dea-agents-check-nfl-medical-staffs-after-games> Published November 16, 2014. Accessed December 8, 2014.
2. Belson K. Federal Investigation Into Painkillers Targets N.F.L. Teams' Medical Staffs. *New York Times*. November 16, 2014. http://www.nytimes.com/2014/11/17/sports/football/dea-investigation-of-painkillers-targets-nfl-teams-medical-staffs.html?_r=0. Accessed December 8, 2014.
3. Viola T, Carlson C, Trojian TH, et al. A survey of state medical licensing boards: can the travelling team physician practice in your state? *Br J Sports Med*. 2013. 47:60-62.





Join the #SportsSafety Movement This April

April 2015 marks the fifth anniversary of STOP Sports Injuries, as well as National Youth Sports Safety month! Help us spread the sports injury prevention message by sharing tip sheets in your office, writing letters to the editor, including links to www.STOPSportsInjuries.org on your website, and posting resources to your social media accounts. In April and throughout the year, you can also encourage young athletes to participate in sports without pushing too hard by sharing our overuse injury prevention tip sheet—available at bit.ly/1KvHZxV.



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!

Professional Health Organizations

Regeneration Orthopedics
Clayton, Missouri

Sports Medicine Practices

Advanced Wellness & Sports Rehab
Osseo, Minnesota

APEX
Redwood City, California

Bethesda Physical Therapy
Bethesda, Maryland

Chiropractic Care & Rehab Center
Esteros, Florida

Jackson Orthopaedic
San Antonio, Texas

Jupiter Orthopedics and Sports Medicine
Jupiter, Florida

Kinesis Physical Therapy
Los Gatos, California

Passavant Area Hospital (Team Rehab)
Jacksonville, Illinois

Tumwater Chiropractic Center
Tumwater, Washington

Sports and Recreation Organizations

Cuyahoga Valley Christian Academy
Stow, Ohio

Edge Fitness & Performance
Brampton, ON

Origin BJJ Newcastle
Newcastle Upon Tyne, England

Origin Sports
Newcastle Upon Tyne, England

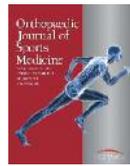


Tell Us What You Do

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.



Keep up-to-date with the latest open access, orthopaedic sports medicine research, news, and notes by following the new

OJSM Twitter account! Just visit the link www.twitter.com/OJSM_SportsMed and click "Follow" to see our tweets in your own feed.

Have questions about how to activate and use Twitter? Dr. David Geier introduces the platform and shares some tips and tricks in a video available on the www.sportsmed.org homepage.

OJSM JOINS THE TWITTERSPHERE

Don't forget to also stay connected with all of the Society happenings and recent articles from our other journals by liking or following our social media sites:

www.facebook.com/AOSSM
www.facebook.com/American-Journal-of-Sports-Medicine
www.facebook.com/SportsHealthJournal
www.facebook.com/STOPSportsInjuries
www.facebook.com/TheOJSM
www.Twitter.com/AOSSM_SportsMed
www.Twitter.com/Sports_Health
www.Twitter.com/SportsSafety
www.Twitter.com/AJSM_SportsMed

Meredith Herzog Joins AOSSM



We are pleased to announce that Meredith Herzog recently joined AOSSM as the Senior Manager, MOC and Fellowship Education. Meredith will be responsible for the Society's Self-Assessment program, Performance Improvement CME, Journal CME, Orthopaedic Sports Medicine and Arthroscopy Match, Fellows exam, and other fellowship-related activities. She also will work with the Director of Education, Heather Hodge, on the Society's digital education platforms. Meredith will serve as the staff liaison for the Fellowship, Fellowship Match, PI CME, and Self-Assessment Committees, as well as the Accreditation Task Force.

Before accepting this position, Meredith was Director for Academic Programs and Services at the American Board of Medical Specialties. She provided direction for the review of the 24 Member Boards' certification programs, including Maintenance of Certification (MOC), along with outlining educational resources and services for the Member Boards including the American Board of Orthopaedic Surgery. Prior to the ABMS, she was Senior Manager, Certification Services at Discovery Institute of Medical Education.

Meredith currently resides in Mt. Prospect, Illinois. She graduated from Marquette University with a Bachelor of Science in Business Administration, International Business and Marketing. Meredith can be reached at meredith@aossm.org.

Correction

The January-February issue of *SMU* listed Jo Hannafin, MD, PhD, as Past Chair, non Voting Ex-Officio of the nominating committee. She will actually serve as Chair in 2015–2016.



