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JANUARY/FEBRUARY 2016

UPDATE

TEAM PHYSICIAN Xs & Os

Athletic Hip Injuries

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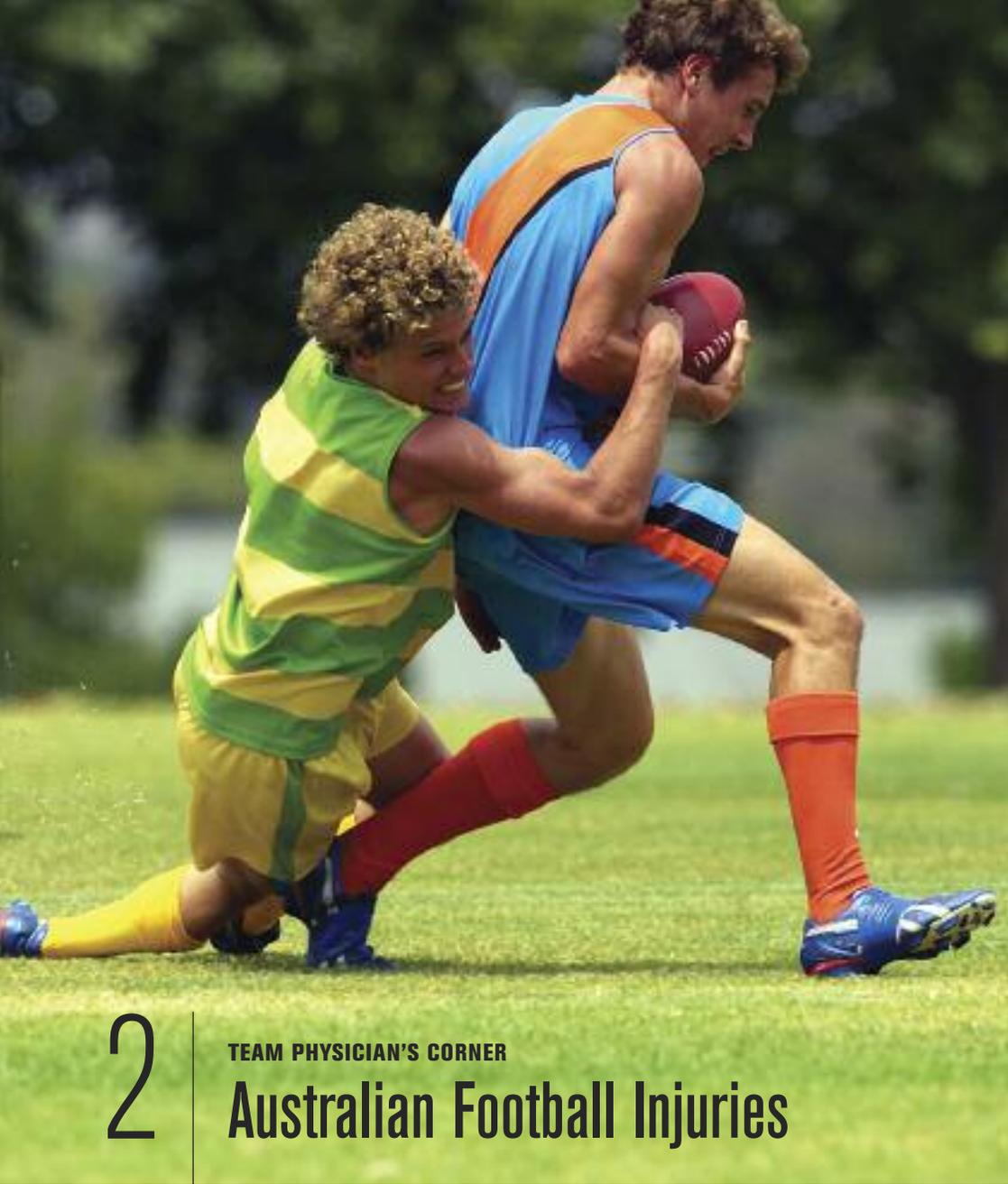
**Washington
Update**

AUSTRALIAN FOOTBALL INJURIES



AOSSM

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TEAM PHYSICIAN'S CORNER

Australian Football Injuries

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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



2016 promises to be another stellar year as AOSSM develops and expands its programs for orthopaedic sports medicine specialists, clinicians, fellows, researchers, and educators.

