

# sportsmedicine

JULY/AUGUST 2016

UPDATE

**2016 ANNUAL  
MEETING RECAP**

**Research Awards**

**First STOP Sports  
Injuries Award Given**

**GETTING  
INVOLVED IN AN  
NIH STUDY  
SECTION**



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**3****TEAM PHYSICIAN'S  
CORNER**

# Changing the Climate at the NIH



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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](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



It is an honor to be the 45th president of AOSSM. As someone who was encouraged to go into orthopaedic surgery by John C. Kennedy, MD, when he was my team physician and later trained by his protégé, Peter Fowler, MD, I am first of all humbled to be in this position and second have a keen sense of the history of our profession and the scientific and clinical advancements members helped pioneer.

I also realize that AOSSM's lasting success will be determined not so much by what we *have* accomplished but, rather, by what we *will* accomplish. However, with this in mind, it is also important to recognize that our organization is in a very strong position in the world of sports medicine thanks to the leadership and administration over the years. I would be negligent not to recognize and thank our Executive Director for the past 20 years, Irv Bomberger, who has had a significant impact on the success of the AOSSM with his ability to fully understand the issues at hand, communicate effectively with all stakeholders, and execute the organization's strategic plan.

I am excited to be president at this juncture of AOSSM's history because the Board and its Medical Publishing Group recently adopted strategic priorities. These priorities are rooted in the mission and values that have guided our organization to this point. Our mission is simple: *to be a global leader in orthopaedic sports medicine education, research, communication, and fellowship.*

Our values provide a clear framework for accomplishing AOSSM's mission:

- **Quality Patient Care**—the cornerstone of our patient interaction
- **Teamwork**—we lead through example and mentoring
- **Integrity**—we advocate and emulate high ethical conduct in all we do
- **Transparency**—we embrace open, two-way dialog with our members
- **Scientific Excellence**—we pursue rigorous evaluation in our work
- **Innovation**—we drive beyond the status quo in all our endeavors

Toward this end, the Board adopted 17 new strategic priorities that not only build on our past success as an organization but also address the challenges our members face, individually and collectively. These priorities can be grouped in five areas and are encompassed in the objectives outlined below.

**Education:** Education is AOSSM's touchstone, and the leadership is taking steps to ensure that remains the case. We will be assessing ways to expand and re-shape the Annual Meeting to meet members' interests at every age and in every practice setting,

including developing the skills of younger members so they can lead our organization going forward. In addition, we want to integrate other sports medicine professionals into our education programs, enhance our surgical skills courses, and expand online education.

**Publishing:** The Society's publishing activities have expanded significantly over the last few years and provide a foundation for further growth. The leadership will be evaluating ways to better integrate digital features to supplement and enhance your use of our journals. We also will be evaluating the opportunity for AOSSM to start publishing other forms of orthopaedic sports medicine reference materials.

**Research:** The Society's research initiatives have marked a significant rise over the last decade, and the leadership believes research will be critical to the profession's future growth. Specifically, the Society will be developing think tanks to focus attention on those areas where consensus is lacking and additional research is needed. We also want to build upon our strong relationship with sports leagues and governing bodies to enhance their support for research within the scientific community. Finally, we want to integrate various research resources—intellectual and financial—into members' digital and personal networks to help facilitate their research endeavors.

**Membership:** AOSSM continues to enjoy strong membership levels, and we want to ensure that Society membership remains an integral and meaningful part of orthopaedic sports medicine specialists' professional existence, regardless of age or location. Different members have different needs, and we want to ensure that AOSSM supports a broad range of those needs and interests.

**Certification and Accreditation:** Accredited fellowship training and subspecialty certification has contributed to the growth and definition of our profession. Certification reflects a level of professional competence and accomplishment that also is beneficial for ABOS Maintenance of Certification. AOSSM not only will be promoting those benefits but also assisting fellowship programs that want to maintain that high level of accreditation. While ACGME accreditation remains the standard for all

*continued on page 7*



## CHANGING THE ORTHOPAEDIC CLIMATE AT THE NIH

RICK WRIGHT, MD, KURT SPINDLER, MD, JO HANNAFIN, MD, PHD, MARTHA MURRAY, MD

**T**he National Institutes of Health (NIH) is one of the largest funders of medical research in the United States. The NIH budget is \$31 billion in 2016, of which the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) will receive \$533 million (1.7%). Those funds are used to fund the majority of research occurring for all musculoskeletal diseases (rheumatology, orthopaedic surgery, dental, physical therapy, etc.) and skin diseases (dermatology).



## The Need

A search of NIH grants on the NIH Reporter website indicated that there were approximately 1,600 grants funded by NIAMS in 2014. Approximately 160 of those were awarded to orthopaedic departments (10%). Of the R01 grants funded to orthopaedic departments, only eight had a principal investigator who was an orthopaedic surgeon (0.5%), and only two of those were in sports medicine. Thus, only two of 1,600 (0.1%) NIAMS grants went to orthopaedic sports medicine surgeons in 2014. This level of funding contrasts sharply with the fact that orthopaedic surgeons are the physicians treating problems with the highest burden of disease in the U.S.—low back pain, neck pain, arthritis, and joint pain. Several factors contribute to this funding problem:

1. Few orthopaedic clinician-scientists in the United States
2. Orthopaedic surgeon investigators are competing with full-time PhD scientists
3. Lack of orthopaedic surgeon participation in the review process (known as study section).

The majority of NIH study section reviewers are either PhDs or MDs in other areas of musculoskeletal medicine (see Tables 1 and 2).