Past AOSSM President and Founder, Leslie M. Bodnar, MD, Passes Away



Dr. Les Bodnar, age 98, was an orthopaedic surgeon, husband, father, war veteran, author, and role model to many.

He passed away December 16, 2014.

Born in the far south side of Chicago to Hungarian immigrants, he graduated from Fenger High (1936), University of Illinois (1939), and University of Illinois Medical School (1941).

In 1939, he met fellow Chicagoan, Bernardine Brennan, and they married in 1943, with his love for her continuing throughout their 56 years together.

He completed an internship and residency at Charity Hospital in New Orleans in 1947 and established a solo medical practice in South Bend that has developed into the group now known as South Bend Orthopaedic Associates.

To know Les Bodnar was to know a man of high integrity and compassion who cared for the underserved, lived his strong moral principles, worshiped devoutly, gave generously, loved a challenge, and enjoyed lifelong learning. He golfed, played bridge, sailed, snow skied, read voraciously, and learned to sailboard in his 70s.

He served as the Notre Dame football team's orthopaedic surgeon from 1949–1985. He was President of the Indiana Orthopaedic Association and received its Lifetime Achievement Award in 2013. He was a Founder and President of the American Orthopaedic Society for Sports Medicine where he is now a member of its Hall of Fame and was honored with the Mr. Sports Medicine Award in 1978. He also served on the boards of the Cerebral Palsy Society, American Red Cross and the Indiana Governor's Council on Fitness and Health.

In 1988 Dr. Bodnar was named a Sagamore of the Wabash, he received the EM Morris Award from Indiana University South Bend, and was honored to be inducted into the Order of Malta. He was also on the board of the Sister Maura Brannick Health Center where he volunteered his time for many years.

Dr. Bodnar authored two books: a 2010 memoir entitled *Carnie*, and in 2014, a second book, *Sports Medicine, Notre Dame*.

He is survived by his nine children, 24 grandchildren, and 15 great grandchildren. He was preceded in death by his wife (Bunny), parents (Les and Julia), sister (Millie), and granddaughter (Elizabeth). He will be greatly missed.

If you would like to make a contribution on his behalf, donations to the Community Foundation of St. Joseph County for the Sr. Maura Brannick Health Center Fund are suggested.

NAMES IN THE NEWS

Weber to Lead MLBTPA

Congratulations to **Kathleen Weber, MD**, who was elected the first female physician to lead the Major League Baseball Team Physicians Association. Dr. Weber will assume the role of the organization's vice president in 2015 and take on the presidency in 2016. She is the director of primary care, sports medicine, and women's sports medicine at Rush University Medical Center in Chicago.

LaPrade Receives Honor

Congratulations to **Dr. Robert F. LaPrade**, AOSSM Research Committee Chair, who is now among a small group of physicians and researchers who have published more than 200 peer reviewed studies in sports medicine. Dr. LaPrade's research has been used around the world to help design and test many of the current anatomic-based knee reconstructions. His 200th publication, "Magnetic Resonance Imaging Characterization of Individual Ankle Syndesmosis Structures

in Asymptomatic and Surgically Treated Cohorts," was recently published in the *Journal of Knee Surgery, Sports Traumatology, Arthroscopy*.

Wilkes Inducted Into Hall of Fame

Dr. Joseph Wilkes was recently inducted into the Clayton State Athletic Hall of Fame. Wilkes is a specialist in orthopaedic surgery, sports medicine, hand surgery, arthroscopy, and joint replacement and has served as Clayton State Athletics' team physician since the program's inception in 1990. He is one of only two current individuals (the other being head cross country and track coach Mike Mead) to be associated with the department since its beginning. The Clayton State Athletics Hall of Fame was created to honor former Laker student-athletes, coaches, administrators, faculty/staff, and community members who have, by their outstanding achievements, contributed to the ideals of the Clayton State Department of Athletics.



Andrews Joins AAOS Capital Campaign Charge

AOSSM would like to express our gratitude to Past President, James R. Andrews, MD, for committing \$100,000 to the *Building Orthopaedics* capital campaign.

AOSSM's new orthopaedic headquarters, housing AAOS and more than 20 other professional organizations, a state-of-the-art learning center, and other facilities was completed in December 2014. An open house celebrating the completion and accomplishments of the project took place on February 21 with leadership, staff, and community members all participating.

The campaign hopes to raise at least \$10 million by the end of 2015. The current total raised to date is \$8,036,000, including a recent contribution from Zimmer for \$500,000.