Last month I reported that AOSSM had the opportunity to testify before the House Energy and Commerce Subcommittee on Health regarding HR 3014, the Medical Controlled Substances Transportation Act. This legislation, proposed by Rep. Pete Sessions (R-TX), is important for the 80 percent of our members who take care of sports teams and need to have a small quantity of controlled substances for managing traumatic injuries when traveling with their athletes. I am pleased to report that the bill was marked-up and reported out of both the Subcommittee on Health and the full Energy and Commerce Committee and may come up for full House approval prior to this issue reaching your office. This would be a significant accomplishment that reflects a lot of work from legislative and orthopaedic leaders, but it still will require a concerted effort by our members to get it through Congress. I ask that you stand ready to assist as we shift our attention to the Senate in 2016.

AOSSM's progress on HR 3014 and on many other fronts is often the result of collaborative efforts. One of our strongest partners is the American Academy of Orthopaedic Surgeons, whose staff has provided invaluable assistance on our legislative activities related to HR 3014. The collaboration occurs at the leadership level, as well, and each year our presidential lines meet to review items of mutual interest and support. We met again late in 2015 to review not only HR 3014, but also other topics, including graduate medical education, the OLC Education and Conference Center, and pre-certification activities by Cigna and other insurers. The AAOS and Society leadership have a shared commitment to our members and the future of orthopaedics and we believe working together is the most effective way to successfully address our needs.

Education is an area of particular interest and need for our members, and AOSSM has an especially strong line-up in 2016:

- In January, Darren Johnson and T. Moorman have put together a superb skills course on **Current Treatment of the Athlete's Knee: Innovative Surgical Solutions for Complex Problems**. Register today and learn from leading faculty on cutting edge approaches in the state of the art OLC.

- **AOSSM Specialty Day** in March is receiving a positive response from Academy registrants. Kurt Spindler and the Program Committee have put together a balance of clinical and scientific presentations along with a combined afternoon session with the Orthopaedic Trauma Association for a strong finale to the program.
- In May, the Society, National Football League Physicians Society, Professional Football Athletic Trainers Society, and NFL are again teaming up for **Football Sports Medicine 2016: The Playbook for the NFL and Beyond**. Matt Matava and Andy Tucker have put together an engaging program. Be on the lookout for the preliminary program materials in both your e-mail and snail mail inboxes.
- While the **2016 AOSSM Annual Meeting** is still seven months away, early indications are that it will be another exceptional educational experience. More than 600 abstracts were submitted for this year's scientific program—a record. Kurt Spindler and the Program Committee are putting together a very full meeting with day-long programs, three concurrent sessions, surgical skills, special symposia, and much more. Without question, the Broadmoor at Colorado Springs is one of the most breathtaking environments for our meeting.
- Finally, the AOSSM Board this fall decided to launch a **boot camp for fellows** at the beginning of their fellowship year. Steve Cohen, Chair of the Education Committee, Dave Didich, Chair of the Fellowship Committee, Jeff Dugas, Chair of the ACGME Accreditation Task Force, Steve Brockmeier, and Kurt Spindler, are developing the detailed agenda that will combine didactic and skills education. The course will be held in late July at the centrally located OLC in Rosemont. Be on the look-out for more information on this new course.

AOSSM's strength is that it provides *the* forum through which members can advocate for our profession, share our latest research, learn from leading experts, draw upon colleagues' experience and expertise, and collaborate with others so that we can continue to grow and enhance the care of our patients. My job as AOSSM president is to keep that focus and hold the course.