What is sorely needed is the orthopaedic surgeon's clinical perspective in the study section reviews when orthopaedic proposals are under review. Surgeon participants can determine whether the orthopaedic clinical problem being discussed is an important one, and whether the study has the potential to contribute in a meaningful way to the improvement of the care of orthopaedic surgery patients in the future.

An important factor that negatively affects the pool of orthopaedic surgeons available to serve as NIH reviewers is the travel and time commitment that will negatively impact clinical revenue generation. The typical grant load for one reviewer at a study section is 6 to 10 grants. Providing a critical review of these grants can entail 20 or more hours. Serving as a reviewer also involves a two-day trip to Bethesda with time away from family and practice.

To address this growing problem of the difficulty in recruiting orthopaedic surgeon reviewers for NIH study sections, the AOSSM recently created the Bart Mann Award for the Advancement of Sports Medicine Research named in honor of the long-time AOSSM Director of Research who passed away suddenly in 2014. These awards will be given to orthopaedic surgeons

who serve on an NIH study section for the first time. Surgeons interested in the program do not need to have had NIH funding, only a willingness to read grants and comment predominantly on their clinical relevance. This article is aimed at providing a basic understanding of the NIH review process to help new reviewers understand the job and role they play as a study section reviewer in hopes of encouraging AOSSM members to apply for this award and to serve on NIH study section. All AOSSM members who serve on study sections will be recognized for their service at the Annual Meeting and in AOSSM publications.

## Overview of the Grants Review Process

When an investigator sends in an NIH grant, it is submitted to the Center for Scientific Review (CSR). CSR is the portal for NIH grant applications and handles the review of more than 70% of these by organizing peer-review groups (study sections). The CSR is organized into Integrated Review Groups (IRGs) which consist of a cluster of study sections in a general scientific area (e.g., musculoskeletal medicine). Applications are typically assigned by central CSR to an IRG and then the IRG assigns it to a study section

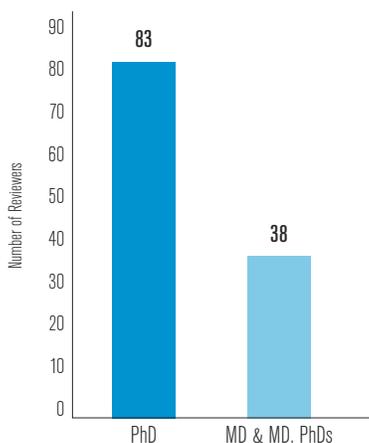


Table 1. Current Reviewers in Musculoskeletal Related NIH Study Sections by Degree

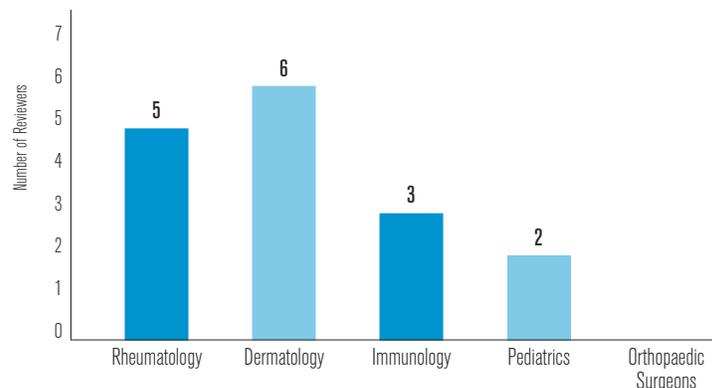


Table 2. Current Arthritis, Connective Tissue and Skin Study Section Reviewers by Discipline

thought to have a panel with the best expertise to review the grant.

Study sections are scientific review groups made up of external scientific experts recruited by Scientific Review Officers to provide the first level of review. They meet three times a year and have a slate of appointed members who normally serve for four or six years. Each study section consists of approximately 10 to 20 members of varying backgrounds. Members may be standing members of a study section which requires a multi-year commitment or may participate as an ad hoc reviewer for a single study section based on reviewer expertise and interest.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) is one of 27 institutes and centers responsible for funding studies deemed within its realm of interest. These can be projects reviewed by any study section, but most orthopaedic surgery grants are reviewed in the above noted study sections.

### What do I have to do if I agree to review grants for NIH?

If you agree to serve on study section, most commonly, you will be asked to serve on one study section as an ad hoc reviewer. A typical assignment for service on a study section would include 3 to 4 primary reviews (1–2 hours preparation), and 4 to 6 secondary or tertiary reviews (1/2–1 hour preparation). Participation in study section usually involves 1 to 2 days at the meeting plus travel time. After a few ad hoc experiences, you may be asked to serve as a permanent member of study section, which would be three meetings a year for 3–4 years. Study sections consist of 10–20 members of varying background who are assigned primary and secondary reviews.

### The Basics of the NIH Grant Review

After a grant is submitted electronically and assigned to a study section by the Center for Scientific Review, it is assigned to three reviewers by the Scientific Review

Officer (SRO) who manages the study section. The SRO e-mails each reviewer a link to the ERA Commons website where they can view their assigned grants to read and score before the meeting. Scores generated before the meeting are submitted via the Internet to the SRO, who organizes the meeting. These pre-meeting scores are called preliminary scores and are tabulated from three reviewers for each grant. Grants are then listed in the order of preliminary scores and the top 50% of grants are usually reviewed at Study Section. The grants which have an average preliminary score in the bottom 50% of the list are “not discussed” and typically not assigned a score or ranking. If any reviewer feels a grant in the bottom half should be discussed, they can petition for it to be moved to the group of grants to be discussed. Members of the study section who have a real or possible conflict of interest with a given grant leave the room when that grant is discussed.

