

sports medicine

MAY/JUNE 2015

UPDATE

TEAM PHYSICIAN XS & OS

**Sideline Tips
for Dental Injury**

#SportsSafety

**Biologics
Abstract
Submission**

**Washington
Update**

**2015
Annual
Meeting
Update**

**EXERTIONAL
RHABDOMYOLYSIS**



AOSSM

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Team Physician's Corner



Exertional Rhabdomyolysis

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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.



FROM THE PRESIDENT



The recent Specialty Day at the AAOS Annual meeting in Las Vegas featured a combined effort of AOSSM, ASES, and AANA. This was a natural evolution of collaboration with so many members and clinical interests shared by the three societies. In fact, the course chairmen from each society are members of all three societies.

I want to especially recognize Kevin Plancher and Buddy Savoie from ASES, J. T. Tokish from AANA, and of course Gus Mazzocca from AOSSM for an outstanding program. The 2,800 seat hall was nearly full! Despite the internet and the distinct reality of obtaining formidable educational material without leaving the office or home, the AAOS Annual Meeting and Specialty Day remain a conduit for education and re-kindling friendships and networking, both features the internet cannot replace. Immediately on the heels of the AAOS was the AOSSM Hip Course, April 10–12, which was sold out at the new Orthopaedic Learning Center (OLC) in Rosemont. Next on the docket, the AOSSM Annual Meeting in July in Orlando, the AOSSM Board Review Course, and the NHL Team Physician course both in August. Finally, the Surgical Skills Shoulder Course in October at the OLC will conclude the educational efforts for the year. I hope that many of you will take advantage of these great learning opportunities.

I would also like to especially acknowledge three committees that provided updates at the AAOS meeting, our Council of Delegates chaired by Chris Kaeding, the Team Physician Committee chaired by Tim Hosea, and the Committee on Legislative and Regulatory Activity chaired by Steve Weber. Importantly, there are bills before Congress to facilitate the ability of team physicians to care for their teams when they travel to states where they are not licensed. Reciprocity exists between 17 states currently and efforts are underway to expand this number. Tim Hosea provided an update (“The DEA and You”) on the current law regarding dispensing drugs while traveling with your team. There are strict federal and state restrictions on transporting and dispensing controlled substances. I would refer each and every one of our members who care for teams, especially when traveling, to review the previous *Sports Medicine*

Update (March/April 2015) for a very detailed article on these laws. Lastly, Steve Weber with several representatives from other orthopaedic societies will be traveling to Washington, D.C. to meet with the Center for Medicare and Medicaid Services to challenge the shoulder as “a single anatomic structure” and bundling of multiple procedures for reimbursement. This is obviously important work for all orthopaedists who perform shoulder surgery.

In April, the AOSSM Board of Directors had its annual spring meeting. There are many challenges facing our Society and the Board spent two days trying to address many items of concern. Among these include:

- Development of performance measures and the general topic of value-based medical care and how best to serve our members in this activity
- The number, financial and educational viability of our CME meetings especially in light of the number of sports-related meeting offered by many other societies
- The process of fellowship accreditation for stand-alone fellowships

It has been my honor and privilege to serve as the AOSSM President this past year. I look forward to continuing to work with members and the Board to keep our Society at the head of the class in the years to come.

Robert Arciero, MD



Exertional Rhabdomyolysis

BY MICHAEL J. LEDDY III, MD



Over the last decade, the popularity of high intensity interval training has grown by leaps and bounds. Athletes of all ages are drawn to it by its combination of Olympic lifting, plyometrics, calisthenics, gymnastics, and powerlifting. It offers challenging short period workouts that constantly change in difficulty and routine. However, with these high intensity workouts comes the risk of injury and potential long-term damage to the body, the most concerning being exertional rhabdomyolysis.

Rhabdomyolysis is a serious condition due to a direct or indirect muscle injury. It results from the death of muscle fibers and release of their contents into the bloodstream. As these products are released, they overwhelm the renal system and cause damage to the kidneys, limiting their ability to remove waste. This results in kidney failure.