Allen Anderson, MD





Australian Football Injuries

BY ROBERT H. BROPHY, MD

Australian Rules Football, or “footy,” is a cousin of rugby and soccer, mixing elements from both games in a unique combination. Played on a large oval field with 18 players on each team, the object is to advance an oval ball by running, kicking (Figure 1), or handballing (punching) to score in the opponents’ end (Figure 2).



Players wear minimal protective gear and compete throughout four, 20-minute quarters. The sport is played predominantly in Australia with a presence in at least 30 countries over several continents. It has the highest participation rate of any contact sport in Australia.¹ At the professional level, 18 teams in Australia play a 22-game season capped by four weeks of playoffs to determine the league champion. This league has the highest spectator attendance in Australia¹ and ranked as the fourth highest average attendance of a professional league from any sport around the globe in 2012.² Combining the contact demands of a tackling sport like rugby with the endurance and agility of soccer, athletes are at risk for a variety of injuries.

Injuries

Based on a recent study, injury incidence and severity increases with age from 10 to 18.¹ The most common injuries in youth were muscle strains, especially hamstring and groin, joint (ligament) sprains, especially at the ankle, and contusions (hematomas), especially in the thigh.¹ The incidence of injuries actually decreased for professional athletes compared to those who are 18.¹ Amateur adult footballers had similar types of injuries as the youth players, with muscle strains, ligament sprains, and contusions/hematomas being most common.¹ Concussions were also fairly common in the adult game, with an incidence of 4.3 percent reported in one study.³

The incidence of injuries has been reported to be the highest at the beginning

of the season and those that occurred during competition were more likely to occur in the first half of the game.¹ A significant number of injuries occur as a result of body contact.¹

Since 1996, the Australian Rules Football league has published its annual injury rates, a first in professional sports rarely if ever equaled.² At that level, muscle strains, especially of the hamstrings, had the highest incidence and prevalence, followed by groin strains/osteitis pubis and ankle sprains.² Athletes at that level are also at risk for quadriceps and calf strains, ACL, PCL, and MCL tears, shoulder injuries, facial fractures, and concussions.² There is some evidence that relatively recent rule changes have reduced the rates of hamstring strains, facial fractures, and PCL injuries.² Interestingly, ACL tears and groin/hip injuries are associated with each other, i.e., a season with an elevated number of ACL tears often has an elevated number of groin/hip injuries, whereas hamstring strains are not associated with these other injuries and have the greatest variance over the years.⁴

The rate of hamstring strains (up to 6 or 7 per team per season) is considered to be similar to soccer (5 per team per season).⁵ Athletes who suffered hamstring strains had higher hamstring and leg stiffness compared to athletes who did not have hamstring strains, and they were also older.⁵ Interestingly, among injured athletes, the non-injured extremity had higher hamstring stiffness than the injured extremity.⁵ Considerable research is taking place in the sport to identify athletes at risk for hamstring strains, as well as other



Figures 1 and 2

common injuries, along with developing effective prevention programs.¹

The rate of head and neck injuries in Australian Rules Football is low compared to other tackling sports and appears to be declining over time, despite an increased awareness of and focus on concussions.² Facial fractures in particular have been shown to be decreasing in incidence.⁶

In summary, Australian Rules Football athletes are at risk for a wide range of injuries, likely reflecting the blend of rugby and soccer. The professional league has taken an enlightened approach to injury awareness by publishing its annual injury data, thus facilitating better understanding of the epidemiology, etiology, and potential prevention of these injuries. Rule changes enacted, at least in part, to concerns about injury mechanism have been shown to have some beneficial effect. This may be valuable information for those who are not familiar with the game of Australian Rules Football.

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Athletic Hip Injuries

T. Sean Lynch, MD, Christopher M. Larson, MD, Asheesh Bedi, MD, Christopher S. Ahmad, MD



Shoulder, elbow, and knee related sports injuries are well publicized in the mass media; however, athletic hip injuries historically have garnered little attention. Although hip injuries account for 6 percent or more of all sports injuries,¹⁻⁵ they remain some of the most difficult diagnostic and management dilemmas that a team physician faces. These injuries are seen in high-level athletes that participate in sports that require rapid acceleration and deceleration during cutting and twisting. To add to the diagnostic challenge, there are numerous intra-articular disorders and extra-articular soft tissue restraints about the hips that can serve as pain generators in addition to referred pain from the lumbar spine, bowel, bladder, and reproductive organs. It is therefore imperative that sports medicine providers have a high index of suspicion when evaluating hip and pelvic related disorders. These conditions

can be debilitating for an in-season athlete and often require a timely diagnosis to provide appropriate intervention.