### Performing a NIH Grant Review

#### Initial Approach (Abstract, Narrative, Specific Aims)

There are three sections (two pages) that can be particularly useful in reviewing an NIH grant. The first is the Short Abstract—a one-paragraph abstract designed for the lay public to see. This paragraph should not only convince you that the medical problem being studied is important, but also that the aims of this project truly have the potential to help improve the care of patients with the important disease. The next section is the Narrative, which is a longer abstract of the overall grant. This often has more scientific details, but the principle is still the same—you should be convinced the work in the proposal has the potential to impact the current or future health care of patients. The last key section on the initial review is the Specific Aims page. Here is where the applicants need to most clearly identify what specific questions they will ask and try to answer.

It is the questions they are asking, as well as their ability to answer them, that often have the greatest influence on the scoring of the application. The applicants should convince you that while they may not be proposing a clinical trial, there is a clear path from the work in the proposal to future changes in clinical care. This is important as these grants are for the National Institutes of Health, not the National Science Foundation. After reading these three sections, you should have a good idea about the grant and its potential significance, as well as the level of innovation and some sense of the approach.

#### Research Strategy

For R01 grants, the Research Strategy is 12 pages and has three sections: Significance, Innovation, and Approach. A good grant makes it easy for reviewers to fill out the “bullet list” for strengths on the review form by highlighting these within the paragraphs or clearly delineating these in some way. When reviewing the grant, don't focus on the details methodology if you don't know it—there are typically other reviewers with expertise in a specific scientific technique, like RNASeq, who can comment on those details. As a surgeon on study section, it is key for you to address questions of clinical significance or surgical technique—even on grants you may not have been assigned. That function is far more critical than other elements of the review.

#### Bookkeeping Pages

The cover page tells you the submitting institution, key personnel, and total costs of the proposal. The key personnel and biosketches provide the reviewers with the backgrounds of the investigators and their experience/ability to carry out the work. It is important to note if the investigators have successfully collaborated in the past. Have they published together? Had a grant together? Do any of them have peer-reviewed publications in the general area? The facilities and environment pages are important to provide information on





Does the project address an important problem or a critical barrier to progress in the field? If the project is successful will this information advance important scientific knowledge or contribute to advances in clinical practice now or in the future? Do the findings from these studies have the potential to result in changes in treatments or preventive interventions that drive the field? The overall impact score of a grant is based on the reviewer's opinion of the likelihood that the project will lead to lasting change in the field.

### **At Study Section: Discussing Applications**

The SRO will provide a list of applications to be discussed, which is based on the submitted preliminary scores. Each grant will have a primary, secondary, and tertiary reviewer. Occasionally additional reviewers will be assigned to a grant as well. At study section, when the grant comes up for discussion, the primary reviewer will provide a brief description of the project, review the overall significance and impact, and present their views on the strengths and weaknesses of the grant. The remaining reviewers will then present their views on any additional strengths or weaknesses, or areas where they may disagree with the primary reviewer's opinion. After the three reviewers present their views, the floor is opened up for discussion by all study section members. This is often when a clinician on the panel may be asked to comment on clinical relevance of the project. After discussion, the study section leader summarizes the discussion and asks the reviewers to revisit their scores. All members then assign a final score—if a member wishes to score a grant outside the range provided by the initial three reviewers, they must identify themselves and state why.

From the format of study section and the mechanics of grant discussion and scoring, it becomes clear why having orthopaedic surgeons on study section

whether the investigators have the equipment/space to conduct the study, and if the appropriate services are available (clinical trial support, animal surgery support, manufacturing facilities, biomechanics, kinematics, etc).

### **Budget**

The budget is not discussed during the scientific review, but after the scoring is completed, the SRO will ask for any comments on the budget from reviewers. This is the time to comment on whether there are costs that seem exorbitant or if the proposed level of effort for personnel is too much/little, or any other budgetary concerns.

### **Human Subjects/Animal Protection**

This is also not considered as part of the score or reviewed during the scientific discussion. Once the scientific review is completed, the SRO will ask for any comments from the reviewers. As a reviewer, you should check to make sure IRB/IACUC approvals are either pending or granted, and that for clinical studies, there is a minority/women and children inclusion plan.

### **Revision Grants**

The introduction page is for grants coming back in for another review. This can be because the first submission didn't score well enough for funding, or because the investigators are looking for additional years of funding. In the first case, this one page provides the applicants the ability to respond to the prior critique, or summary statement. This is similar to a response to review for a peer-reviewed manuscript.

### **Scoring**

The grant review template includes an overall impact score and statement, followed by scores for the individual areas of significance, investigators, innovation, approach, and environment. For each of these five subsections, you will be asked to comment on strengths and weaknesses in the proposal. Scores in each area can range from 1 (best) to 9 (worst).

### **Your Main Job as a Grant Reviewer: Significance and Overall Impact**

The major focus of any NIH grant review is to assess the significance of the project.



is critically important. Study sections are made up of human beings who will score grants more highly if they are interested in the subject. With the group discussion format, how convincing the reviewers are in advocating for the study design, significance and impact of the grant significantly impacts whether the research will be funded or not. The lack of orthopaedic surgeons in these discussions to state the significance and overall impact of orthopaedic issues jeopardizes our ability to obtain the millions of dollars in NIH funds that have the potential to advance orthopaedic research and the care of our patients. Your answer to questions,

including “Will the results of this study impact patient care or change practice?” can have a major influence on whether a grant is scored within the funding range.