Exertional rhabdomyolysis (ER) is the degeneration of skeletal muscle caused by excessive exercise. It can be associated with individuals performing exercises they are unaccustomed to in high temperatures and humidity. Poor hydration levels before, during, and after strenuous bouts of exercise, insufficient acclimatization, inadequate diet, and lack of specific physical conditioning may also contribute to this condition.¹



Physiology

In ER, myosin and actin degenerate and travel into the circulatory system. Intracellular swelling occurs in injured tissue as repair is attempted. Creatine kinase and myoglobin is flushed from the tissue and travels into the blood, reaching the kidneys.² These proteins cause strain on renal structures, thus reducing its ability to act as a filter for the body. These

proteins then act like a dam forming tight aggregates when it enters the renal tubules.³ This results in the decrease in urine output and the buildup of uric acid within the kidney. The increased uric acid concentration allows iron from the aggregate protein to be released into renal tissue.⁴ Iron then strips away molecular bonds of the surrounding tissue which can lead to renal failure, if the tissue damage is too great.



Signs and Symptoms

Exertional rhabdomyolysis can present in many ways. It can affect one muscle group or the body as a whole. Athletes suffering from ER can complain of pain and swelling of the muscles, especially in the shoulders, thighs, or lower legs. Others will complain of weakness or heaviness and will have difficulty moving their limbs.

Athletes can present with abdominal cramping, and suffer from nausea and vomiting. Severe cases can present with rapid heart rate, fever, confusion, and impaired consciousness.

Examination of the athletes' urine can show a darkened red or brownish color that many have described as looking like cola. Urine output will be low, and in severe cases nonexistent.



Treatment

If exertional rhabdomyolysis is suspected, the athlete should be transported immediately to an acute care facility. The goals of treatment are to prevent irreparable kidney damage. Administration of generous amounts of intravenous fluids, usually isotonic saline, should be immediately initiated. This will ensure sufficient circulating volume to deal with the muscle cell swelling and to prevent the deposition of myoglobin into the kidneys. Appropriate lab work should be obtained to assess electrolyte levels and abnormalities should be corrected. High potassium levels can be life threatening and should be addressed immediately.

Kidney dysfunction typically develops one to two days after the initial muscle damage. If supportive treatment is inadequate to manage this, renal replacement therapy may be required. Renal replacement therapy (hemodialysis, continuous hemofiltration, and peritoneal dialysis) removes excess potassium, acid, and phosphate that accumulate when the kidneys are unable to function normally and is required until kidney function is regained.⁵

Compartment syndrome should also be assessed. With the swelling of muscles, the intracompartment pressures in the limbs can increase. These pressures should be monitored and addressed if needed.



Summary

The prognosis for athletes who suffer from exertional rhabdomyolysis depends on the underlying cause and whether any complications occur. Most people who have sustained renal impairment due to rhabdomyolysis fully recover their renal function.⁶

Education is the first step in prevention and treatment of exertional rhabdomyolysis. Many fitness organizations have already taken the lead in educating their participants and require supervision by certified instructors and trainers. Athletes who are considering or participating in high intensity training regimens should take into consideration their athletic abilities, diet, and overall health. The environment at which these activities occur should also be respected. High humidity and temperature pose challenges. Athletes should always strive for appropriate hydration. As with anyone considering an exercise program, consulting with a physician prior to starting is always recommended. If an athlete presents with myalgias, muscle weakness, and darkened urine, the medical staff should have a suspicion for exertional rhabdomyolysis and treatment should be immediately initiated.



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Sideline Tips for Dental Injury

By Michael J. Leddy III, MD

A wide variety of dental injuries can occur in sporting events. Recognizing and initiating appropriate treatment is important.

Most of the time, dentists are not available at an event. Keeping the phone numbers of local dentists in your phone directory may be helpful. Many times injuries require urgent or emergent care. Having direct access to a dentist allows for immediate care.

In a sideline bag, keeping Orajel to apply to fractures into the dentin offers pain relief (clove oil also works).

You should also have a container of “Save-a-Tooth” solution for fragments and avulsions. This allows for safe transport of the tooth to help with replantation. Take care in not touching the root in avulsed teeth.

Another tip is to make use of a mouthpiece as much as possible. It is an excellent splint and source of protection for dental injuries, such as luxations that are reduced.

Appropriate initial care increases the chances of successful outcome in dental injuries.





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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!



Spring Athletes Get a Lesson in Sports Safety

Dr. Chris Brown hosted an injury prevention event for high school students in and around Geneva, New York, this past March. The event helped prep spring athletes for the upcoming season, including shoulder and lower extremity performance modules aimed to minimize sports injuries and promote awareness about prevention.

Want to see your event in *SMU* and on our social media channels? Just submit any details and photos to joe@aossm.org.

Welcome to Our New Collaborating Organizations!

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

CHILD SAFETY ORGANIZATIONS

Grin and Wear It
Coppell, Texas

Right Trns Only
Mountain Green, Utah

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Bozeman, Montana

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Greenwich, Connecticut

Orthopaedic Associates of Manhasset
Great Neck, New York

OSPI Orthopedic Sports Performance Institute
Gilbert, Arizona

Parkview Orthopaedic Group
Palos Heights, Illinois

Texas Spine Clinic
San Antonio, Texas

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



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.

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Bart Mann, AOSSM Director of Research, Passes Away



AOSSM is saddened by the sudden passing of our Research Director, Bart J. Mann, PhD, on Wednesday, April 15, 2015. He was born on July 15, 1960, in Oakland, California. He graduated from the University of California–Davis and earned his PhD in clinical psychology from the University of Missouri–Columbia. He had been leading AOSSM's research program for the past 12 years.

Bart was an avid Chicago sports fan and fitness enthusiast. He possessed an inquisitive spirit with a passion for lifelong learning. Bart was a gadget guy and was always an early adopter of new technology. His devotion and pride for his family was evident

in his support of son Jacob's Lafayette College lacrosse team as well as in founding the NCHS girl's lacrosse team.

Bart is survived by his beloved wife, Laura (McLaughlin); his children, Allyson and Jacob Mann; parents Darwin and Mary Jane (Williams) Mann and brother Nelson (Laurie) Mann. He was also loved by numerous nieces and nephews and his extended family.

In lieu of flowers, memorials may be made to the American Heart Association (<https://donatenow.heart.org/>). In recognition of his service and passion to improve and expand the sports medicine community's interaction with the National Institutes of Health, the AOSSM Board of Directors also established an NIH Research Review Grant which will be named in his honor.

NAMES IN THE NEWS

Indelicato Receives Honor

Congratulations to Past President, **Peter Indelicato, MD**, on receiving the Jack C. Hughston, M.D. Sportsmedicine Person of the Year Award from the Southeastern Athletic Trainers Association (SEATA). This award is given to the person that has contributed to SEATA and athletic training as a profession. It is the highest award given to a person who may not be an athletic trainer and is designed to show the district's appreciation for particular contributions to the field of athletic training in the southeast.

New Edition of *The Burden of Musculoskeletal Diseases in the United States*

The Third Edition of *The Burden of Musculoskeletal Diseases in the United States (BMUS)* has now been released by the US Bone and Joint Initiative. This volume serves the mission of the Initiative in that several professional organizations, including AOSSM, collaborated to tabulate up-to-date data on the burden of musculoskeletal diseases to educate healthcare professionals, policy makers, and the public. Brett Owens, MD, was the AOSSM representative for his edition. Please visit www.boneandjointburden.org to learn more.



Twenty, former AOSSM presidents, attended a portion of the spring Board Meeting in San Diego in April to discuss future and current Society activities.

Specialty Day Highlights Collaborative Education



More than 2,800 individuals attended AOSSM's combined Specialty Day in Las Vegas on March 28 to learn

about updates in sports medicine research and treatment. The combined morning session with AANA and ASES and our AOSSM focused afternoon, provided learners with a multitude of evidence-based, useful take-aways that they could apply in their practices. Freddie Fu, MD, also presented his Kennedy Lecture on "Anatomic ACL Reconstruction: A Changing Paradigm."

Attendees will receive an e-mail from AOSSM regarding their CME credits. If you did not receive one, please contact the Society at 847/292-4900.

SPECIALTY DAY 2016 ABSTRACT SUBMISSIONS

Visit www.sportsmed.org to submit your abstract for Specialty Day 2016 in Orlando, Florida. Deadline for submissions is Friday, May 18, 2015 at Noon CST.



AOSSM Self-Assessment Examination 2015 Now Available

AOSSM now has 125 new peer-reviewed questions available 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.

Who should purchase these exams?

- Orthopaedic surgeons preparing for the MOC recertification exam, sports medicine subspecialty certification exam and/or combined sports medicine recertification exam
- General orthopaedic surgeons or other health professionals seeking a sports medicine refresher
- Orthopaedic surgeons who need MOC Part II self-assessment or CME credits

- Downloadable exam and answer key, including commentary and references
- Ability to self-pace your study from the comfort of your home or office
- iOS app that links to your online account
- Ability to reset and re-take the exam to reinforce learning—only the first attempt is recorded

Exam highlights:

- Three different versions (SAE 2015, SAE 2014 and SAE 2013) are available with 125 questions each

The cost per exam is \$125. To order, visit www.sportsmed.org/selfassessment or call AOSSM at 847/292-4900. Questions? Contact Meredith Herzog at Meredith@aossm.org.

First AOSSM Course in New OLC a Big Success

AOSSM faculty, J. W. Thomas Byrd, MD, and Shane Nho, MD, MS, co-chaired the inaugural, sold out, hip surgical skills course in the new Orthopaedic Learning Center in Rosemont, Illinois, April 10–12. Forty-eight individuals received personalized cadaver skill instruction in hip arthroscopy from some of the premier orthopaedic surgeons in the world. Both the course and new facility received positive reviews.

AOSSM's next surgical skills course at the OLC will take place October 23–25 and will be focused on shoulder surgical techniques. More details and a preliminary program will be available by mid-May on www.sportsmed.org.



Biologics Symposium Held

The AOSSM Research Committee held a symposium on the topic of Biologic Treatments for Sports Injuries on February 28–March 1, 2015, in Colorado Springs. Leading scientists and clinicians gave cutting edge presentations in the general areas of Advancing Stem Cells for Clinical Use, Biologics for Ligament and Tendon Healing and Repair, Augmentation of Rotator Cuff Healing, and Biologics for Cartilage Repair and Regeneration. Links to presentations and discussions (audio synched with slides) are available at www.sportsmed.org/Research/Biologic_Treatments_for_Sports_Injuries_II_Think_Tank.

The meeting was the first phase of the AOSSM Three-Year Research Initiative on Biologics. The second phase will be a grant development workshop on July 8, 2015, in Orlando. This workshop is for those who would like to apply for a \$250,000 grant to be offered later in the year. The purpose of the workshop is to receive feedback on a study concept as well as to ideally form research collaborations

with fellow participants. One must have an abstract accepted for presentation at the workshop in order to apply for the \$250,000 grant. The request for abstracts can be downloaded at www.sportsmed.org. Questions and abstract submissions can be e-mailed to biologics2@aossm.org. Deadline for submissions is May 29, 2015.

Symposium participants included: Adam Anz, MD (The Andrews Institute), Constance Chu, MD (Stanford University), Richard Debski, PhD (University of Pittsburgh), Kathleen Derwin, PhD (Cleveland Clinic), Jason Drago, MD (Stanford University), Denis Evseenko, MD, PhD (UCLA), Lisa Fortier, DVM, PhD (Cornell University), David Frisbie, DVM, PhD (Colorado State University), Andreas Gomoll, MD (Brigham & Women's Hospital), Laurie Goodrich, DVM, PhD (Colorado State University), Philippe Hernigou, MD, PhD (University Paris East), Johnny Huard, PhD (University of Pittsburgh), Robert LaPrade, MD, PhD (Steadman Philippon Research Institute),

Christian Lattermann, MD (University of Kentucky), Christopher Mendias, PhD (University of Michigan), Martha Murray, MD (Boston Children's Hospital), Volker Musahl, MD (University of Pittsburgh), Norimasa Nakamura, MD, PhD (Osaka Health Science University), Bruno Peault, PhD (University of Edinburgh/UCLA), Frank Petrigliano, MD (UCLA), Hollis Potter, MD (Hospital for Special Surgery), Pietro Randelli, MD (University of Milan), Scott Rodeo, MD (Hospital for Special Surgery), Fei Wang, PhD (NIAMS/NIH), and James Wang, PhD (University of Pittsburgh).

GRANT DEVELOPMENT WORKSHOP July 8, 2015

The AOSSM Biologics Research Initiative is supported by a grant from RTI Surgical.

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Kremen Awarded Young Investigator Grant

Congratulations to **Thomas Kremen, MD**, of the Cedars-Sinai Medical Center for being awarded the AOSSM Young Investigators Grant. Dr. Kremen obtained his undergraduate degree in molecular, cellular, and developmental biology from the University of California, Santa Barbara. He attended medical school and orthopaedic surgery residency at the David Geffen School of Medicine at UCLA. After residency, he completed a sports medicine fellowship at Duke University. With the grant funds, he and his collaborator, Dr. Dan Gazit, will be working to further characterize the survival and biodistribution of living transduced mesenchymal stem cells in a model of tendon healing. Although this study will be conducted in rodents, the implementation of this technology is readily translatable for future application in large animal pre-clinical and human clinical studies.



Ardern Receives Kirkley Award

Congratulations to **Clare Ardern, PhD**, for being selected as the 2015 AOSSM Sandy Kirkley Clinical Outcomes Research Grant awardee. Dr. Ardern is an Australian physical therapist who was awarded her PhD in orthopaedic sports medicine in 2013. Her main research interests are the factors that influence participation in sport and physical activity after injury and disease; and developing efficient ways to engage with athletes using Web-based technologies. With new rehabilitation approaches urgently needed to help athletes make the transition back to sport after ACL reconstruction, Dr. Ardern will be analyzing whether a new web-based program to improve confidence and psychological readiness to return to sport, in combination with usual physical therapy, is effective in facilitating a return to sport. Her co-investigator on the project will be AOSSM member, Julian Feller, FRACS.

For more information on AOSSM research grants and awards, visit www.sportsmed.org/research.

2015

AOSSM ANNUAL MEETING





Register Now and Join Us in Orlando

Registration is now open for the AOSSM Annual Meeting in Orlando, July 9–12, 2015. Be sure to download the Preliminary Program at www.sportsmed.org/AnnualMeeting for the latest course details, including:

- 27 instructional courses
- Poster tours with the authors and faculty
- 60 scientific presentations within three concurrent sessions
- Presidential Guest Speaker and sports writer, John Feinstein
- Young Sports Medicine Specialists' Workshop and Research Workshop
- Live surgical demonstrations integrated into the program

Advance registration deadline is June 15. After this date, a \$100 surcharge will be assessed.

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. 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. You can also book directly online. Housing reservation deadline is June 8, 2015. Rooms are guaranteed until this date pending availability. Attendees are encouraged to book early.

Family Fun

Everybody knows about the famous mouse that lives in Orlando but did you know there are an abundance of other activities for families in the area? To begin, you don't even need to leave our meeting hotel to start the fun at the pools at the Hilton and Waldorf Astoria. The lazy river and slides at the Hilton alone will keep the kids entertained and cool in the hot summer sun.

If you are looking for something a little more adventurous take an ecotour in Orlando's only airboat and wildlife park—Wildlife Florida. You'll never forget taking a closer look at alligators and exotic wildlife as you glide through the acres of nature preserve. The swamp is free of any development and is 100 percent pure Floridian wilderness. After an exhilarating airboat tour, enjoy a buffet lunch and then hold a baby alligator. After lunch, explore more wildlife such as bald eagles, turkeys, zebras, and more. Wildlife Florida is approximately a 60-minute ride from the Hilton and Waldorf Astoria. Register in advance for this activity for a special AOSSM rate of \$135/person.

With our prime location, you and your family will also appreciate the easy access to these other fun destinations just a shuttle or taxi cab ride away:

- Universal Studios® Florida
- SeaWorld® Adventure Park
- Walt Disney World® Resort
- Kennedy Space Center including tours of NASA launch and landing facilities

Lastly, don't miss out on our Saturday night family party featuring Florida's hottest show band, The Leonard Brothers, performing hits from classic rock, country, Motown, Top 40, and so much more. This event will be held on the hotel property at the Central Park Gardens and Central Park Ballroom. Music for everyone and dancing highly encouraged! In addition, there will be children's activities available.

Please register in advance and indicate the number of adults and children when registering.

See you in Orlando!





WASHINGTON UPDATE

By Julie Williams, AAOS Senior Manager of Government Relations

House and Senate Pass H.R. 2

In a historic vote, the Senate passed HR 2, The Medicare and CHIP Reauthorization Act by a vote of 92-8 in April. The legislation includes important provisions that will:

- **Repeal the SGR** and end the annual threat to seniors' care, while instituting a 0.5 percent payment update each year for five years. The 0.5 percent payment update is significantly better for physicians than the 10-year payment freeze that was part of an earlier draft last year, which AAOS and other physician groups strongly opposed.
- **Reverse the harmful global payments policy** that was announced in the 2015 Physician Fee Schedule Final Rule by the Centers for Medicare and Medicaid Services (CMS). AAOS has aggressively lobbied Congress to take whatever steps necessary to reverse the CMS decision to eliminate the bundled payment for surgical series that span a 10 and 90-day period and applauds the inclusion of language in H.R. 2 that will do this.
- **Streamline Medicare's existing quality programs** into one value-based performance program. The legislation consolidates the existing Physician Quality Reporting System (PQRS), Value-Based Modifier, and Meaningful Use of Electronic Health Records (EHR) programs, which will remove many of the reporting burdens faced by physicians.
- **Promote collaboration** by allowing professional organizations, physicians, and other relevant stakeholders to identify and submit quality measures and updates to be considered for selection and used in the performance program.
- **Provide greater flexibility** for physicians to meet quality program standards. For example, physician options to qualify for quality measures will include EHRs, qualified clinical data registries maintained by physician specialty organizations, and the option to be assessed as a group, as a "virtual" group, or with an affiliated hospital or facility.
- The legislation also provides \$20 million annually from 2016 to 2020 for technical assistance and to help practices with 15 or fewer professionals improve quality performance or transition to APMs, especially those in rural or underserved areas.
- **Incentivize use of alternative payment models (APMs)** to encourage doctors to focus more on coordination and prevention to improve quality and reduce costs.
- **Expand availability of Medicare data** by allowing qualified clinical data registries to purchase claims data for purposes of quality improvement and patient safety. Qualified Entities will be able to analyze and redistribute Medicare data with a voluntary fee.
- **Clarify "standard of care"** by stipulating that development of any quality or clinical guideline in Medicare or through other laws cannot be construed to establish a standard of care



or duty of care. The AAOS fought hard for this and it is a welcome provision.

- **Address interoperability** by establishing a July 2016 deadline for HHS to develop metrics to quantify progress toward more data-sharing among hospitals and other providers. HHS would have to account for the progress by December 2018.

Orthopaedic surgeons around the country e-mailed, called, and visited members of Congress, urging legislators to understand the importance of repealing the SGR for good. That effort helped achieve this result.

BOS Quality and Patient Safety Action Fund

The BOS Quality and Patient Safety Action Fund's (Action Fund) purpose is to support BOS member organizations' involvement in developing and implementing quality and patient safety initiatives, and related advocacy efforts. Projects that meet prescribed criteria are eligible for AAOS matching funds

up to \$50,000. The Action Fund started accepting applications March 30, 2015, and the first deadline is July 1, 2015. Please submit completed applications and/or any questions to Paul Zemaitis (Zemaitis@aaos.org or 847/384-4315).

Sports Medicine Licensure Clarity Act Introduced in Senate

Senators John Thune (R-SD) and Amy Klobuchar (D-MN) recently introduced H.R. 921, the Sports Medicine Licensure Clarity Act. The bill clarifies that sports medicine professionals who travel outside their primary licensed state to provide care to the athletes will be covered by their medical malpractice insurance. This proposal, supported by the AOSSM, is a top AAOS priority and will be one of the issues for the National Orthopaedic Leadership Conference. The AAOS Office of Government Relations has led a coalition of physician professional societies and professional sports leagues to build support for the bill's passage. It is

supported by the Academy of Neurology, the Academy of Physical Medicine and Rehabilitation, the Medical Society for Sports Medicine, the Osteopathic Association, Physicians Insurance Association of America and the South Dakota Medical Association.

May 20 Deadline for Physicians to Review Open Payments Data Before Public Release

Physicians have until May 20, 2015, to review and dispute reports regarding their financial interactions with drug and medical device manufacturers reported under the Open Payments (Sunshine Act) program. Disputes initiated by May 20 will be flagged as such. CMS states that data can still be disputed after public release, but corrections will be held until the next Open Payments system update.

If you would like information on these or other issues, please contact Julie Williams, AAOS Senior Manager of Government Relations at jwilliams@aaos.org.





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proudly thanks and recognizes the following individuals for their 2014 donation to AOSSM—either directly or designated through OREF—in support of our research and education initiatives.



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UPCOMING MEETINGS & COURSES

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

AOSSM 2015 Annual Meeting

July 9–12, 2015
Orlando, Florida

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

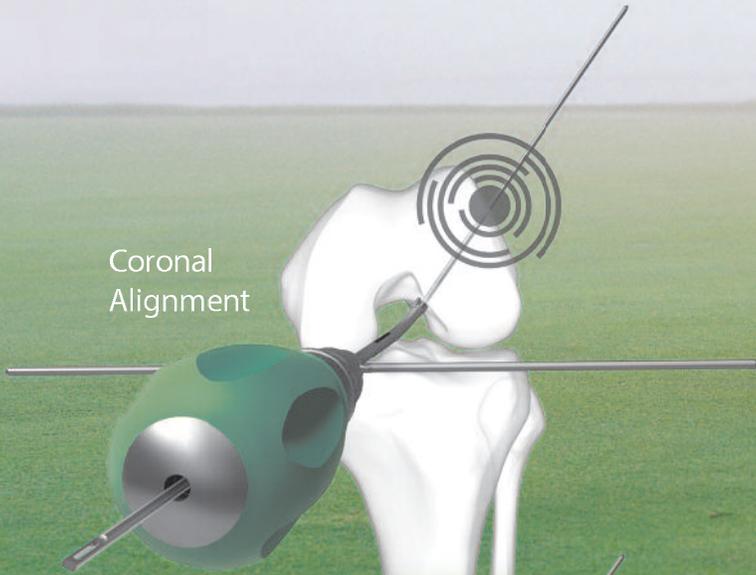


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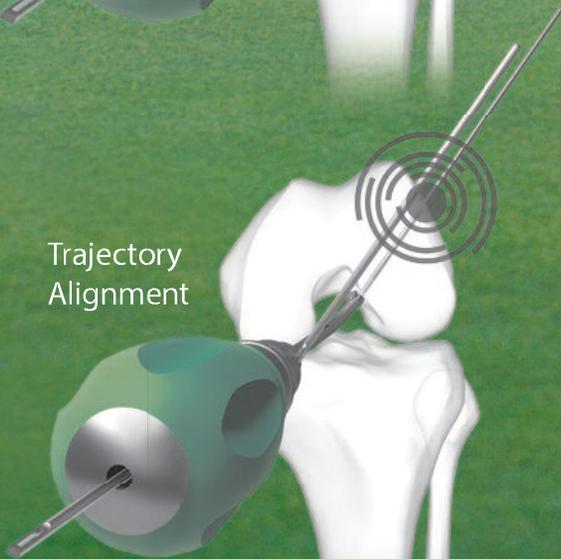
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