Hip and pelvis related injuries can happen in isolation, but may also occur as an “athletic hip triad” consisting of adductor strains, osteitis pubis, and athletic pubalgia/sports hernias (Figure 1).

Treatment

Since these injuries are common in elite athletes, special considerations to injury timing, the athlete’s sports season, and level of athlete must be taken into consideration when developing a treatment plan; however, initial management should begin with rest/activity modification, non-steroidal anti-inflammatory drugs (NSAIDs), and physical therapy (Figure 2). Pain control and reduction of symptoms should be emphasized at the onset. Stretching in the acute time period should be avoided to prevent aggravation with initiation of pain-free passive range of motion once the athlete is without pain. Rehabilitation should focus on Pilates-based core strengthening and stability with correction of any muscle imbalance. Improved core strength may allow for better dynamic control of pelvic tilt and obliquity to avoid positions of mechanical intra- or extra-articular impingement. After a period of rest and muscular training, gradual pain-free progression to sports may be possible. Some training modification might need to be implemented

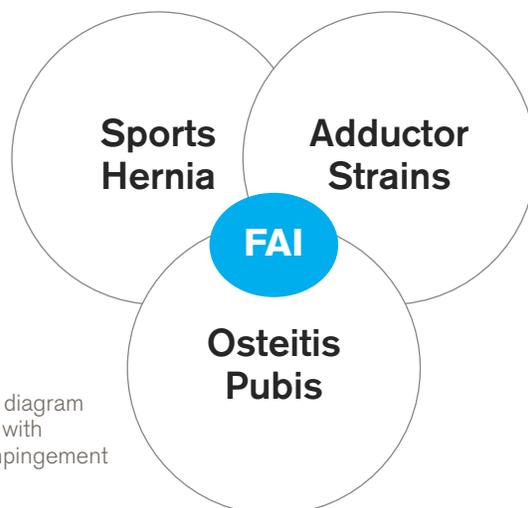
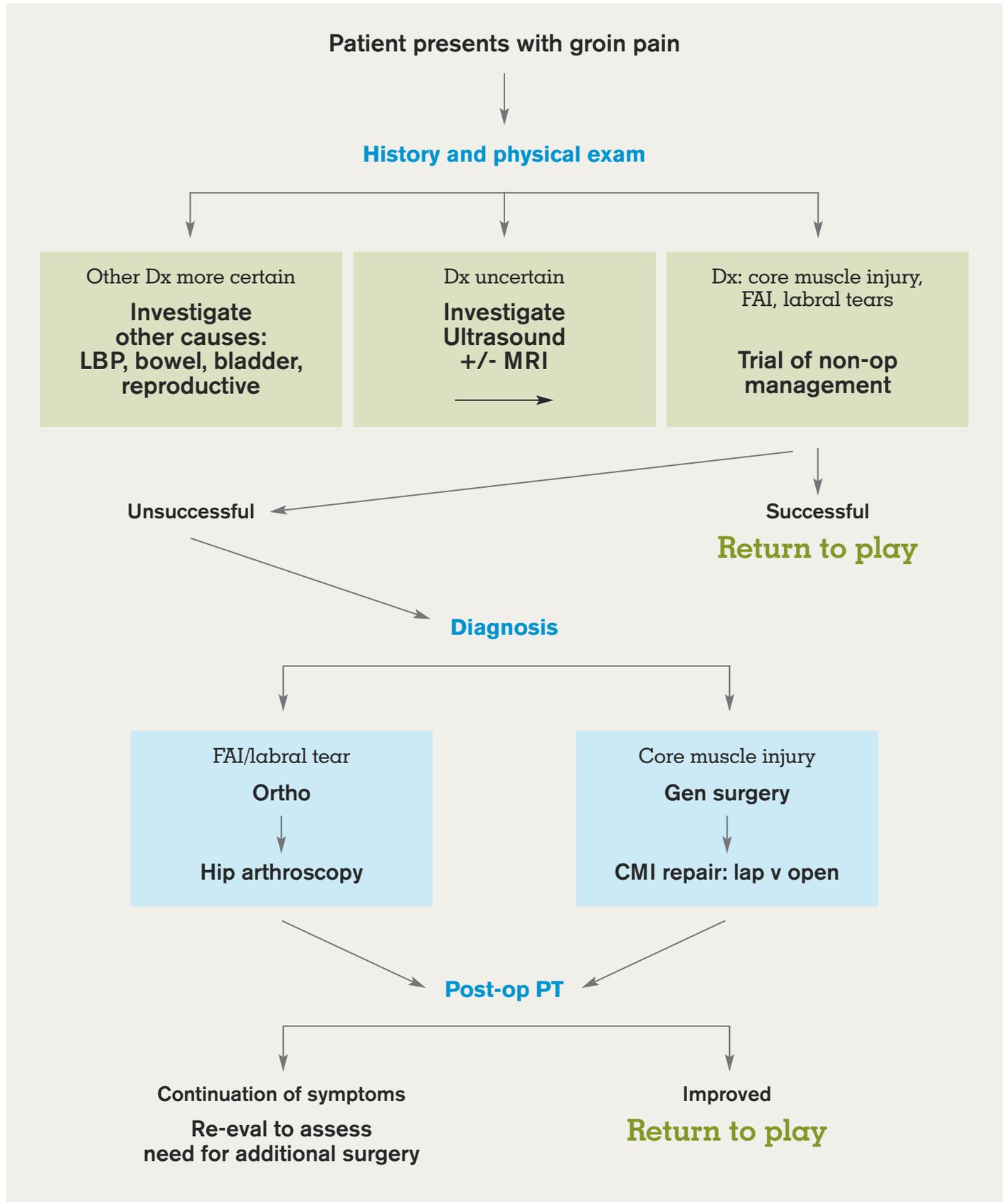


Figure 1. Schematic diagram of Athletic Hip Triad with femoroacetabular impingement at the epicenter.



Figure 2. Treatment algorithm for athletic hip injuries.





Athletic Hip Injuries *continued*—

such as avoidance of deep hip flexion and low repetition, heavy weight strength training of the lower extremity during this recovery phase. Injections can be considered for recalcitrant pain including platelet-rich plasma (PRP) for adductor strains and corticosteroid injections or prolotherapy for osteitis pubis but firm evidence regarding the longer term effectiveness of these injections is lacking.

Athletes who have been accurately diagnosed with athletic pubalgia often fail non-operative intervention and ultimately undergo operative management in order to alleviate symptoms.^{8,9} There is no consensus regarding preferred surgical technique; however, there are three general categories of repair: open techniques with or without mesh reinforcement, laparoscopic techniques with mesh, as well as broad pelvic floor repairs with or without adductor releases and neurectomies. These various surgical approaches have an 80–100 percent return

to sports rate^{4,8,9,11-16} with the athlete able to return to sporting activities within 4 to 6 weeks with current rehabilitation protocols. In addition to the repairs for core muscle injury, consideration should be taken to evaluate for intra-articular pathology and address the presence of FAI and labral injuries if a confounding source of symptoms or underlying cause for the pathology. There is a small subset of athletes that present with both symptomatic intra-articular pathology and a core muscle injury and management of both of these may be necessary to improve outcomes.^{6,7} Overall, this athletic hip triad previously would have led to the early retirement of athletes as “groin pulls/hip flexor injuries” that failed to resolve. Recent advances regarding the underlying causes and pathophysiology/pathoanatomy of these injuries have led to a more accurate diagnosis of these complex hip and pelvic injuries with improved clinical outcomes and shorter recovery times for these athletes.

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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!

Sports Medicine Practices

Meese Sports Medicine and Orthopaedic Center of New Jersey
Hackensack, New Jersey

Mishock Physical Therapy and Associates
Gilbertsville, Pennsylvania

MUSC Family Medicine
Charleston, South Carolina

NIWA Bone, Joint and Sports Surgeons
Spencer, Iowa

Peak Performance Physical Therapy PLC
Lansing, Michigan

The Orthopaedic Group, P.C.
Mobile, Alabama

Medical Institution

South Baldwin Regional Medical Center
Foley, Alabama

Professional Health Organizations

Interventional Orthopedics Foundation
Broomfield, Colorado

Sports and Recreation Organization

Russell Jackson Performance Training
Toledo, Ohio

NATA Initiative Will Reward Youth Sports Safety Efforts

The National Athletic Trainers' Association's (NATA) launched a new Safe Sports School award program, which recognizes high schools demonstrating a high level of attention to helping athletes prevent injuries. Schools that provide student athletes full opportunity to stay safe in practices and games, including annual pre-participation physical examinations, injury prevention programs, and a comprehensive athlete care/treatment plan (just to name a few), are considered. If you know a school in your community that has prioritized athlete safety, encourage them to apply for the award at www.nata.org/safe-sports-school-award.

New Year, New Website for STOP Sports Injuries

We are ringing in 2016 with an improved STOP Sports Injuries web experience! The new site offers visitors a fresh, easy-to-navigate, and mobile-friendly environment while exploring injury prevention materials—which have also been expanded. Visit www.STOPSportsInjuries.org in mid-January to explore all the new site has to offer, and be sure to share with your patients!

Go Social for Sports Safety

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 Wednesday, January 13 (and 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!

Arthrex Makes Donation

Thank you to Arthrex for thinking of STOP Sports Injuries during the holidays and making a donation to our campaign for sports safety on behalf of their 40 technology consultant service agencies. These groups, from across the country represent Arthrex's innovative and minimally invasive products and surgical skills education.



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



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 to fill-out the online form by February 1, 2016. Questions? Contact Camille Petrick at camille@aoassm.org.



NAMES IN THE NEWS

Marotta Leads Charge for New Orthopaedic Center in Ghana

AOSSM member **Joseph Marotta, MD**, and his staff from Medicus Christi in Albany, New York, recently received an award from The Papal Foundation, an arm of the Vatican. The prestigious grant will be used for the Orthopaedic Learning Center at the Franciscan Orthopaedic and Rehabilitation Center (FORCE) of Holy Family Hospital in Ghana. The facility will include a 36-bed inpatient ward, two operating rooms, a large outpatient clinic along with an emergency room, physical therapy facilities, and a state-of-the-art conferencing center with a teaching laboratory, lecture hall, and library. With additional building phases planned, the facility will eventually be the largest orthopaedic center in Africa and the only site offering this type of educational training for doctors, nurses, therapists, and technicians.



DeMaio Inducted

Congratulations to former AOSSM Program Chair, **Marlene DeMaio, MD**, on her induction as the 67th President of The Association of Bone and Joint Surgeons (ABJS). The mission of ABJS is to advance the science and practice of orthopaedic surgery by creating, evaluating, and disseminating new knowledge and by facilitating interaction among all orthopaedic specialties.

Jacobson Recognized for Service

Congratulations to AOSSM member **Kurt E. Jacobson, MD, FACS**, who was recently inducted into the Valdosta State University Hall of Fame for his 30+ years of service as the Head Team Physician.



ANNUAL MEETING 2016 HOUSING NOW OPEN

Housing for the AOSSM 2016 Annual Meeting, July 7–10, in Colorado Springs, Colorado, is now available. Please visit www.sportsmed.org for complete details. Registration for the meeting and the preliminary program will be available in early March.

New AOSSM Website

Be sure to check out the new design for the AOSSM website at www.sportsmed.org. Our new layout and mobile friendly interface makes it easy for you to register for meetings, check your CME transcript, pay your dues, and update your profile. Members can now also log in and view *AJSM* and *Sports Health* with their current AOSSM credentials through www.sportsmed.org or through each individual journal site. Just a reminder that passwords and logins are also now case sensitive. Questions? Call the Society office at 847/292-4900 or e-mail us at info@aossm.org.



Nominating Committee

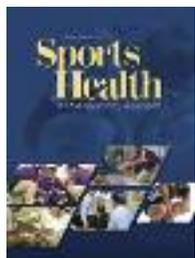
Thank you to everyone who submitted their vote for the 2015–2016 AOSSM Nominating Committee. The elected individuals are:

- Christopher S. Ahmad, MD
- John E. Conway, MD
- E. Lyle Cain, Jr., MD
- Edward M. Wojtyls, MD

The Nominating Committee Chair is Jo A. Hannafin, MD, PhD, Past President. Robert A. Arciero, MD, Past President serves as an Ex-Officio member of the committee.

Nominate a Mentor for the 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. Deadline for submissions is January 15, 2016.



Give a Sports Health Gift Subscription

Did you miss out giving your athletic trainers or other important staff a holiday gift or just want to share the leading research in sports medicine with others? You can now purchase a gift subscription to *Sports Health* at www.sportsmed.org/AOSSMIMIS/SHgift for just \$45! Sign-up today! Questions? Contact Colleen Briars at colleen@aossm.org.

Are You Receiving All of AOSSM's Emails?

Be sure you don't miss any of the latest news and updates from AOSSM. Add us to your safe sender list so our emails don't end up in your spam folder. Questions? Contact your IT department or call us at 847/292-4900.

Let's Talk Sports Injury Prevention and Treatment

Learn about the latest news and articles and stay up to date on Society happenings and deadlines.

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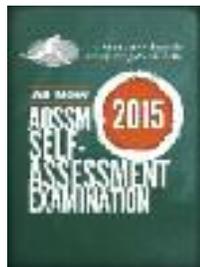
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Got News We Could Use? Sports Medicine Update Wants to Hear from You!

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.



Three 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*

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. There are 3 annual versions available with 12 credits each. The cost per exam is \$125. Visit www.sportsmed.org/selfassessment to order. Questions? Contact Meredith Herzog at meredith@aossm.org.

Earn Additional CME Through *AJSM* Current Concepts

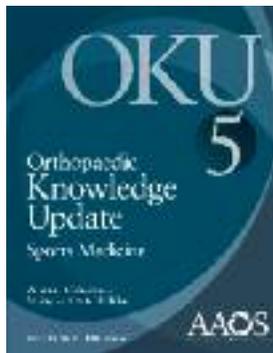
Did you know that you can read qualified *American Journal of Sports Medicine (AJSM)* articles, take a five-question quiz, and receive AMA PRA Category 1 Credits™ that count towards the MOC Part II CME requirements? The *AJSM* offers readers the ability to earn credits by taking a pre- and post-test on a qualified Current Concepts article in *AJSM*, each of which is eligible for 1 *AMA PRA Category 1 Credit*™. Visit www.ajsm.org for a list of available articles.

RESEARCH NEWS

Submit Your CV for NIH Study Section Supplement Award Consideration

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 detailing your interest in serving on an NIH study section along with a current CV.

New OKU Sports Medicine 5 Edition Available



OKU: Sports Medicine 5 presents the latest advances and procedures in orthopaedic sports medicine today—in both print and video formats! Find extensive updates in knee and shoulder and brand-new content on bone loss in instability, proximal biceps injuries, ACL reconstruction, meniscal posterior horn tears, and much more.

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Developed by the AOSSM and published by AAOS, chapters include:

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WASHINGTON UPDATE

By Julie Williams, AOSM Senior Manager of Government Relations

Budget Reconciliation Includes ACA Repeal

In early December the Senate passed a budget reconciliation bill (HR 3762) which includes repeal of major elements of the Affordable Care Act (ACA). The measure now goes to the House where it is expected to pass easily. Earlier, the House passed a narrower measure that repealed the Medicaid expansion, insurance subsidies, the Independent Payment Advisory Board (IPAB), and the federal operation of insurance exchanges. Although the White House is expected to veto the bill, Republicans are carefully constructing a legislative strategy, based on Senate rules and precedents, to make it easier to unravel the health law in 2017 if a Republican wins the White House.

Doc Caucus Letter on Meaningful Use and CJR

All 18 members of the GOP Doctor's Caucus signed a letter to Speaker Paul Ryan (R-WI) that asks him to delay Stage 3 of meaningful use, provide a blanket hardship exemption for Stage 2 Meaningful Use, and delay the Comprehensive Care for Joint Replacement mode (CJR). The caucus, which includes doctors, nurses and dentists, want the proposals attached as riders to the omnibus appropriations bill.

Congressional Hearing on Sports Medicine Licensure Clarity Act

HR 921, sponsored by Rep. Brett Guthrie (R-KY), would clarify medical liability rules for athletic trainers and medical professionals to ensure they are properly covered by their malpractice insurance while traveling with athletic teams in another state. The Congressional hearing before the Energy and Commerce Health Subcommittee was held Wednesday,

December 9. AOSM president Dr. Allen Anderson testified earlier this year on HR 3014 which would allow a physician to transport a controlled substance from one practice setting to another or to a disaster area.

21st Century Cures Update

The Senate has delayed releasing its companion to the House-passed 21st Century Cures initiative. Lawmakers are discouraged because that means the proposal will have to be considered during the difficult political landscape of 2016. If the delay continues, provisions within the proposal will be considered in the Medical Device User Fee Reauthorization in 2017.

CDC Healthcare-Associated VTE (HA-VTE) Prevention Challenge

The Centers for Disease Control and Prevention (CDC) announced an exciting opportunity to help protect patients from blood clots known as venous thromboembolism or VTE. The 2015 HA-VTE Prevention Challenge aims to find and reward hospitals and managed care organizations that implement innovative and effective ways to prevent HA-VTE and to share these best practices with others to help strengthen VTE prevention efforts. Visit go.usa.gov/caRNB for further details.

Hospital Adoption of EHRs

According to a recent Health Affairs article, 100 percent of hospital adoption of basic EHRs is possible. Technical help should be provided to stragglers, particularly rural and smaller hospitals, which are hurt by the high costs of IT adoption according to the authors. Otherwise looming meaningful use financial penalties may leave these hospitals behind. The analysis



is based on a survey of hospital executives by the American Hospital Association.

Stark Updates in Final 2016 Physician Fee Schedule

The final Medicare physician fee schedule for 2016 made a series of updates to the Stark physician self-referral regulations. According to CMS, the updates are intended “to accommodate delivery and payment system reform, to reduce burden, and to facilitate compliance.” It should be noted that CMS does not consider several of the updates to actually be changes. The modifications include a new exception for nonphysician practitioner recruitment assistance; clarifications of the definitions of nonphysician practitioner and referral; a new exception for timeshare arrangements; and clarifications to physician recruitment provisions, revised physician-owned hospital provisions and technical revisions.



UPCOMING MEETINGS & COURSES

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

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 2016: The Playbook for the NFL & Beyond

May 5-7, 2016
Denver, Colorado

AOSSM 2016 Annual Meeting

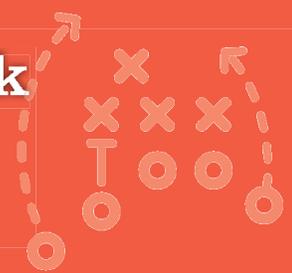
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AOSSM/AAOS Orthopaedic Sports Medicine Review Course

August 12-14, 2016
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Develop your game plan and gain additional confidence treating, rehabbing, and preventing football injuries in athletes at all levels. Top team doctors and athletic trainers will lead this interactive, comprehensive overview of strategies and techniques.

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- Shoulder, Elbow & Spine Injuries
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- Equipment Advances
- Football Nutrition
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Visit www.sportsmed.org for more information and to register.

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