AOSSM's new office space



"I'm proud to contribute to the campaign to keep growing orthopaedic education well into the future. Housing all of these organizations in one location while also creating a state-of-the-art learning center will keep AOSSM at the forefront of sports medicine education and research." —Dr. Andrews



James Andrews, MD

Dr. Andrews is 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. Andrews is internationally known and recognized for his skills as an orthopaedic surgeon as well as his scientific and clinic research contributions in knee, shoulder, and elbow injury prevention and treatment. In addition, he has made numerous presentations around the world, and has authored hundreds of scientific articles and books. He also recently wrote, *Any Given Monday*, based upon his life in sports medicine. In addition, he has received numerous awards, including the 2014 Robert E. Leach Sports Medicine Leadership award from AOSSM, 2014 NCAA President's Gerald R. Ford Award, and induction as a member of the "Louisiana Legends." He was also named by the State of Louisiana as one of 200 most influential people in Louisiana history since statehood.



2015

AOSSM ANNUAL MEETING



Mark your calendars now to join AOSSM in Orlando to explore sports medicine—insights, techniques, and unbiased research at the 2015 Annual Meeting, July 9–12, 2015. Program Chair, Gus Mazzocca, MD, and his committee have created a unique meeting that brings together science, surgical technique, and discussion in a whole new, interactive manner.

Our meeting format is also especially designed for you to enjoy time with your family and still obtain top-notch sports medicine education. Come to Orlando and experience the fun with abundant amusement parks for all ages along with outdoor entertainment, and unique wildlife viewing. Please visit www.sportsmed.org/annualmeeting to view the preliminary program and book your housing. Registration will open in the middle of March.

10 REASONS **to** TO ATTEND THE ANNUAL MEETING

1. Integrated live **surgical demonstrations**
2. 27 early morning **instructional courses** taught by sports medicine leaders
3. **Presidential Guest Speaker, John Feinstein**
4. More than **60 scientific presentations** within three concurrent sessions covering the latest research
5. **Poster tours** with the authors and faculty, grouped by therapeutic area
6. **Workshops** for multiple interests and levels, including Empirical Answers to Burning Clinical Questions; AOSSM Medical Publishing Group Reviewers and Young Sports Medicine Specialists'; Your Practice, Your Way
7. At least 16.5 **CME credits**
8. The latest orthopaedic instruments, devices, and services from more than **75 exhibitors**
9. **AOSSM** committee work and planning for the future
10. **Fellowship and fun with colleagues, friends, and family**



HOUSING INFORMATION

A block of rooms has been reserved at the Hilton Bonnet Creek and the Waldorf Astoria Orlando. Both hotels connect directly to the AOSSM meeting space which is located between the two hotels. Rates are \$169 at the Hilton, and \$199 at the Waldorf Astoria. To make reservations visit www.sportsmed.org/annualmeeting or call:

Hilton Orlando Bonnet Creek
1-888-353-2013

Waldorf Astoria Orlando
1-888-353-2009

Specify that you are attending the AOSSM Annual Meeting. Reservation deadline is June 8, 2015. Rooms are guaranteed until this date pending availability. Attendees are encouraged to book early.





WASHINGTON UPDATE

By Julie Williams, BA, CAE, AAOS Senior Manager, Government Relations & Specialties

President Obama Sends Budget to Congress

The budget released by President Obama on February 2 includes a number of provisions of interest to orthopaedic surgeons, including a reduced IPAB trigger and elimination of the in-office ancillary services exception for imaging, physical therapy, pathology, and radiology services. This is just a proposed budget, however, and it is unlikely that Congress will agree with many of the President's policies when they deliberate on their budget document. That said, this document does indicate the direction that CMS wishes to take Medicare policy and reform.

House Energy and Commerce Two-Day Hearing on SGR

On January 27 and 28, the House Energy and Commerce Health Subcommittee held a two-day hearing on the need to advance a permanent legislative solution to the SGR. The hearing comes about

two months before the current patch expires. Though the last Congress made significant progress on the SGR policy, political realities—namely, how to pay for the bill—stalled final passage so that a one-year patch was necessarily enacted instead. At the hearing, legislators again expressed a strong commitment to fixing the SGR, which has plagued the health care industry for over a decade.

On February 4, the AAOS hosted a multi-specialty virtual fly-in to push for action on the SGR before the patch expires March 31. The event included five specialties and more than 53 Hill meetings complimented with a strong social media presence.

Sports Medicine Bill Update

Representatives Guthrie and Richmond will reintroduce the “Sports Medicine Licensure Clarity Act” this Congress, while Senators Thune and Klobuchar will reintroduce the companion version. The bill clarifies that sports medicine

professionals who travel outside their primary licensed state to provide care for the athletes will be covered by their medical malpractice insurance. The bill stipulates that health care services provided by a covered sports medicine professional to an athlete, athletic team, or staff member of an athlete or athletic team in a secondary state outside of the state of licensure will be covered by the professional's medical malpractice insurance provider. The bills should be cleared for reintroduction any day now.