### Summary

Serving on an NIH Study Section will benefit our specialty as a whole, and can also significantly impact the career of surgeons interested in science. Seeing first-hand how grants are reviewed and discussed in a study section, what elements are critical, what pitfalls to avoid coupled with the opportunity to meet mentors and collaborators can be instrumental in establishing a career in orthopaedic research.

But most importantly, the voice of the orthopaedic surgeon is needed to ensure the research that NIH is funding has the best chance of improving the care of our patients. This requires the service of surgeons who could be spending the time for greater personal benefit and compensation.

### For More Information

#### NIH Grant Review Process

[grants.nih.gov/grants/peer\\_review\\_process.htm](http://grants.nih.gov/grants/peer_review_process.htm)

#### NIH Grant Basics

[http://grants.nih.gov/grants/grant\\_basics.htm](http://grants.nih.gov/grants/grant_basics.htm)

#### Search Engine for Funded NIH Grants (NIH RePORTer)

[projectreporter.nih.gov/reporter.cfm](http://projectreporter.nih.gov/reporter.cfm)



### The Bart Mann Award for the Advancement of Sports Medicine Research

recognizes those who contribute to the advancement of our specialty by serving on study sections at NIH. For more information on the award, visit [www.sportsmed.org](http://www.sportsmed.org) and click on the research tab or contact Director of Research, Kevin Boyer at [kevin@aossm.org](mailto:kevin@aossm.org).

## From the President *continued from page 2*

allopathic and osteopathic residency and fellowship training, the Society also is committed to working with the ABOS, AAOS, and ACGME to refine those standards so they meaningfully enhance the quality of our training programs.

All of the above priorities are extensions of the work of our profession up to this point. Every board member—certainly every president—is mindful that their efforts are a continuation of the work of those leaders who came before. This past year, Allen Anderson epitomized that sense of AOSSM leadership and stewardship as he guided the Society through its strategic planning process and led the search for a new chief executive while ensuring the Society continued to produce its full complement of high quality programs and activities. The 2016 Annual Meeting is a testament to his scientific and organizational leadership, along with that of his program chair, Kurt Spindler, MD. Great job, Allen!

Similarly, the success of our operations depends heavily on our executive oversight. I am pleased to start my tenure as president with Greg Dummer, CAE, who is taking over for Irv Bomberger

as AOSSM’s new Chief Executive Officer. Greg has 25 years of association management experience, including 16 impressive years as CEO for the Society of Laboratory Automation and Screening (SLAS). Out of a field of more than 85 candidates vying for the position, Greg stood out not only for his strong association management record, but also because his personal values aligned with our organizational values. His focus, energy, and skills will be of great service to me and to AOSSM as we continue to realize the opportunities and potential for our profession.

You have entrusted me with both a great opportunity and responsibility, and I look forward to serving you as AOSSM president.

Annunziato Amendola, MD



## AOSSM Members Take Center Stage at the College World Series



In 2016, the Society continued its relationship with the NCAA to support their Youth Clinic Parent Panels. These panels offer parents perspectives on the changing collegiate sports landscape, including our members' expertise in sports injuries and the associated concerns. This June, our representatives were Kevin Hargrove, MD, from Orthopedic Solutions OKC who spoke at the Women's College World Series in Oklahoma City, and Scott Reynolds, MD, from Nebraska Orthopaedic Hospital, at the Men's College World Series in Omaha.

Are you interested in speaking at another NCAA parent panel? E-mail Joe Siebels at [joe@aossm.org](mailto:joe@aossm.org) to learn more.

## Join STOP Sports Injuries

Did you know more than 1,000 organizations currently collaborate with STOP Sports Injuries? The program was founded on the idea that grassroots efforts could help spread awareness and information about preventing overuse and trauma injuries in young athletes—and that certainly seems to be the case. This number includes nearly 800 sports medicine practices, which hold local events and share our injury prevention information with patients. If you have not already signed up, be sure to visit [www.STOPSportsInjuries.org](http://www.STOPSportsInjuries.org) and click “Get Involved” to learn more.

### 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!

#### MEDICAL INSTITUTIONS

**Florida Hospital, Wesley Chapel**  
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**Goodlife Physical Therapy**  
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**Soost Outdoor Fit Biz**  
Gillette, Wyoming

#### Athlete Checkup

Los Angeles, California

#### Sajivam Sports

Karnataka, India

#### KINETIX Health and Performance Center

Palm Desert, California

#### Arthritis & Injury Care Centre

Halifax, Nova Scotia

#### All-Pro Physical Therapy

Livonia, Michigan

#### SPORTS AND RECREATION ORGANIZATIONS

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Durham, North Carolina

##### Fit for Sport

Halifax, Nova Scotia

##### Alabama Soccer Association

Birmingham, Alabama

##### VSN Athletic Performance and Fitness

Youngstown, Ohio

##### Simon Fraser University

Burnaby, British Columbia



## AOSSM Awards First Ever STOP Sports Injuries Award

Congratulations to **Michael Clinton Meyers, PhD**, on receiving the inaugural STOP Sports Injuries award for his paper, “Incidence, Mechanisms, and Severity of Game-Related High School Football Injuries Across Artificial Turf Systems of Various Infill Weights,” during the 2016 Annual Meeting in Colorado Springs.

This award, established in November 2015, recognizes outstanding research presented at the Annual Meeting related to youth sports injury prevention, treatment, or rehabilitation, and is voted on by the STOP Sports Injuries Outreach Committee.



## Sports Safety Tips Made Easy

Sharing sports injury prevention information is easier than ever. Our newly redesigned 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](http://www.STOPSportsInjuries.org) to see all the new site has to offer, and be sure to share with your patients!



## SUBMIT AN ANNUAL MEETING INSTRUCTIONAL COURSE PROPOSAL

Submit your proposal for an instructional course at [www.sportsmed.org](http://www.sportsmed.org). Deadline for submissions is August 29, 2016 (Noon) CST.

Abstract submissions for the AOSSM 2017 Annual Meeting opened August 1 and close October 3, 2016. Abstracts and IC proposals will only be accepted at [www.sportsmed.org](http://www.sportsmed.org).

### Join the Sports Medicine Conversation

Join 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.

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### Keep Your Patients *In Motion*

*In Motion* is available to be personalized with your own practice name and logo. For just \$300, you will receive four personalized issues (Spring, Summer, Fall, Winter) and the high and low resolution PDFs to send to a patient's inbox, put on your website, or print out and place in your waiting room. For more information, contact Lisa Weisenberger, Director of Communications at [lisa@aossm.org](mailto:lisa@aossm.org).

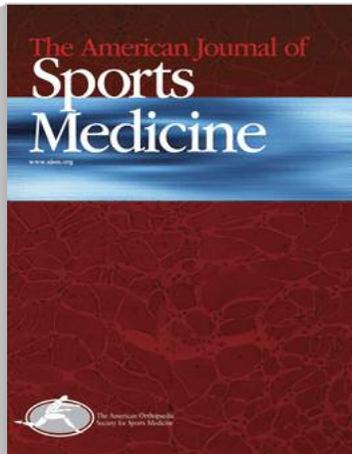
### New Journal Apps Updates!



The journals apps were recently updated! The new versions have a clean, intuitive design that makes it easier to download issues, read and navigate through articles, or share articles on social media. Each of the apps is now easily accessible on your iPad and iPhone.

The upgrade also includes a new "Help" menu. For more information and to download the apps, visit [www.sportsmed.org](http://www.sportsmed.org) and click on the publications tab, or contact Colleen Briars, Editorial and Production Manager, at [colleen@aossm.org](mailto:colleen@aossm.org).





## AJSM Impact Factor Grows Again

The 2015 Journal Citation Reports were released in June and it was another strong year for *AJSM's* Impact Factor (IF). *AJSM's* IF increased from 4.362 to 4.517 for its 2-year IF, and it increased from 5.084 to 5.501 for its 5-year IF. The journal's 2-year IF now ranks #3 in both the Orthopaedic Surgery and Sports Sciences categories (3/74 and 3/82) and its 5-year IF is #1 in Orthopaedic Surgery (1/74) and #5 in Sports Sciences (1/82). This accomplishment is especially impressive given that the number of citable articles increased by 20 and the journal citations increased by 12.6% to 23,400, while the percentage of self-citations decreased from 14% to 11.8%.

While the IF is but one metric for measuring the standing of journals, it remains an important indicator of the journal's standing within the profession. Congratulations to Executive Editor, Bruce Reider, MD, and the editorial team for their work in making *AJSM* a leading publication in an era of burgeoning research and publication.

## AOSSM Wins ESKAR



At the recent European Society of Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) meeting in

Barcelona, AOSSM was awarded the ESKAR for most valuable partner society. President Allen Anderson, MD, and several other members attended the meeting and also served as faculty.

## Bomberger Officially Retires

Congratulations to AOSSM Executive Director, Irv Bomberger on his retirement and exemplary service for 20 years to the Society. His last day in the office was July 29.

## NAMES IN THE NEWS



### Gray Inducted into NATA Hall of Fame

Congratulations to AOSSM member, **Bob Gray, ATC**, for being inducted into the National Athletic Trainers' Association Hall of Fame in June during their Annual Meeting. Induction into the Hall of Fame is one of the profession's highest honors and is reserved for distinguished leaders who have demonstrated a lifetime commitment to NATA.



### Burke Recognized by USA Hockey

Longtime AOSSM member, **Charles "Chip" J. Burke, III, MD**, was recently given the Walter Yaciuk Award from USA Hockey. The annual award is presented by the organization's Coaching Education Program to an individual who has made an outstanding contribution to the program during many years of service as a volunteer. Dr. Burke has been a longtime coaching education program instructor and is well known throughout the hockey community for his extensive contributions to the safety education of USA Hockey coaches. He also created the safety video that is used in all current Level 1–3 clinic presentations, and has spoken at countless events and given presentations on player safety and concussions at coaching clinics of every level.



### Wojtys Receives Kappa Delta Lanier Award

Congratulations to *Sports Health* Editor-in-Chief and AOSSM member, **Edward M. Wojtys, MD**, for receiving the 2016 Kappa Delta Elizabeth Winston Lanier Award from the AAOS for his nearly three decades of research into the neuromuscular function of the knee and ACL injuries.



Andrew M. Tucker, MD, Peyton Manning, Matthew J. Matava, MD, attend The Football Sports Medicine 2016: The Playbook for the NFL & Beyond.

## Football Sports Medicine 2016: A Playbook to Keep

The *Football Sports Medicine 2016: The Playbook for the NFL & Beyond* course took place May 5–7, 2016, in Denver, Colorado, and was a huge success with more than 200 individuals in attendance! Thank you to course chairs Matthew J. Matava, MD, and Andrew M. Tucker, MD, for developing an agenda and assembling faculty to discuss the latest in evidence-based medicine and emerging therapies for the prevention, treatment, and rehabilitation of football injuries at all levels of play. We were fortunate to have had exceptional education presented by leaders in football sports medicine.

Retired Denver Bronco, Peyton Manning joined the meeting for a conversation with Dr. Matava and Dr. Tucker on Thursday, May 5. It was entertaining to hear what it's like to live the life of such a high-profile athlete before, during, and after his NFL career!

A huge thank you to the course faculty for preparing and presenting hours of outstanding education during the course, and to the National Football League, the National Football League Physicians' Society, and the Professional Football Athletic Trainers Society for their support.

### 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.

## AOSSM Members Participate in AMECRA

Three AOSSM committee members represented the Society as faculty at the Mexican Association of Reconstructive Surgery and Arthroscopy's (AMECRA) XXI International Congress, May 25–28, 2016, in Merida, Yucatan, Mexico. Randhir Mascarenhas, MD, University of Texas Health Science Center at Houston; Fotios P. Tjoumakaris, MD, the Rothman Institute and Thomas Jefferson University; and Daniel C. Wascher, MD, University of New Mexico, presented the following instructional courses, with all three participating in each:

- Diagnosis and Treatment of Athletic Hip and Groin Pain
- Complex Knee Ligament Reconstruction
- Controversies in Rotator Cuff Surgery

This is the main event of AMECRA whose mission is the development and scientific growth of their membership as well as other specialists to benefit the health of the entire Mexican population. Thank you to Dr. Mascarenhas, Dr. Tjoumakaris, and Dr. Wascher for not only helping AMECRA to meet their mission but also for their effort representing AOSSM at this international event!

For more details, visit [www.amecra.org.mx/index.php/congreso-2016/programa-preliminar](http://www.amecra.org.mx/index.php/congreso-2016/programa-preliminar).



Fotios P. Tjoumakaris, MD; Daniel C. Wascher, MD and Randhir Mascarenhas, MD at the AMECRA meeting in Merida, Yucatan, Mexico.

## AAOS Submits Comments on MACRA Rule

The American Association of Orthopaedic Surgeons (AAOS) submitted comments to the Centers for Medicare and Medicaid Services (CMS) on its proposed rule for the physician reimbursement framework required under the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. The new framework—which replaces the flawed Sustainable Growth Rate (SGR) formula—is called the Quality Payment Program (QPP) and includes two pathways: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). While AAOS expressed support for the efforts to reduce the administrative burden on clinicians and introduce greater flexibility in reporting requirements, the comments outlined a number of areas of concern, including performance year timing, access to data, infrastructure needs, risk adjustment, and the potentially negative impact on smaller or solo practices.

AAOS has been working closely with the office of Representative Tom Price, MD (R-GA), to communicate with CMS and the House Ways and Means Committee to address these concerns. The AAOS also held a Congressional briefing on Capitol Hill to educate Congressional staffers and health care leaders about the importance of MACRA implementation and the issues raised by the proposed rule. AAOS Council on Advocacy Chairman Thomas Barber, MD, presented on behalf of AAOS and stressed key areas of concern.

## BPCI Models 2-4 Extended

CMS recently announced that participants in the Bundled Payments for Care Improvement (BPCI) initiative will have the opportunity to extend their participation in Models 2-4 through September 30, 2018. This extension applies to the first



AOSSM President, Allen Anderson, MD, Mark Miller, MD, Senator Goodlatte, Patricia Kolowich, MD, and AOSSM Executive Director, Iv Bomberger, met with U.S. Representative Robert Goodlatte in June to discuss the Controlled Substances Act.

batch of awardees in Models 2-4 who began in October 2013 along with those who joined later in 2014.

## Sports Medicine Licensure Act Advances

HR 921, which 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 passed out of the House Energy and Commerce Committee Subcommittee on Health in June. The next step is for it to be considered by full Committee.

## HHS Announces Initiative to Help Small Practices Prepare for the Quality Payment Program

On June 20, 2016 the Department of Health and Human Services (HHS) announced \$20 million to fund “on-the-ground training and education for Medicare clinicians in individual or small group practices of 15 clinicians or fewer” in order to help small practices prepare for the Quality Payment Program. This program implements the new, bipartisan law changing how Medicare pays clinicians, known as the Medicare Access and CHIP Reauthorization Act (MACRA). According to the HHS release, these funds “will help provide hands-on training tailored to small practices,

especially those that practice in historically under-resourced areas including rural areas, health professional shortage areas, and medically underserved areas.”

## New Proposed Legislation: Doctors Must Report Med Device-Related Deaths and Injuries

Representatives Mike Fitzpatrick (R-PA) and Louise Slaughter (D-NY) recently announced plans to propose a package of bills “aimed at strengthening the Food and Drug Administration’s (FDA) medical device review process and increasing accountability for dangerous products.” If approved, the bill would require doctors to report medical device-related deaths and serious injuries to the FDA. Under current rules, only medical device manufacturers, importers, and certain user facilities are required to report medical device-related deaths and serious injuries to the FDA. The proposed act will extend the existing reporting requirements to include “a physician or a physician’s office.”

AOSSM is looking for individuals who have had issues with not being able to treat athletes in other states due to controlled substance laws. If you have had this experience and are willing to discuss, please send an e-mail to Debbie Czech at [debbie@aossm.org](mailto:debbie@aossm.org).

# AOSSM gratefully acknowledges and thanks the following members for their 2015 donations – either directly or via OREF – in support of AOSSM Research!

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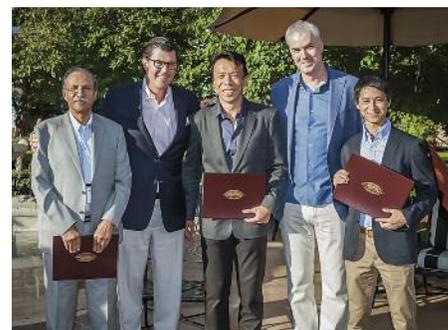
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# Annual Meeting Soars to New Heights in Colorado Springs

**AOSSM's 2016 Annual Meeting brought together more than 1,200 sports medicine professionals and their families for four days of education and fun in Colorado Springs, Colorado from July 7 to 10.**

The meeting began on Wednesday afternoon with the pre-conference workshop in collaboration with the Sports Physical Therapy Section (SPTS).

Even before the official start of the meeting on Thursday, attendees were up early to partake in a host of instructional courses led by some of the top experts in the field. After a strong cup of coffee in the Exhibit Hall, individuals meandered to the main Broadmoor ballroom and were welcomed to the meeting by AOSSM President, Allen Anderson, MD, and Program Chair, Kurt Spindler, MD. The morning's session began with a discussion on shoulder instability outcomes with other research being presented on patellofemoral, meniscus, ACL, the overhead athlete, foot and ankle, hip arthroscopy, and a rousing discussion on the important issues facing the business of sports medicine. *AOSSM*

*gratefully acknowledges Flexion Therapeutics for an educational grant in support of Thursday's General Session.*

More than 100 people were in attendance for the AOSSM Medical Publishing Workshop on Thursday which discussed how to analyze research statistics and how to evaluate economic analysis studies. In the afternoon, individuals looking to learn more about what it takes to serve on a NIH study section were engaged and enlightened during the free NIH Reviewer Workshop.

The first day concluded with a beautiful evening at the annual welcome reception on the west lawn of The Broadmoor. Attendees and their families had the opportunity to socialize and catch up with colleagues and meet new ones, while enjoying delicious food and treats with the Colorado Rocky Mountains as the backdrop. *AOSSM gratefully acknowledges Topical Gear for*

*their support of the Welcome Reception.*

Friday's session began with discussions on team physician outcomes and the induction of Freddie Fu, MD, and K. Donald Shelbourne, MD, into the AOSSM Hall of Fame.

Dr. Anderson's presidential address entitled, *Spem Successus Alit*, which translates from the Gaelic language into "success nourishes hope," discussed how standing sure of yourself and your character leads to success. He also highlighted the recent accomplishments of the Society and especially the work of retiring AOSSM Executive Director, Irv Bomberger, who received a special acknowledgement award. Dr. Anderson further noted the importance of his family, and especially his father in shaping the type of surgeon and individual he has become and continues to evolve into.

Concurrent sessions on Friday, included presentations on injury prevention, sideline evaluation and management of acute hand and wrist injuries, team physician controversies, and MMA injuries.

A new Friday component of the meeting this year was the Round Table, Case-Based Discussions which were a huge success and included small group interactions with moderators on ten “hot” orthopaedic sports medicine topics. These discussions were sold out early and provided an engaging opportunity for members to share their clinical and treatment insights. *AOSSM gratefully acknowledges Smith & Nephew for an educational grant in support of the Case-Based, Round Table Discussions.*

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

During the business meeting on Friday, members were also nominated for the Nominating Committee and other new board members approved, including:

#### ■ Nominating Committee

Champ Baker, Jr., MD  
Brian Cole, MD  
David Diduch, MD  
Lee Kaplan, MD  
John Kelly, IV, MD  
Walter Lowe, MD  
C. Benjamin Ma, MD  
Robert Marx, MD  
David McAllister, MD  
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Beth Shubin Stein, MD  
James Tibone, MD  
Thomas Wickiewicz, MD

#### ■ Board Members

Neal ElAttrache, MD—Vice President  
Jeffrey Dugas, MD—Member-at-Large Over 45  
Robin Vereeke West, MD—Member-at-Large Under 45

#### ■ Council Chairs

Matt Provencher, MD—  
Chair, Research  
C. David Geier, MD—  
Chair, Communications

On Saturday morning attendees headed back to the Broadmoor ballroom for discussions and presentations on ACLR outcomes, hip issues, rotator cuff repair, policy and education, and knee articular cartilage. Live surgical presentations were also sprinkled throughout the day’s presentations to enhance attendee learning. *AOSSM gratefully acknowledges Arthrex and Stryker for their educational grants and in-kind support of the Live Surgical Demonstrations. We also thank DePuy Synthes Mitek Sports Medicine and Smith & Nephew for their in-kind support of the demonstrations. Stryker also provided an educational grant in support of Saturday’s General Session.*

One of the biggest highlights of the meeting also occurred on Saturday, with Presidential Guest Speaker and former Cleveland Browns Coach, Sam Rutigliano discussing his life experiences as a coach and broadcaster during his speech, *Character is a Matter of Choice.*

Following the speech, Past AOSSM President, Dr. Peter Indelicato received the Sports Medicine Leadership Award, one of the Society’s highest honors, for his outstanding career in sports medicine. Dr. Anderson then presented the presidential medallion and pin to incoming president, Ned Amendola, MD. This ceremony signified Dr. Amendola’s induction as the 2016–2017 AOSSM President.

Guided poster tours were also held on Saturday afternoon with moderators and authors discussing their research in a more interactive space. Awards were given to the top three posters and include:

1. Poster 57—*Perivascular Stem Cells Diminish Muscle Atrophy and Retain*

*Viability in a Rotator Cuff Tear Model,* Claire Eliasberg, BA, Andrew Jensen, MD, MBE, Ayelet Dar, PhD, Tomasz J. Kowalski, MD, PhD, Iain Murray, MD, David R. McAllister, MD, and Frank A. Petrigliano, MD

2. Poster 17—*Cumulative Incidence of Osteochondritis Dissecans of the Capitellum in Child and Adolescent Baseball Players,* Toshiyuki Wiame, Naoto Suzue, Tetsuya Matsuura, MD, and Koichi Sairyō
3. Poster 45—*Subsequent Surgery After Revision Anterior Cruciate Ligament Reconstruction: Rates and Risk Factors from a Multicenter Cohort,* David Ding, MD, MARS Group

The day ended with a fun-filled, family-friendly, Wild West Fest on the Broadmoor’s pool lawn filled with games, music, and even some live animals for the kids to touch and learn from.

The meeting concluded on Sunday with some final instructional courses and general session presentations on biologics, traveling fellow,s and outcome measures.

AOSSM would like to thank all of our sponsors and exhibitors for their ongoing Annual Meeting support. We’d also like to thank the Program Committee and Program Chair, Kurt Spindler, MD for their hard work preparing for the meeting. **See you next year at the AOSSM Annual Meeting in Toronto, July 20–23.**



All Annual Meeting materials, including abstracts, outlines and posters can be viewed by logging into your MyAOSSM page at [www.sportsmed.org](http://www.sportsmed.org) and clicking on the Meeting Materials.

# 2016 AOSSM Annual Meeting in Colorado

Photos from the Annual Meeting are available for viewing at <http://www.photographyg.com>. Select the link on the bottom of the page to View the AOSSM Event. You will create a new account or if you viewed pictures from the 2015 Annual Meeting you can simply sign in. Many photos of the scientific sessions, award presentations, and family fun are there for your enjoyment and to purchase.



Photos courtesy of Garrett Hacking at PhotographyG.

The Society strives to provide you with the best educational experience possible. You should have received an e-mail from the Society asking for your comments on the meeting and how we can improve for next year. Please be sure to take a few minutes to fill this evaluation out, so we can continue to make our meetings the best in sports medicine. You can also now login to the AOSSM website at [www.sportsmed.org](http://www.sportsmed.org) to claim your CME credit. Click on the MyAOSSM tab and then CME. If you have questions, please contact the Society office at 847/292-4900. Thank you!

# AOSSM Presents Prestigious Research Awards at Annual Meeting

AOSSM presented multiple research awards during our Annual Meeting in Colorado Springs, Colorado. AOSSM annually provides more than \$350,000 to research initiatives and projects around the country. Highlights of this year's award recipients include:

## 2016 Steven P. Arnoczky Young Investigator Grant

The Young Investigator Grant (YIG) is specifically designed to support young researchers who have not received prior funding, and is supported by individual giving to the Society. This year it was renamed the Steven P. Arnoczky Young Investigator grant to honor Arnoczky's longtime contributions to AOSSM and sports medicine research. This year AOSSM selected **Alan Zhang, MD (UCSF)**, for his research, "Quantitative Magnetic Resonance Imaging for Femoroacetabular Impingement of the Hip."

## 2016 Sandy Kirkley Grant

To honor the memory and spirit of Dr. Kirkley, AOSSM established a grant of \$20,000 that provides start-up, "seed," or supplemental funding for an outcome research project or pilot study. This year's recipient is **Jason Drago, MD (Stanford)**, for "Autologous Stem Cell Application versus Microfracture for the Treatment of Isolated Cartilage Defects."

## Bart Mann Award for the Advancement of Sports Medicine Research

This award, in honor of AOSSM's first Director of Research, is given to AOSSM members for serving as grant application reviewers for the NIH. The award aims to support service to the profession, enhance professional development, and provide valuable clinical perspective and expertise to NIH study sections. Congratulations to **Robert Magnussen, MD, MPH**, who served as a first-time grant reviewer for the NIH Arthritis and Musculoskeletal and Skin Diseases Study Section. **Martha Murray, MD, Kurt Spindler, MD, Constance Chu, MD, and Braden Fleming, PhD**, were also recognized during the meeting for their continuing contributions to the NIH.

## 2016 AOSSM/Sanofi Osteoarthritis Grant

The AOSSM/Sanofi Osteoarthritis Grant was awarded to **Cecilia Pascual-Garrido, MD (University of Colorado-Denver)**, for her research titled "Cartilage Repair with Mesenchymal Stem Cells (MSCs) Delivered in a Novel Chondroitin Sulfate/Polyethylene Glycol Hydrogel in an Equine Animal Model." This grant supports a lab/basic science project and is chosen by the AOSSM Research Committee. *AOSSM gratefully acknowledges Sanofi for their support of this grant.*

## Fellow Research Award—Clinical Science

The Fellow Research Award, formerly the Aircast Award, is determined by the AOSSM Fellowship Committee. The award is given to the best papers in clinical science and basic science submitted by a sports medicine fellow. Each recipient receives \$1,500 and an award plaque. This year's winning paper is: "Anisometry of Medial Patellofemoral Ligament Reconstruction in the Setting of Patella Alta and Increased Tibial Tubercle-Trochlear Groove (TT-TG) Distance," from author **Lauren H. Redler, MD, