

# sportsmedicine

NOVEMBER/DECEMBER 2015

UPDATE

TEAM PHYSICIAN Xs & Os:  
Pregame Medical  
Timeout

Bart Mann Award  
for the Advancement  
of Sports Medicine  
Research

→ **OJSM** in  
← **PubMed**



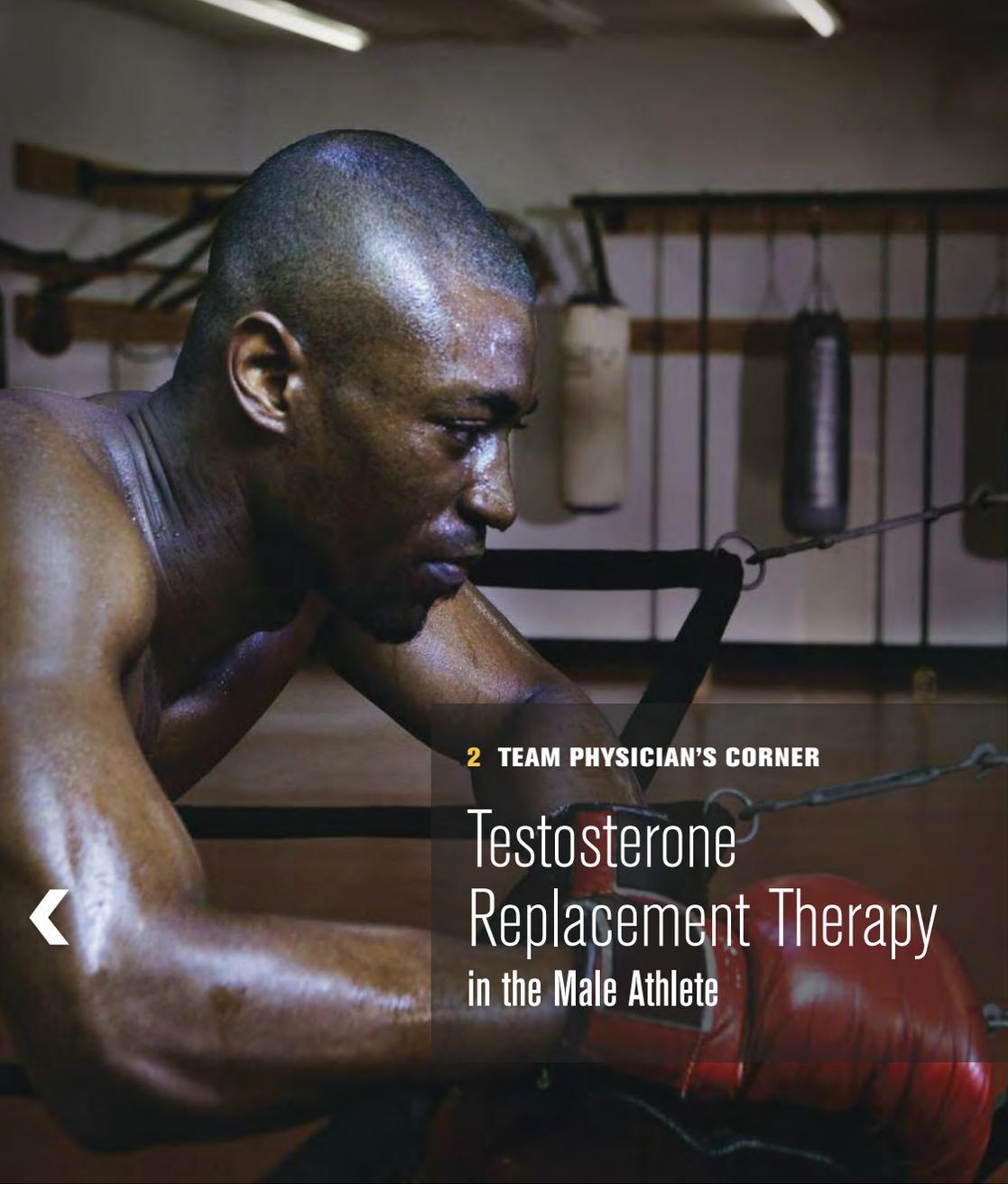
## TESTOSTERONE REPLACEMENT THERAPY

IN THE MALE ATHLETE



AOSSM

[www.sportsmed.org](http://www.sportsmed.org)



## 2 TEAM PHYSICIAN'S CORNER

# Testosterone Replacement Therapy in the Male Athlete

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## CONTENTS NOVEMBER/DECEMBER 2015

- |   |  |   |
|---|--|---|
| <b>1 From the President</b>   | <b>7 Society News</b><br>Big Strides for <i>OJSM</i>                         | <b>13 Washington Update</b>               |
| <b>5 Team Physician Xs &amp; Os</b><br>The Value of a Pregame Medical Timeout | <b>9 Support AOSSM</b>   | <b>14 Education Update</b>                |
| <b>6 STOP Sports Injuries</b>   | <b>12 Research News</b><br>Grant Submissions<br>NIH Study Section Supplement | <b>16 Upcoming Meetings &amp; Courses</b> |

**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](http://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



Each AOSSM president is faced with new opportunities and challenges as the Society and profession continues to grow. I'm pleased to report that during the past several months, the Society's leadership team has taken important new steps to expand the profession and address your interests and needs.

Earlier this year, Representative Pete Sessions (R-TX-32) introduced HR 3014, the Medical Controlled Substances Transportation Act of 2015. The bill is of special interest to AOSSM members and team physicians since it would allow them to transport controlled substances when they travel with a team. AOSSM was invited to testify before the House Energy and Commerce Committee in late October. With the help of Peter Indelicato, MD, Chair of the Team Physician Committee, Carolyn Hettrich, MD, Chair of the Committee on Legislative and Regulatory Affairs (CLRA), and staff, we prepared testimony that I presented before the committee. The AAOS also coordinated a sign-on letter that was circulated to specialties to lend their support. This is important legislation that will need your support, so stay tuned and be prepared to respond when the Council of Delegates or CLRA ask you to contact your congressional representative.

In October, Rob LaPrade, MD, Chair of the Research Committee, led an Early Sport Specialization Workshop at the Orthopaedic Learning Center. The workshop brought together the medical directors of the IOC and NCAA, along with key thought leaders from orthopaedic surgery and other sports medicine professions, to better define the issue and refine our approaches to this widely recognized phenomenon. The topic is complex, and AOSSM is making a unique contribution by helping build a framework for investigating and analyzing the many important variables related to sport specialization, including age, physical development, psychological development, sport, social pressures, benefits, and liabilities.

Also in October, I accompanied a delegation of AOSSM faculty to Cartagena, Columbia, to participate in the eighth international congress of the Columbian Society of Orthopaedic Surgery and Traumatology (SCCOT). AOSSM presented a pre-congress symposia, as well as contributed renowned faculty to participate in the program, including Chuck Bush-Joseph, MD, Brian Cole, MD, Dan Wascher, MD, Michael Freehill, MD, and Ben Ma, MD. The occasion also provided me with an opportunity to reflect on the importance of AOSSM's relationship with the international community. Orthopaedic sports medicine is not just an American

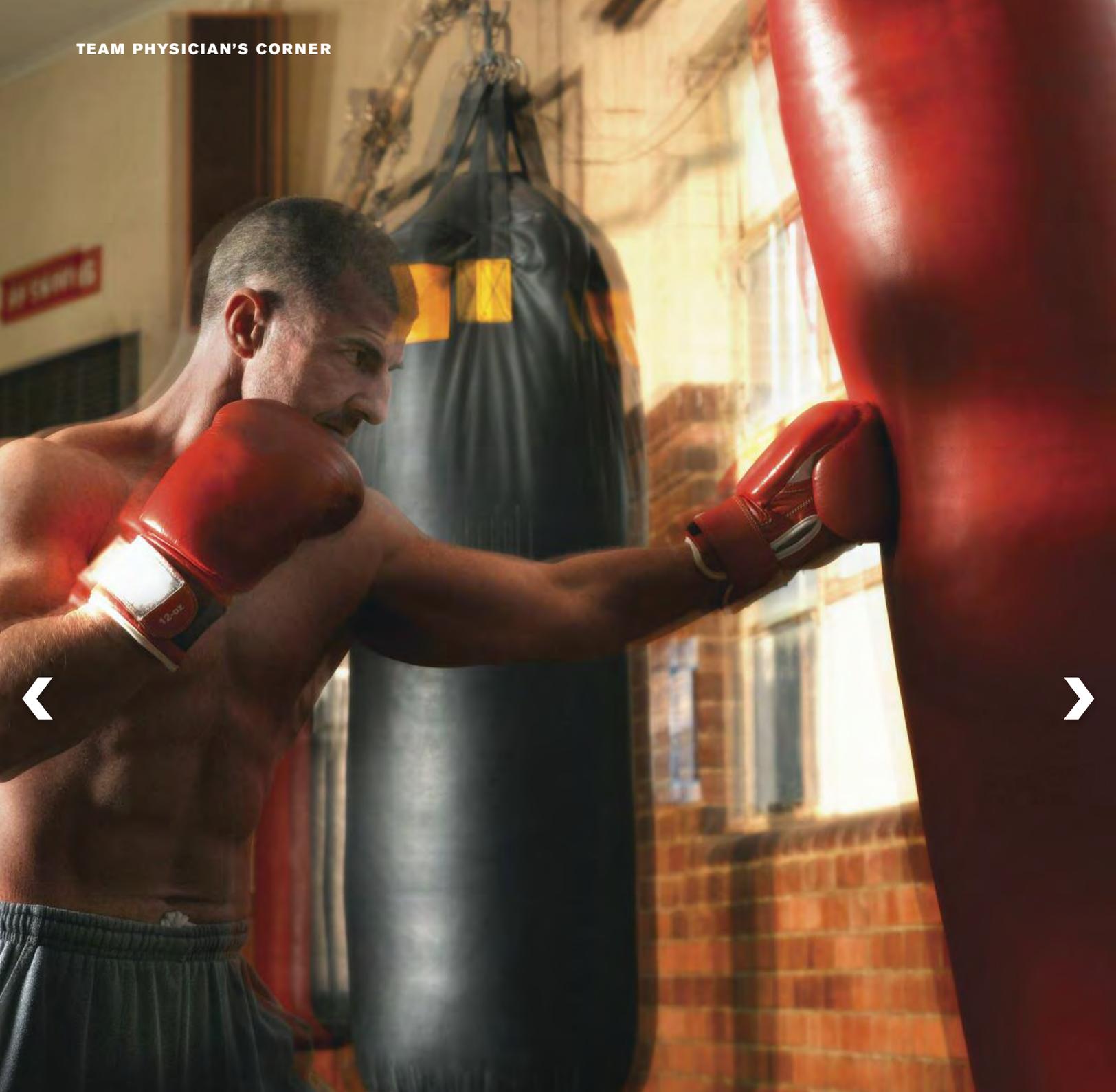
phenomenon, and increasingly the discoveries, publications, and presentations of our colleagues from around the world have helped advance our profession.

In no area has the international flavor of our profession been more apparent than in medical publishing. *AJSM* is widely viewed as the preeminent journal in orthopaedic sports medicine, and on average throughout the past decade, 45 percent of its published manuscripts are from outside the U.S. The success of *AJSM* provided the impetus for AOSSM to launch its online access journal—*Orthopaedic Journal of Sports Medicine (OJSM)*. Though it is just a little more than two years old, *OJSM* recently was accepted into PubMed Central and the Emerging Sources Citation Index by Thompson Reuters. This not only will vastly expand the discoverability of *OJSM* content, but it is a testament to the quality of the journal and more importantly, the quality of the research that is occurring within our profession.

Finally, an unanticipated challenge that the AOSSM leadership is addressing is finding a new executive director to replace Irv Bomberger, who recently announced he will retire at the end of July 2016. Irv has been AOSSM's executive for 20 years, and he wants the opportunity to pursue other personal and professional interests. He is leaving AOSSM in a position of organizational strength and stability, and is providing the leadership with time to prepare for a thoughtful transition so it can continue to prosper in the years ahead. I will be working with a search committee comprised of Ned Amendola, MD, President-Elect, Chuck Bush-Joseph, MD, Vice President, Doug Brown, MD, Past President, and Ben Ma, MD, to lead a nationwide search to find new executive leadership for AOSSM.

I continue to be impressed by the opportunities that are presented to the Society and the profession. I am equally impressed by AOSSM's ability to effectively respond to those issues. AOSSM is a team, and I am privileged to be its leader this year.

Allen Anderson, MD



## Testosterone Replacement Therapy in the Male Athlete

BY MICHAEL J. LEDDY, III, MD



Testosterone supplementation in the United States has increased substantially in the past several years. British studies have reported a doubling of the amount of prescriptions of transdermal testosterone from 2000–2010.<sup>1</sup> As we have made further advances in medical treatment, the average life span of the male population has increased. As men mature, the ability to produce testosterone can decrease. This leads to a condition known as hypogonadism. Due to popularity of this treatment and popular beliefs of secondary benefits, individuals are now being tested at a younger age with the hopes that treatment could lead to better athletic performance.

### **What is testosterone replacement therapy?**

Testosterone replacement therapy is a class of focal replacement in which androgens, such as testosterone, are replaced. It is often prescribed to counter the effects of male hypogonadism. It typically involves the administration of testosterone in one form or another, including cream, gel, patch, or injection.

### **How do testosterone levels deplete?**

Testosterone levels normally peak during adolescence and early adulthood. As one ages testosterone levels usually decline about 1 percent per year after the age of 30 or 40. As levels of testosterone decrease, it is important to determine if this decline is due to normal aging or as a condition of hypogonadism. Hypogonadism is a condition where the body is unable to produce normal amounts of testosterone due to a problem within the testicles or with the pituitary gland that controls the testicles.

### **What are the clinical signs of hypogonadism and low testosterone levels?**

Diagnosis requires assessment of symptoms and signs suggesting low testosterone. These manifestations include low libido, erectile dysfunction, decreased muscle mass and strength, decreased bone mineral density, osteoporosis, mild anemia, gynecomastia, sleep disturbance, hair and skin alterations, decreased vitality and energy, and changes in focus and depression. Many times these symptoms are similar to other conditions that can be associated with the aging process. When considering the diagnosis of hypogonadism, excluding the side effects of medications, sleep apnea, thyroid issues, diabetes, and depression is

important as these conditions will mimic those found with low testosterone. If these are ruled out, a blood test to measure the levels of testosterone is important.

### **What are the benefits of testosterone replacement therapy?**

Testosterone replacement therapy has been shown to increase male libido. This also has been shown to help with erectile dysfunction. Therapy has also been noted to increase strength and bone density to help prevent osteoporosis. There is also evidence that treatments can aid in controlling blood sugar and this could be important in the prevention and control of diabetes. Testosterone was also shown to be beneficial to heart health with lower levels contributing to heart issues. Keeping testosterone levels appropriate may contribute to prevention of cardiovascular disease.

### **What are the risks of testosterone replacement therapy?**

The risks of testosterone replacement therapy are based upon the age, life circumstances, and other medical conditions of the patient undergoing treatment. There is a risk for prostate cancer or potential worsening of benign prostate hypertrophy, liver toxicity, increased sleep apnea, congestive heart failure, gynecomastia, and infertility. Males considering fathering children should not be started on testosterone replacement therapy.<sup>6</sup>

### **Testosterone Replacement Therapy and the Athlete**

Over the past five years, testosterone replacement therapy has been a hot topic in many sports, in particular boxing,

wrestling, and mixed martial arts (MMA). It has also become popular for middle-aged men who are looking for some form of the “fountain of youth” that will allow them to participate in sports at a level they did when they were younger.

Middle-aged men are looking for the “fountain of youth” that will allow them to participate in sports at a level they did when they were younger.

In 1996, an article in the *New England Journal of Medicine* suggested higher than normal testosterone levels could increase muscular size and mass especially when coupled with weight training.<sup>3</sup> In 2003 a second study showed increases in leg muscle strength but had no effect on endurance.<sup>4</sup>

The recent media coverage of testosterone replacement therapy, particularly in MMA, pharmaceutical advertising, and the growing number of sports performance clinics have led to a misconception as to the benefits of athletic performance. Furthermore, there are no studies that show testosterone replacement therapy aids in healing of injuries or surgical interventions.

Nevertheless, testosterone therapy is carefully and closely monitored in professional sporting leagues, as well as the NCAA. Random drug testing looks for specific levels of testosterone in athletes

and what is expected to be an appropriate level. Levels that are higher than normal can lead to suspensions and fines. Many feel that the use of testosterone replacement therapy gives an advantage to athletes in sports such as MMA and boxing where it is not as closely regulated or monitored. It is thought that athletes benefit from increased strength, speed, and endurance. In the past year, there have been highly publicized cases where mixed martial artists have had their licenses stripped due to replacement therapy in states that do not recognize or allow testosterone replacement therapy. Recently, both the Nevada State Athletic Commission and the California State Athletic Commission have issued bans on the use of testosterone replacement therapy in competing athletes. They have both also recommended other states follow with similar bans.

## Conclusion

Testosterone therapy replacement appears to be beneficial to those suffering from hypogonadism. However, it is unclear whether testosterone therapy has any benefit to males who are otherwise healthy. There is an unproven belief that these therapies will make individuals feel younger and more active, to allow them to perform better during athletic events.



Many times these statements are offered by pharmaceutical advertisements and clinics where secondary financial gain is important. Nonetheless, as of September 2014, testosterone replacement therapy has been under review for appropriateness and safety by the FDA due to the “potential for adverse cardiovascular outcomes.” As

of early 2015, the FDA stated that neither the benefits nor the safety of testosterone have been established for low testosterone levels.<sup>7</sup> Anyone who is considering testosterone replacement therapy should have a complete physical by a physician and a discussion about the goals and risks of therapy.

## References

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2. Harman SM, Metter EJ, Tobin JD, Pearson J, Blackman MR. Longitudinal effects of aging on serum total and free testosterone levels in healthy men. Baltimore Longitudinal Study of Aging. *J Clin Endocrinol Metab*. 2001. Feb;86(2):724-31.
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7. FDA evaluating risk of stroke, heart attack and death with FDA-approved testosterone products. U.S. Food and Drug Administration.

# The Value of a Pregame Medical Timeout

By Lee Diehl, MD



**There is a common saying “hope for the best and prepare for the worst” and an adjunct expression often used is “proper preparation prevents poor performance.”**

The process of preparation is at the core of what we do serving as team physicians and providers of sports medicine event coverage. Those of us who have had the opportunity to participate in the care of athletes across a broad spectrum from club and high school through the professional and Olympic level, recognize and have often witnessed first-hand the variability of available resources.

The NCAA Sports Medicine Handbook directs member schools to have in place an emergency plan for “each scheduled practice or contest of an institution-sponsored inter-collegiate athletics event, and all out-of-season practices and skills sessions.” First drafted in 1977 and updated periodically over the decades, the Handbook serves as an outline for emergency preparation and is now a living document.<sup>1</sup> Some suggested components of emergency action plans (EAP) include:

- The presence of people qualified to render emergency care
- Appropriate communication plans and devices to coordinate emergency services
- Access to a physician and medical facility when needed
- Access to early defibrillation and other necessary emergency equipment, which needs to be in good working order and on which personnel have been trained in advance
- Inclement weather policies and evacuation plans

Member schools are also expected to keep EAPs on file for each athletic venue they maintain.

This past year a group of team physicians and athletic trainers from the Colonial Athletic Association (CAA) worked to formalize conference “Pregame Medical Timeout” procedures. In the interest of player health and safety, the CAA Sports Medicine Committee recommended that the medical staffs of competing institutions convene a “Pregame Medical Timeout” prior to the start of any contest. The intent of the meeting is to review appropriate medical procedures that will be utilized during the contest. Attendees should include the medical staff from both institutions, on-site EMT personnel, and host facility game management staff if possible.

We suggested meeting around 40 minutes prior to the start of football or basketball games and as deemed appropriate for other sports/competitions. Often these other sports—soccer, lacrosse, baseball, swimming, track and field, etc.—may have a lower profile and fewer assigned personnel, making this meeting especially important. Specific items the committee recommended be included in the “Pregame Medical Timeout” were the following:

- 1 Resources**—The host team should provide the visitors a resource card or pamphlet identifying the local trauma hospital, pharmacy, what X-ray arrangements were available, and any other pertinent medical information. A host medical contact person should be identified and introduced to the visiting medical staff.
- 2 Facility**—Review of the design and layout of the facility including the location of services and the emergency transport plan to exit the facility.

- 3 Process**—Discuss and coordinate with the on-site EMT, the services and protocols they will provide for the injured athlete. Everyone should clearly understand the process to be followed in advance of any incident.
- 4 Pharmacy**—Prior to the game, identify a preferred pharmacy that would be willing to fill prescriptions as needed after the game, and alert them of the unique circumstances that may be involved with the visiting athlete. Ideally, this pharmacy would be close to the campus and have after hours capability as some games may end after regular business hours.
- 5 Transport**—The host should be prepared to offer transportation assistance for the visiting medical staff to ease transportation logistics for the visiting team’s departure, if needed.

Reading through these suggested timeout points, you’ll recognize their focused applicability to modern inter-collegiate athletics. However, regardless of what level of athletic event coverage you are helping to provide, understanding your resources, having a plan, and keeping in mind the value of a pre-competition medical timeout will serve you well in optimizing care of your athletes.

#### Reference

1. [www.ncaapublications.com](http://www.ncaapublications.com)



## Keep Sports Safety on Athletes' Holiday Wish List

The approach of winter means a new slate of sports are starting up, and young athletes should be aware of conditions when training, practicing, and playing outside. Be sure to let them know about [www.STOPSportsInjuries.org](http://www.STOPSportsInjuries.org) as a source of injury prevention tips and materials, and share the link for tips on staying safe in their specific sports, like basketball, hockey, and swimming.

**Reminder:** AOSM will be discontinuing the print versions of our STOP tip sheets on December 31. All electronic materials will still be available and are updated regularly. If you'd like to order any materials, please visit [www.stopsportsinjuries.org](http://www.stopsportsinjuries.org) or [www.sportsmed.org](http://www.sportsmed.org).

### Contribute to Sports Safety in Just 140 Characters

Join other medical professionals, parents, and coaches in our monthly #SportsSafety tweet chats, aimed to both help peers learn new perspectives, as well as educate the public on best practices for keeping young athletes safe. Our upcoming chats include:



**ACL Injuries and Treatment in Young Athletes**

November 11 at 9 PM ET

**Perceptions and Barriers in Youth Sports**

December 9 at 9 PM ET

### 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](http://www.STOPSportsInjuries.org) and click "Join Our Team" to submit an application!

**Professional Health Organizations**

**Alberta Alpine Ski Association**  
Canmore, Alberta, Canada

**Medical Institutions**

**Children's Health**  
Dallas, Texas

**Texas Spine & Joint Hospital**  
Tyler, Texas

**Sports and Recreation Organizations**

**Be Healthy Personal Trainer**  
Somerset, New Jersey

**Diamond Kings Baseball and Softball**  
Bristol, Connecticut

**Power Yoga For Sports**  
Stamford, Connecticut

**Società Ginnastica Concordia**  
Chivasso, Italy

**Sports Medicine Practices**

**Brittian Chiropractic Center, PLLC**  
Winston-Salem, North Carolina

**Flagstaff Bone and Joint**  
Flagstaff, Arizona

**Loomis Physical Therapy & Sports Medicine**  
Loomis, California

**New Jersey Orthopedic Institute**  
Wayne, New Jersey

**OhioHealth Sports Medicine**  
Columbus, Ohio

**Performance Orthopaedic & Sports Therapy**  
Saint Louis, Missouri

**PhysioWorks, Sports and Wellness, Inc.**  
Huntsville, Alabama

**Sports & Orthopaedic Specialists**  
Edina, Minnesota

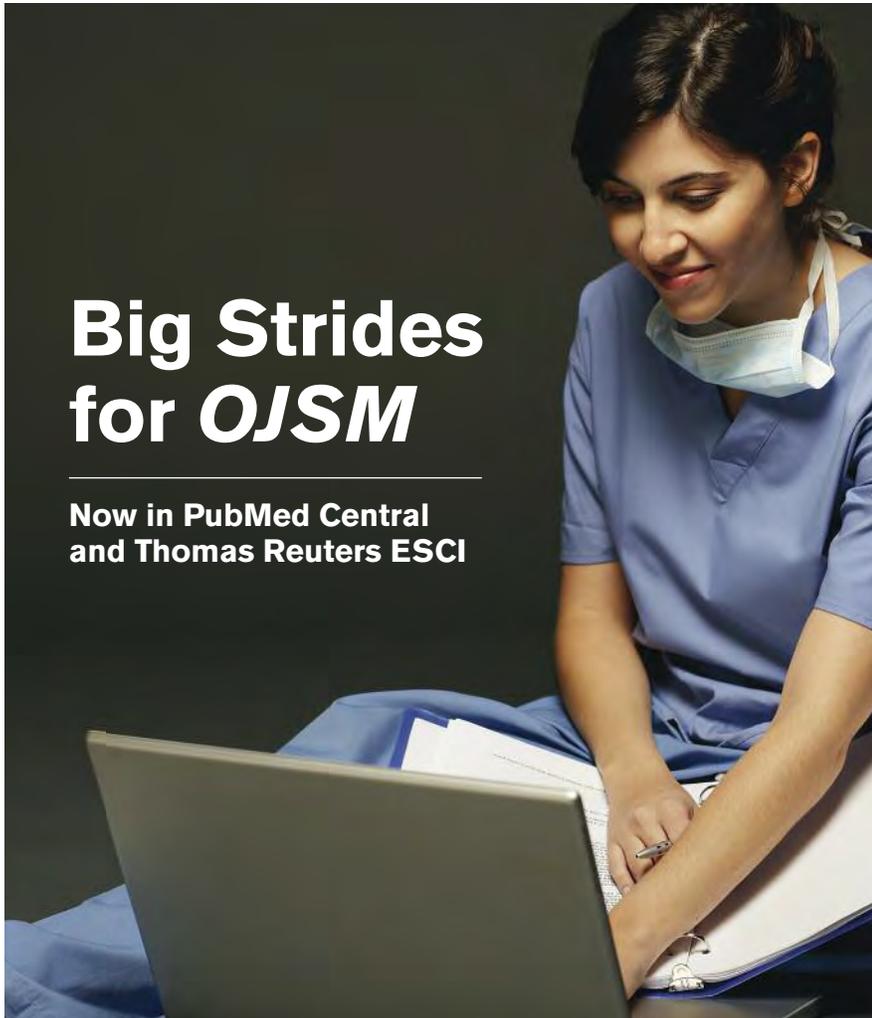
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STOP Sports Injuries thanks the following companies for their continued support:



## Big Strides for *OJSM*

Now in PubMed Central  
and Thomas Reuters ESCI



*The Orthopaedic Journal of Sports Medicine (OJSM)* is now listed in PubMed Central! Inclusion in this listing allows for added discoverability of not only the journal but the content itself through this National Library of Medicine–owned database. All previously published content as well as all articles moving forward will be included in the listing. Additionally, *OJSM* has been selected for inclusion in the new Emerging Sources Citation Index (ESCI) from Thomson Reuters. This index is a precursor to receiving an Impact Factor, and journals included will be fully searchable, discoverable, and citable through the Web of Science collections. For more information on *OJSM* or to submit a manuscript, visit [www.ojasm.org](http://www.ojasm.org).

## AOSSM Executive Director Retiring

Irv Bomberger has announced that he is retiring, effective August 1, 2016. After 20 years as executive director, Irv wants to relinquish his responsibilities at a time of organizational strength and stability so the Society can transition to new staff leadership and so that he can pursue other personal and professional interests. In his letter to the leadership Irv stated, “I was fortunate to work with many extraordinary AOSSM leaders and staff who oversaw tremendous growth of the Society. I am grateful for the opportunities and support afforded me, and I am excited for the Society’s continued growth under the current leadership and the next executive.”

The AOSSM leadership has outlined a strategy and process for finding Irv’s replacement. In the interim, Irv will continue overseeing AOSSM’s operations and working with the leadership, staff, and ultimately the new executive so the Society enjoys a smooth transition.

*“I am grateful for the opportunities and support afforded me, and I am excited for the Society’s continued growth under the current leadership and the next executive.”*

## OMeGA Fellowship Grants Available

OMeGA Medical Grants Association (OMeGA) is accepting applications for 2016–2017 fellowship grants. Grants up to \$75,000 support clinical fellowship programs in all nine orthopaedic subspecialty categories and may be used for fellow salaries, benefits, and educational expenses. The application period closes Tuesday, December 8, 2015, 5 p.m. CST. For more information and details visit [www.omegamedicalgrants.org](http://www.omegamedicalgrants.org).

# \$75,000

for fellow salaries, benefits,  
and educational expenses

### Join the Sports Safety Conversation

Join in on our youth sports injury prevention TweetChats held monthly the second Wednesday of the month at 9 PM ET/8 PM CT at #SportSafety.

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

#### Facebook

- [Facebook.com/AOSSM](https://www.facebook.com/AOSSM)
- [Facebook.com/American-Journal-of-Sports-Medicine](https://www.facebook.com/American-Journal-of-Sports-Medicine)
- [Facebook.com/SportsHealthJournal](https://www.facebook.com/SportsHealthJournal)
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- [Facebook.com/TheOJSM](https://www.facebook.com/TheOJSM)

#### Twitter

- [Twitter.com/AOSSM\\_SportsMed](https://twitter.com/AOSSM_SportsMed)
- [Twitter.com/Sports\\_Health](https://twitter.com/Sports_Health)
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- [Twitter.com/AJSM\\_SportsMed](https://twitter.com/AJSM_SportsMed)
- [Twitter.com/OJSM\\_SportsMed](https://twitter.com/OJSM_SportsMed)



### 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](mailto:lisa@aossm.org). High resolution (300 dpi) photos are always welcomed.



## HOST A TRAVELING FELLOW

The Traveling Fellowship Committee is looking for volunteers to host the 2016 North American tour. Deadline for volunteering is December 31, 2015. For more information and to submit your host application visit [www.sportsmed.org/Education/Traveling\\_Fellowship/Traveling\\_Fellowship](http://www.sportsmed.org/Education/Traveling_Fellowship/Traveling_Fellowship) or e-mail Debbie Czech, Membership Manager, at [Debbie@aossm.org](mailto:Debbie@aossm.org).

## Nominate a Mentor or Colleague for AOSSM Hall of Fame

Do you know of an outstanding mentor or colleague who belongs in the AOSSM Hall of Fame? Applications and details are now available at [www.sportsmed.org](http://www.sportsmed.org). Deadline for submissions is January 15, 2016.

## New Education Staff

AOSSM is pleased to announce that Julie Ducey joined the Education Department in late October as the Manager, Continuing Medical Education. Julie will be responsible for the Society's Annual Meeting and Specialty Day scientific programs along with sports specific courses. Before accepting this position, Julie was the Education Program Manager for the American Society of Plastic Surgeons and the Meetings and Education Coordinator at the Congress of Neurological Surgeons. In both of these positions, she was responsible for the scientific content of each organizations' annual meeting, including managing the abstract submission, review and selection process, developing agendas, overseeing faculty invitations and working with the program committees.

Julie currently resides in Elmhurst, Illinois. She graduated from Michigan State University with a Bachelor of Science in Business with an emphasis in Marketing and Transportation. Julie can be reached at [julie@aossm.org](mailto:julie@aossm.org).

### In Memoriam

The following members passed away in 2015:

- |                      |                         |
|----------------------|-------------------------|
| Leslie M. Bodnar, MD | Benjamin S. Shaffer, MD |
| Timothy M. Hosea, MD | Bruce R. Stivers, MD    |
| Ralph T. Lidge, MD   |                         |





# WHAT INSPIRES MEMBERS TO **SUPPORT AOSSM** *each year?*

Most AOSSM members experience enormous gratification from their practices each and every day. To be able to serve in a pivotal role that helps patients return to the game and/or their everyday lives, is incredibly rewarding.

It's important that we all keep in mind that the clinical and surgical solutions we utilize daily, have emanated from rigorous research initiatives that yielded good science, the results of which have led to countless advancements in the profession.

Although research is time-intensive and requires significant financial resources, it is integral to the continued growth and integrity of our profession, and essential for us to continue to meet the increasing needs and challenges of our expanding patient population.

Giving back through a donation to AOSSM presents you with the opportunity to demonstrate your appreciation for the impact of past research, as you invest in future research that will positively impact your profession and the lives of those you treat.



Patti Kolowich, MD, an active AOSSM member and longtime donor, shares her insights on investing in AOSSM research, and how these strategic investments make a profound impact in advancing the profession and enhancing patient care.

*"Like you, I take great pride and satisfaction in the advances in treatment of our patients derived from AOSSM-funded research. Please make a tax-deductible contribution to AOSSM's 2015 Individual Giving Campaign to foster research designed to answer important clinical questions.*

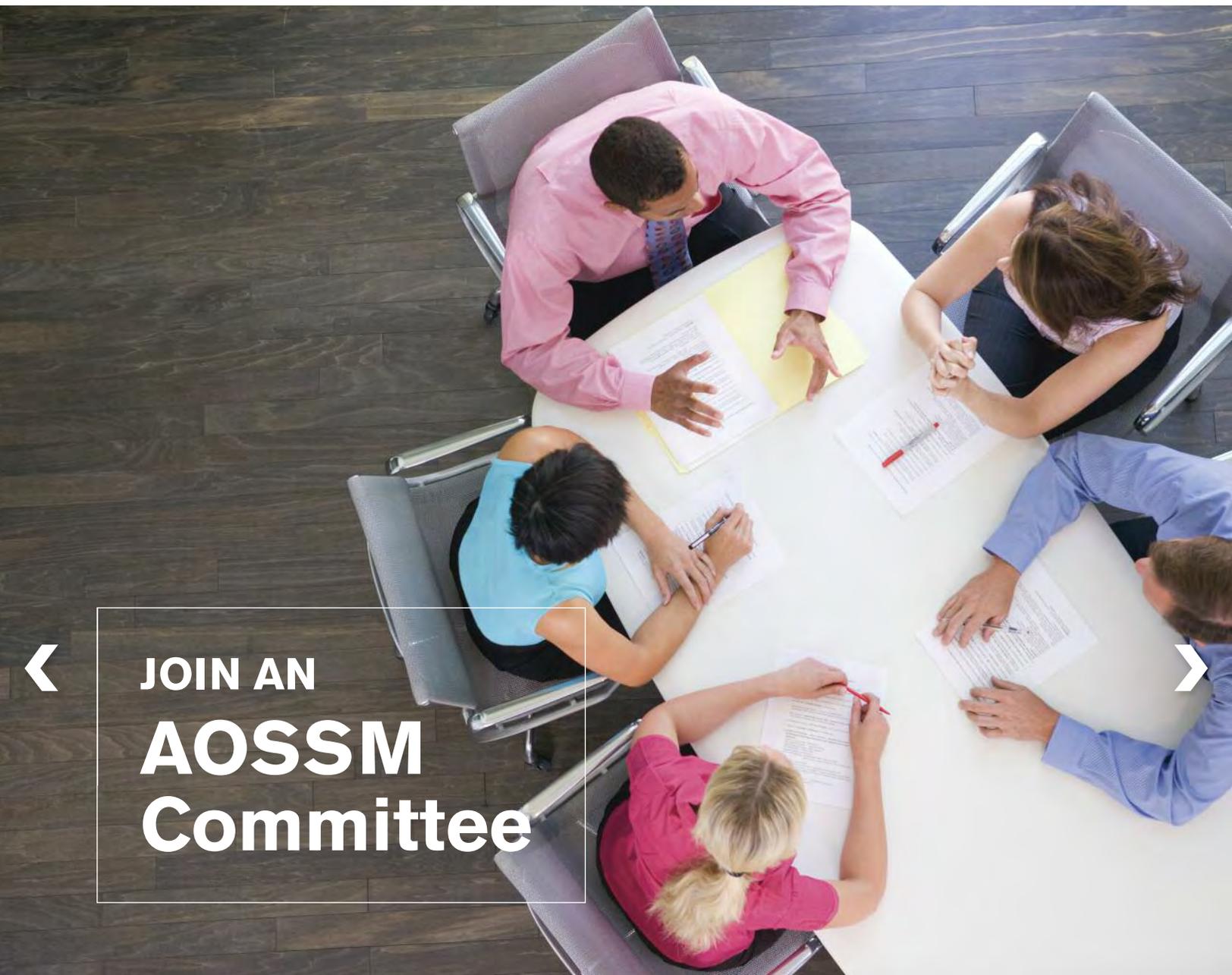
*Your donation, along with those of our colleagues, allows the Society to support rigorous science to broaden the base of orthopaedic sports medicine knowledge.*

*The Research Mentoring Program, Young Investigator Grants, Sandy Kirkley Clinical Outcome Research Grants, and HA Predictor Study reflect just a few of the initiatives that have been funded through the years, thanks to support from members like you.*

*These projects, along with many others, contribute to the Society's continued success in developing and strengthening our professional growth to ensure we are well equipped to serve the increasing and diverse needs of our patients."*

Be a part of our team by stepping up to make an investment this year, knowing that 100% of your contribution will be used to fund a priority AOSSM research project. **Make your tax-deductible donation using either the envelope in this issue of SMU or by visiting: [www.sportsmed.org/About/Individual\\_Giving](http://www.sportsmed.org/About/Individual_Giving).**





# JOIN AN AOSSM Committee

Every year, AOSSM accepts new volunteers to serve on its standing committees. These volunteer committees are the essence of AOSSM and provide guidance for Society programs and projects. Those who join committees not only heighten their experience as an AOSSM member, but form ties of fellowship with their colleagues that can last a lifetime. Because different committees work so closely with each other to help accomplish the Society's mission, participating in a committee is an excellent way to see how AOSSM develops its meetings, courses, publications, and other resources. Although requirements and duties vary by committee, volunteers must be able to attend regular committee meetings, which are

typically scheduled in conjunction with Specialty Day each spring and the AOSSM Annual Meeting each summer.

All membership categories are eligible to serve on AOSSM Committees. Term of service is a four-year non-renewable term. Appointment of volunteers to the Society's standing committees is made by the Committee on Committees, which meets in the spring of each year. Volunteers will be notified if they have been selected by May 2016.

**If you are interested in serving on an AOSSM committee, visit [www.sportsmed.org](http://www.sportsmed.org) to fill-out the online form by February 1, 2016. Questions? Contact Camille Petrick at [camille@aossm.org](mailto:camille@aossm.org).**



# Orthopaedic Sports Medicine and Arthroscopy Match



AANA and AOSSM are pleased to announce that the following sports medicine/arthroscopy fellowship programs are participating in the Orthopaedic Sports Medicine and Arthroscopy Match for 2016.

## **Allegheny General Hospital Program**

Sam Akhavan, MD  
Pittsburgh, PA

## **American Sports Medicine Institute (St. Vincent's) Program**

Jeffrey R. Dugas, MD  
Birmingham, AL

## **Andrews Research and Education Foundation**

James R. Andrews, MD  
Gulf Breeze, FL

## **Aria Health Program**

Arthur R. Bartolozzi, MD  
Langhorne, PA

## **ASMI/Trinity/Lemak Sports Medicine Program**

Lawrence J. Lemak, MD  
Birmingham, AL

## **Banner Good Samaritan Medical Center Program**

Evan S. Lederman, MD  
Phoenix, AZ

## **Barton/Lake Tahoe Sports Medicine Fellowship Program**

Keith R. Swanson, MD  
Zephyr Cove, NV

## **Baylor College of Medicine Program**

David M. Green, MD  
Houston, TX

## **Beacon Orthopaedic Research & Education Foundation, Inc. Program**

Timothy E. Kremchek, MD  
Sharonville, OH

## **Boston University Medical Center Program**

Robert Nicoletta, MD  
Boston, MA

## **Brigham & Women's Hospital, Harvard Medical School Program**

Scott D. Martin, MD  
Chestnut Hill, MA

## **Brown University Program**

Paul D. Fadale, MD  
Providence, RI

## **Children's Hospital (Boston) Program**

Lyle J. Micheli, MD  
Boston, MA

## **Cincinnati Sports Medicine & Orthopaedic Center Program**

Frank R. Noyes, MD  
Cincinnati, OH

## **Cleveland Clinic Foundation Sports Medicine Program**

Lutal D. Farrow, MD  
Cleveland, OH

## **Congress Medical Associates Program**

Gregory J. Adamson, MD  
Pasadena, CA

## **Detroit Medical Center Program**

Stephen E. Lemos, MD, PhD  
Warren, MI

## **Doctors Hospital/UH Sports Medicine Institute Program**

John W. Uribe, MD  
Coral Gables, FL

## **Duke University Hospital Program**

Dean C. Taylor, MD  
Durham, NC

## **Emory University Orthopaedic Sports Medicine Fellowship Program**

Spero G. Karas, MD  
Atlanta, GA

## **Fairview Southdale Hospital/MOSMI Program**

Christopher M. Larson, MD  
Minneapolis, MN

## **Henry Ford Hospital/Wayne State University Program**

Patricia A. Kolowich, MD  
Detroit, MI

## **Hoag Orthopaedic Institute Sports Medicine Fellowship Program**

Carlos A. Prietto, MD  
Irvine, CA

## **Hospital for Special Surgery/Cornell Medical Center Program**

Anil S. Ranawat, MD  
New York, NY

## **Hughston Foundation Program**

Champ L. Baker, Jr., MD  
Columbus, GA

## **Indiana University School of Medicine Program**

Arthur C. Rettig, MD  
Indianapolis, IN

## **Jackson Memorial Hospital/Jackson Health Systems Program**

Michael G. Baraga, MD  
Miami, FL

## **Kaiser Permanente Southern California (Orange County) Program**

Brent R. Davis, MD  
Irvine, CA

## **Kaiser Permanente Southern California (San Diego) Program**

Najeeb Khan, MD  
El Cajon, CA

## **Kerlan-Jobe Orthopaedic Clinic Program**

Neal S. ElAttrache, MD  
Los Angeles, CA

## **Massachusetts General Hospital/Harvard Medical School Program**

Matthew T. Provencher, MD  
Boston, MA

## **Mayo Clinic (Rochester), College of Medicine Program**

Michael J. Stuart, MD  
Rochester, MN

## **Methodist Hospital (Houston) Program**

David M. Lintner, MD  
Houston, TX

## **Mississippi Sports Medicine & Orthopaedic Center Program**

Larry D. Field, MD  
Jackson, MS

## **New England Baptist Hospital Program**

Mark E. Steiner, MD  
Boston, MA

## **New Mexico Orthopaedics Program**

Samuel K. Tabet, MD  
Albuquerque, NM

## **Northwestern University-McGaw Medical Center Fellowship Program**

Michael A. Terry, MD  
Chicago, IL

## **NSLIJ/Hofstra North Shore-LIJ School of Medicine at Lenox Hill Hospital Program**

Barton Nisonson, MD  
New York, NY

## **NYU Hospital for Joint Diseases**

Laith M. Jazrawi, MD  
New York, NY

## **Ochsner Clinic Foundation Program**

Deryk G. Jones, MD  
Jefferson, LA

## **Ohio State University Hospital Program**

Christopher C. Kaeding, MD  
Columbus, OH

## **Orlando Health**

Daryl C. Osbahr, MD  
Orlando, FL

## **OrthoCarolina Sports Medicine, Shoulder & Elbow Program**

James E. Fleischli, MD  
Charlotte, NC

## **OrthoIndy Program**

Jack Farr, II, MD  
Greenwood, IN

## **Orthopaedic Research of Virginia Program**

Shannon Wolfe, MD  
Richmond, VA

## **Penn State Milton S. Hershey Medical Center Program**

Wayne J. Sebastianelli, MD  
State College, PA

## **Pennsylvania Hospital of the University of Pennsylvania Ortho Sports Medicine Program**

Brian J. Sennett, MD  
Philadelphia, PA

## **Rush University Medical Center Program**

Bernard R. Bach, Jr., MD  
Chicago, IL

## **San Diego Arthroscopy & Sports Medicine Program**

James P. Tasto, MD  
San Diego, CA

## **Santa Monica Orthopaedic & Sports Medicine Group Program**

Bert R. Mandelbaum, MD  
Santa Monica, CA

## **SOAR Sports Medicine Fellowship Program**

Michael F. Dillingham, MD  
Redwood City, CA

## **Southern California Orthopaedic Institute Program**

Richard D. Ferkel, MD  
Van Nuys, CA

## **Sports Clinic Laguna Hills Program**

Wesley M. Nottage, MD  
Laguna Hills, CA

## **Stanford Orthopaedic Sports Medicine Fellowship Program**

Marc R. Safran, MD  
Redwood City, CA

## **Steadman Hawkins Clinic-Denver Program**

Theodore F. Schlegel, MD  
Greenwood Village, CO

## **Steadman Hawkins Clinic of the Carolinas Program**

Richard J. Hawkins, MD, FRCS  
Greenville, SC

## **Steadman Philippon Research Institute Program**

Marc J. Philippon, MD  
Vail, CO

## **Taos Orthopaedic Institute and Research Foundation Program**

James H. Lubowitz, MD  
Taos, NM

## **The Orthopaedic Foundation for Active Lifestyles Sports Medicine Fellowship**

Kevin D. Plancher, MD  
Stamford, CT

## **Thomas Jefferson University Program**

Michael G. Ciccotti, MD  
Philadelphia, PA

## **TRIA Orthopaedic Center Program**

Gary B. Fetzer, MD  
Bloomington, MN

## **UCLA Medical Center Program**

David R. McAllister, MD  
Los Angeles, CA

## **Union Memorial Hospital Program**

Richard Y. Hinton, MD, MPH, MEd, PT  
Baltimore, MD

## **University at Buffalo Program**

Leslie J. Bisson, MD  
Buffalo, NY

## **University of California (Davis) Program**

James Van den Bogaerde, MD  
Sacramento, CA

## **University of California San Francisco Program**

Brian T. Feeley, MD  
San Francisco, CA

## **University of Chicago**

Sherwin S.W. Ho, MD  
Chicago, IL

## **University of Cincinnati Medical Center Inc.**

Angelo J. Colosimo, MD  
Cincinnati, OH

## **University of Colorado Health Science Center Program**

Eric C. McCarty, MD  
Boulder, CO

## **University of Connecticut Program**

Robert A. Anciero, MD  
Farmington, CT

## **University of Illinois at Chicago-Center for Athletic Medicine Program**

Preston M. Wolin, MD  
Chicago, IL

## **University of Iowa Hospitals & Clinics Program**

Carolyn M. Hettrich, MD, MPH  
Iowa City, IA

## **University of Kentucky Sports Medicine Program**

Scott D. Mair, MD  
Lexington, KY

## **University of Massachusetts Program**

Brian D. Busconi, MD  
Worcester, MA

## **University of Michigan Program**

Bruce S. Miller, MD, MS  
Ann Arbor, MI

## **University of Missouri at Kansas City Program**

Jon E. Browne, MD  
Leawood, KS

## **University of Missouri-Columbia School of Medicine Program**

James P. Stannard, MD  
Columbia, MO

## **University of New Mexico Program**

Daniel C. Wascher, MD  
Albuquerque, NM

## **University of Pittsburgh/UPMC Medical Education Program**

Volker Musahl, MD  
Pittsburgh, PA

## **University of Rochester Medical Center Program**

Michael D. Maloney, MD  
Rochester, NY

## **University of South Florida Morsani Program**

Charles C. Nofsinger, MD  
Tampa, FL

## **University of Tennessee-Campbell Clinic Program**

Frederick M. Azar, MD  
Memphis, TN

## **University of Texas Health Science Center at Houston Sports Medicine Fellowship**

Walter R. Lowe, MD  
Houston, TX

## **University of Texas Health Science Center at San Antonio Program**

Jesse C. DeLee, MD  
San Antonio, TX

## **University of Utah Program**

Patrick E. Greis, MD  
Salt Lake City, UT

## **University of Virginia Program**

Stephen F. Brockmeier, MD  
Charlottesville, VA

## **University of Wisconsin Program**

John F. Orwin, MD  
Madison, WI

## **USC Sports Medicine Fellowship Program**

James E. Tibone, MD  
Los Angeles, CA

## **Vanderbilt University Program**

Charles L. Cox, III, MD  
Nashville, TN

## **Wake Forest University School of Medicine**

Cristin M. Ferguson, MD  
Winston Salem, NC

## **Washington University Program**

Matthew J. Matava, MD  
Chesterfield, MO

## **William Beaumont Hospital Program**

Kyle Anderson, MD  
Royal Oak, MI





### Early Sports Specialization Workshop Engages Multi-Disciplinary Community

In early October, AOSSM assembled a group of 17 leading sports medicine specialists from around the world for an intensive one-day workshop to define and discuss the issue of early sports specialization and the science needed to better understand its ramifications to athletic youth.

Many disciplines were represented, including athletic training, physical therapy, epidemiology, and orthopaedic surgery. The forum was a unique opportunity for the sports medicine community to identify and understand the current evidence for and against early sports specialization, develop next steps, and encourage multicenter and multi-disciplinary research studies to advance the field. The workshop was captured and more detailed outcomes will be shared in the near future. For more information, e-mail Kevin Boyer, AOSSM Research Director, at [kevin@aossm.org](mailto:kevin@aossm.org).



### Research Grant Submissions Now Being Accepted

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 final submission deadline is December 1, 2015.

Applications are also being accepted for the **AOSSM/Sanofi Biosurgery Osteoarthritis (OA)** grant which provides \$50,000 to support either a clinical research study or a lab/basic science project related to OA and/or prevention of OA progression.

**For complete application details on all of these opportunities visit [www.sportsmed.org/research](http://www.sportsmed.org/research).**

### NIH STUDY SECTION SUPPLEMENT

AOSSM is now accepting applications for the newly created Bart Mann Award for the Advancement of Sports Medicine Research. The award, in honor of AOSSM's first Director of Research, Bart Mann, will be awarded to five AOSSM members to support service to the sports medicine research profession, as well as their professional development, for serving as first-time grant application reviewers on an NIH study section. To apply, please send an e-mail to Kevin Boyer, AOSSM Research Director, at [kevin@aossm.org](mailto:kevin@aossm.org) detailing your interest in serving on an NIH study section along with a current CV.





## **AOSSM Testifies Before Congressional Committee**

Dr. Alan Anderson, AOSSM president, testified before Congress on October 20 on HR 3014, the Medical Controlled Substances Transportation Act. It provides a physician who is traveling with a team to transport small quantities of a controlled substance to a practice setting other than the physician's own or to a disaster area. Currently, it is illegal for team doctors to transport critical medications that might be needed for pain control or emergency management of significant medical injuries while travelling with their teams. This is highly problematic for athletic team physicians who need the ability to maintain a limited supply of controlled substances for those instances where a player is injured during games that are away from home.

## **Reconciliation Targets the Affordable Care Act**

The House Energy and Commerce Committee approved budget reconciliation language blocking federal funds to Planned Parenthood for one year and rescinding unused funds from the Affordable Care Act's (ACA) Prevention and Public Health Fund. The measure is just one piece of House Republicans' larger strategy to repeal Obamacare and defund Planned Parenthood through the reconciliation process. The Ways and Means and Education and Workforce Committees also approved their pieces of the bill that the House Budget Committee is expected to take up. When the pieces are put together, the reconciliation bill will also repeal the ACA's individual and employer mandates, the Independent Payment Advisory Board (IPAB), taxes on medical devices and on high-cost employer health plans, and the requirement for large companies to auto-enroll their employees in health coverage. Budget reconciliation is a fast-track budget

measure that only needs 51 votes to clear the Senate, but President Obama would certainly veto it.

## **ICD-10 Resources**

A recent poll by SERMO, the social networking group for doctors found that 93 percent of doctors expect delays in payment to occur because of the transition to ICD-10 despite a one-year grace period by the Centers for Medicaid and Medicare Services (CMS). Lawmakers are looking to extend the current grace period for handling valid claims with ICD-10 errors. Legislation has been introduced by Rep. Tom Price (R-GA), Rep. Gary Palmer (R-AL), and Rep. Diane Black, (R-TN).

The AAOS has extensive resources on the ICD-10 transition on the AAOS web page and you can purchase ICD-10-CM: By the Numbers, a ten-program series co-sponsored by the AAOS and Karen Zupko & Associates Inc. The AAOS Practice Management Committee and the AAOS Coding, Coverage and Reimbursement Committee provided oversight for the project.

## **House Letter Calls for Delay of Proposed Comprehensive Care for Joint Replacement Model**

Rep. Tom Price led 60 House members to send a bipartisan letter to Acting CMS Administrator Andy Slavitt on September 18 calling for at least a one-year delay of CMS's proposed new bundled payments program for hip and knee surgeries. Lawmakers are concerned about the effect of the model on, among other things, hospital consolidation and vertical integration; access to care for patients requiring higher-cost complex surgeries; added administrative and oversight responsibilities for small and rural hospitals; the shrinking networks of post-acute care providers available to hospitals associated with the mandated use of electronic health records by providers; and the limits on

total amounts of gainsharing payments to providers. AAOS worked aggressively to secure signatories for the letter.

## **CMS Releases RFI on MACRA**

CMS is circulating a request for information as it seeks to implement the Merit-Based Incentive Payment System (MIPS), the forthcoming payment model that was Congress' answer to the SGR payment formula. The questions it lays out in the document point to the types of challenges to come. CMS has a host of questions about how it should define alternative payment models for health providers—important queries, since the law exempts providers who participate in those models from MIPS entirely. It also asks how to improve resource-use measures—like Medicare spending per beneficiary—aimed at providing more data on health care spending. CMS discusses meaningful use requirements and asks about feedback reporting, and lays out several potential new “clinical practice improvement activities” like expanding patient access for developing new community partnerships. AAOS will be preparing comments and will circulate them through the SPDR process for specialty societies to review.

## **House Passes Bill to Promote Clinical Trials**

On September 28, the House of Representatives passed S. 139, the Ensuring access to Clinical Trials Act of 2015. According to House Ways and Means Chairman Paul Ryan, “If we're going to find cures for the 7,000 rare diseases in the U.S., then we need more people to participate in clinical trials. This bill prevents needless government disincentives for trial participants and makes it easier for researchers to find the breakthroughs patients need. This policy has a proven track record of success, and extending it just makes common sense.”



## AOSSM Leaders and Members Participate in the VIII International Congress of Arthroscopy and Sports Medicine

Several leaders and members of AOSSM represented the Society as faculty at the Colombian Society of Orthopedic Surgery and Traumatology's (SCCOT) VIII International Congress of Arthroscopy and Sports Medicine, October 21–24, 2015, in Cartagena, Columbia. The Congress targeted different pathologies of the knee and shoulder along with articular cartilage lesions, new trends in sports injury treatment, and new surgical techniques.

AOSSM President Allen F. Anderson, MD, delivered an address at the opening ceremony in addition to speaking about ligament injuries in children and adolescents. Joining Dr. Anderson were



board members Charles Bush-Joseph, MD, and Ben Ma, MD, along with committee members Brian Cole, MD, and Dan Wascher, MD, and member Michael Freehill, MD.

AOSSM faculty also organized

an instructional course entitled, “ACL Injury: Current State-of-the-Art,” and presented 29 times as part of the main scientific program! For more details, visit [www.sccot.org.co/cursos2015/artroscopia/programa.html](http://www.sccot.org.co/cursos2015/artroscopia/programa.html).





## Sports Medicine Field Guide Now Available

The Sports Medicine Field Manual is a downloadable reference tool for on-site evaluation and management of athletic injuries and conditions, as well as education beyond the point of care.

Developed in partnership with the American Academy of Orthopaedic Surgeons (AAOS), the National Athletic Trainers' Association (NATA), the American Medical Society for Sports Medicine

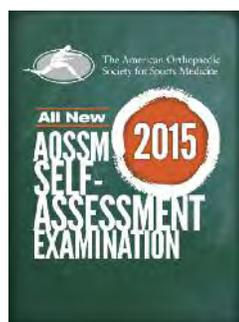
(AMSSM), and AOSSM, each section was written by a collaborative team of experts, including orthopaedic surgeons, athletic trainers, and primary care physicians with expertise in caring for athletes at all levels.

Be ready for anything—with practical and reliable medical information to best manage the injuries and health issues of your athletes where and when you need it. Available on iBooks and Google Play.

## Shoulder Surgical Skills Course Provides Personalized Learning

Co-Chairs Felix H. Savoie III, MD, and Stephen S. Burkhart, MD, assembled a world class group of sports medicine shoulder experts to provide a weekend of intensive, personalized experience. The course was held in the Orthopaedic Learning Center in Rosemont, Illinois, October 23–25, 2015. Both the course and new facility received positive reviews. New for this course was a variety of options for customized learning based on one's individual time and resources, including didactic only with small group case presentations during lab time, and one-hour mini-lab fellowships, offering a one-on-one experience with the procedure and surgeon of choice.

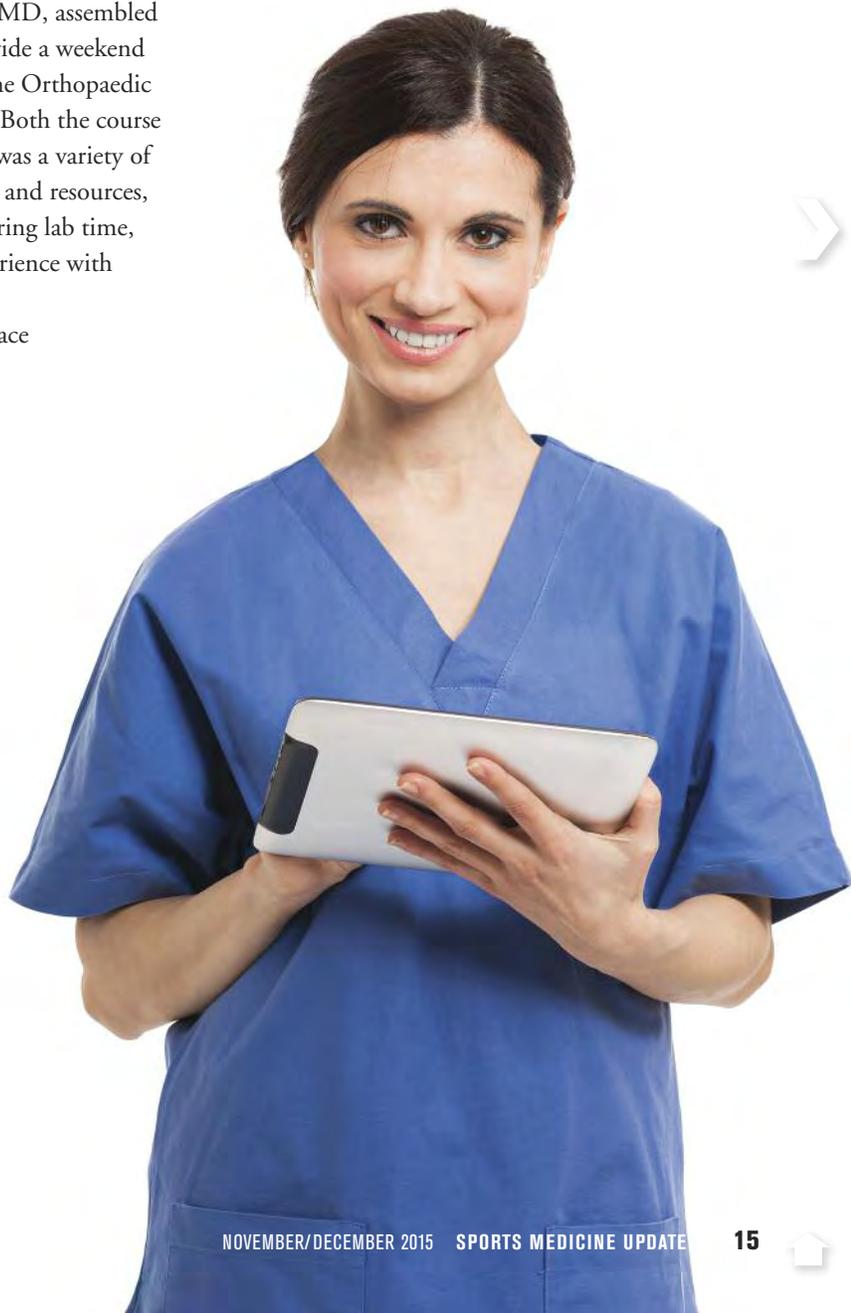
AOSSM's next surgical skills course at the OLC will take place January 22–24, 2016, and will be focused on knee surgical techniques. More details and a preliminary program are available at [www.sportsmed.org/surgicalsillskneecourse](http://www.sportsmed.org/surgicalsillskneecourse).



## AOSSM Self-Assessment Examinations Available

AOSSM 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 (SAE) helps fulfill your American Board of

Orthopaedic Surgery's (ABOS) Maintenance of Certification (MOC) Part II self-assessment requirement by offering 12.0 credits per each version (2013, 2014, 2015) for a total of 36 credits. The cost per exam is \$125. To order, visit [www.sportsmed.org/selfassessment](http://www.sportsmed.org/selfassessment). Questions? Contact Meredith Herzog at [meredith@aossm.org](mailto:meredith@aossm.org).



# UPCOMING MEETINGS & COURSES

For information and to register, visit [www.sportsmed.org/meetings](http://www.sportsmed.org/meetings).



## **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

## **17th Annual AAOS/AOSSM Sports Medicine Course: Keeping Patients Active Through Innovation and Contemporary Surgical Techniques**

January 27–31, 2016  
Steamboat Springs, Colorado

## **Specialty Day**

March 5, 2016  
Orlando, Florida

## **Football Sports Medicine: The Playbook for the NFL and Beyond**

May 5–7, 2016  
Denver, Colorado

## **AOSSM 2016 Annual Meeting**

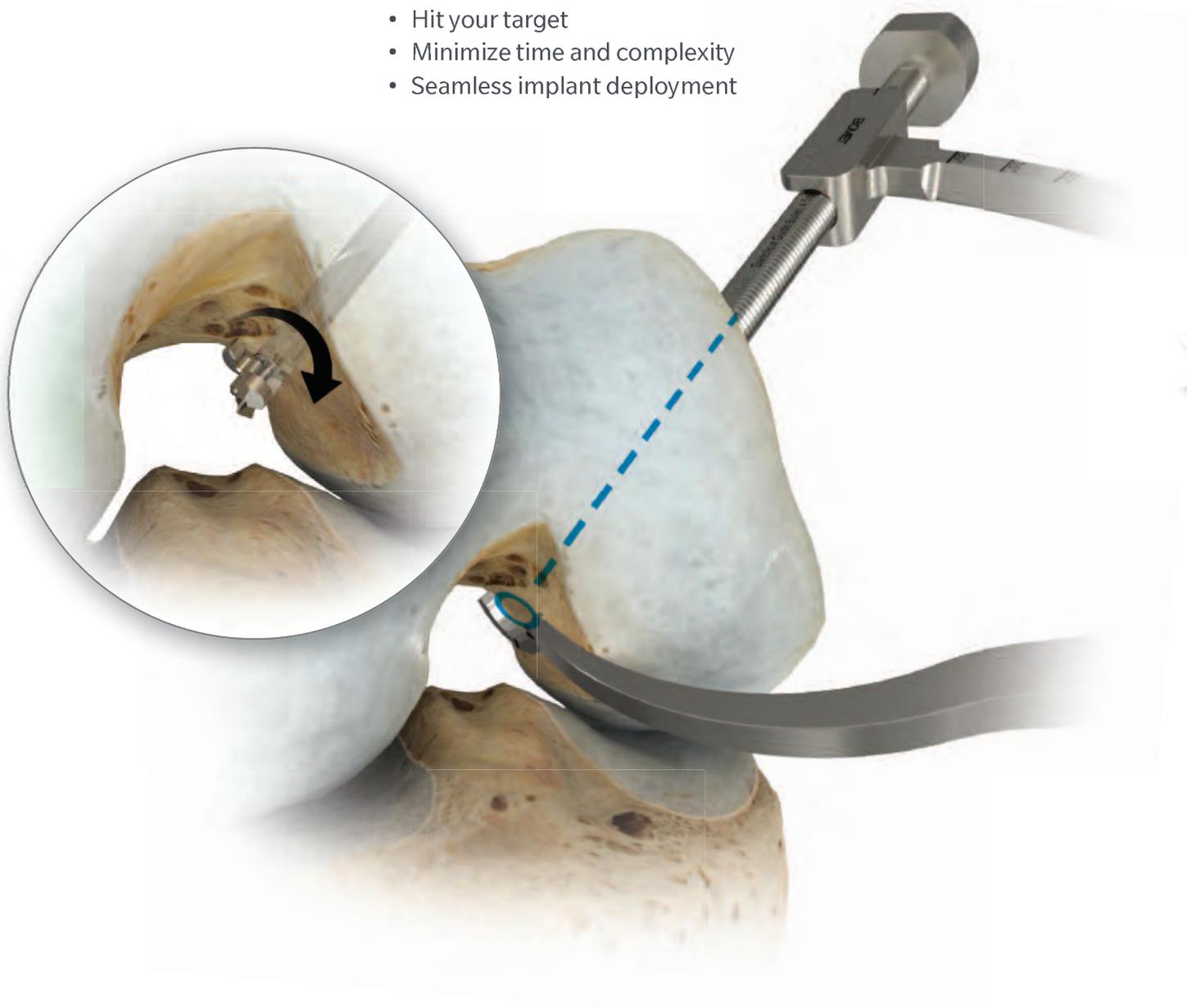
July 7–10, 2016  
Colorado Springs, Colorado



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**SPORTS MEDICINE UPDATE**

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

January 22-24, 2016

- 7.5 hours of surgical skills lab instruction
- Small faculty to participant ratio
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- Modern learning environment using cadaveric specimens

For details and to register visit  
**[www.sportsmed.org/surgicalsillskneecourse](http://www.sportsmed.org/surgicalsillskneecourse)**



The American Orthopaedic Society for Sports Medicine