ICD-10 Hearing Announced

The Energy and Commerce Health Subcommittee will hold a hearing Wednesday the 11th on the implementation of ICD-10. The goal of the hearing is to learn about the state of preparedness of those involved. Health care providers will start using ICD-10 codes for billing October 1. The Committee has been working with CMS to try to ensure a smooth transition and



has asked for several updates including: provider outreach and educational efforts; opportunities for stakeholder participation in ICD-10 readiness planning; a description of the end-to-end testing that will be conducted; and how often this testing will occur. The AAOS will be submitting testimony for the hearing, arguing that ICD-10 implementation will be both costly to implement and will detract from patient care with very little benefit.

CMS to Address Meaningful Use Concerns

CMS recently announced their intent to engage in rulemaking to update the Electronic Health Record (EHF) Incentive Programs beginning 2015. These changes are intended to help reduce the reporting burden on providers and to specifically address concerns about software implementation, information exchange readiness, and developments in the industry. The new rule is expected this spring.

The announcement follows a December declaration that approximately 257,000 professionals would be affected by meaningful use penalties for failing to meet the requirements. The reality is that physicians face significant timing, staffing, technological, or financial difficulty in implementing the electronic systems. The AAOS has aggressively and continually urged CMS to consider these difficulties, stating in a letter to CMS that the meaningful use policies could “threaten to put small and solo practitioners out of business, while simultaneously reducing access to care.”

Trauma Bills Introduced

The AAOS has worked closely with bill sponsors Rep. Burgess, MD, and Rep. Green, as well as the Orthopaedic Trauma Association, on two bills relating to trauma care that were introduced on Monday, February 2.

One of the bills, HR 647, Access to Life Saving Trauma Care, will provide federal funding to help cover uncompensated costs at trauma centers, support core mission trauma services, provide emergency funding to trauma centers, and address trauma center physician shortages. The other, HR 648, The Trauma Systems and Regionalization of Emergency Care Reauthorization Act, would reauthorize the programs that provide grants to states for planning, implementing, and developing trauma care systems, and establish pilot projects to design, implement, and evaluate innovative models of emergency care systems. The bills were marked up by the Committee on Wednesday, February 4, and the prognosis for passage is good.

21st Century Cures Draft Released

The House Energy and Commerce Committee released an initial discussion draft that outlines proposals focused on accelerating the pace of cures in the U.S. It addresses six areas of reform: integrating patients’ perspectives into the regulatory process, modernizing clinical trials, fostering the future of science, investing in advancing research, incentivizing the development of new drugs and devices for unmet medical needs, and supporting digital medicine. AAOS worked with the Committee on several provisions and is commenting on the proposal.

HHS Announces Value-Based Payment Goals

The Obama administration announced a new goal to shift Medicare reimbursements from volume to value. HHS Secretary Burwell has set a goal of tying 30 percent of traditional—or fee-for-service—Medicare payments to quality and value through alternative payment models by the end of 2016, and tying 50 percent of payments to these models by the end of 2018. Alternative payment models include ACOs or bundled payments.

GOP Chairmen Offer Alternative to Health Law

Key GOP chairmen from the Senate and House unveiled a blueprint for repealing the Affordable Care Act and replacing it with a proposal that they say would reduce health care costs, improve quality, and expand coverage. The framework would repeal the ACA’s requirements on individuals and employers to purchase health care coverage and the option for states to expand Medicaid. It would give states more control of Medicaid, provide tax credits to help people buy health insurance, and scrap the law’s new taxes and fees. It would eliminate the health insurance marketplaces and insurers would not be required to cover a specific set of benefits. The proposal also includes some malpractice reforms and provisions allowing insurance to be sold across state lines.



“Sports Medicine Licensure Clarity Act” will be introduced to Congress. It clarifies that sports medicine professionals who travel outside their primary licensed state to provide care for athletes will be covered by their medical malpractice insurance.



UPCOMING MEETINGS & COURSES

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

AOSSM 2015 Specialty Day

March 28, 2015
Las Vegas, Nevada

Contemporary Treatment of the Young Adult Hip: Latest Research and Surgical Techniques

April 10-12, 2015
Orthopaedic Learning Center
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 23-25, 2015
Orthopaedic Learning Center
Rosemont, Illinois

KEEP YOUR EDGE Hockey Sports Medicine 2015

Toronto Marriott Downtown,
Eaton Centre Hotel
Grand Ballroom Foyer
Toronto, ON Canada
August 28-30, 2015

Register today at www.sportsmed.org!



Score one for your team – learn from world-renowned hockey sports medicine specialists treating athletes at all levels.

Course Chairs Don Chow, MD, Gary Dorshimer, MD, FACP and Michael Stuart, MD lead an experienced, multidisciplinary faculty that will expose you to choice strategies to prevent, treat, and rehabilitate hockey injuries. By the end of the course, you should be able to:

- Develop evaluation and management plans through case-based discussions
- Learn about surgical and non-surgical treatment methods
- Acquire updates on concussion screening, protective equipment, rule changes, nutrition needs and supplements

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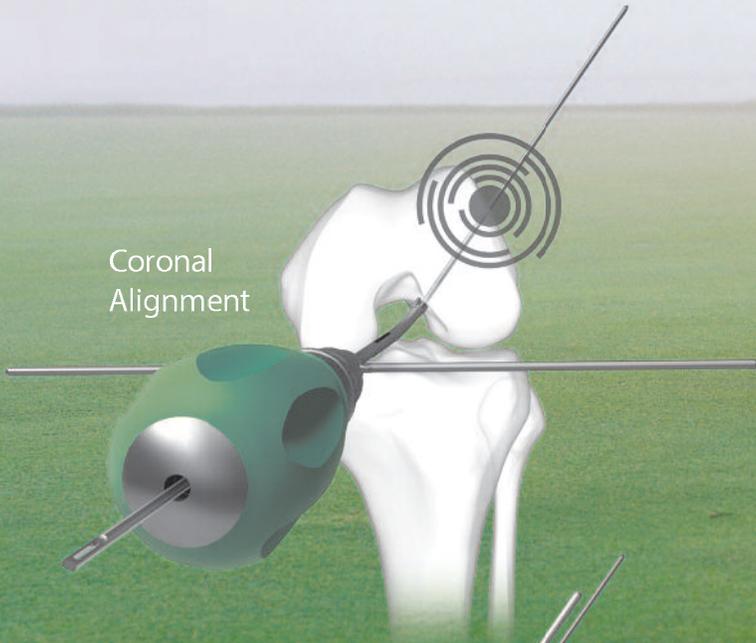


Eliminate the Guesswork

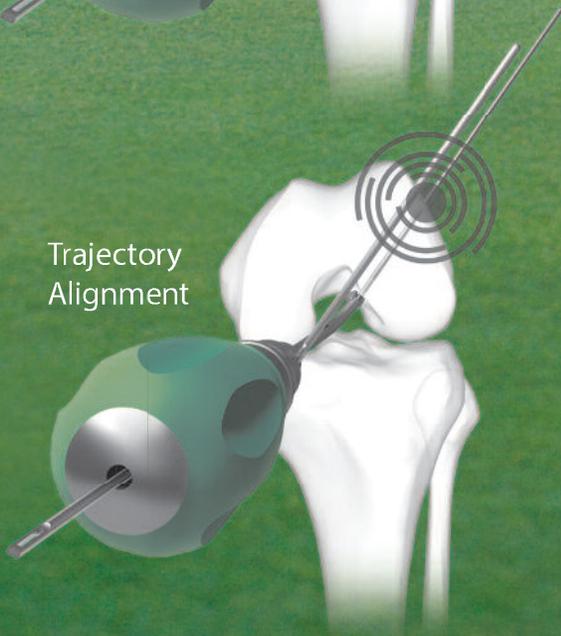
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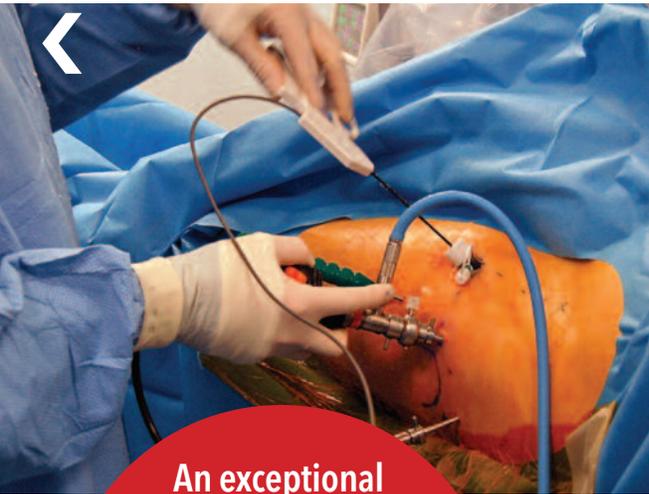


SPORTS MEDICINE UPDATE

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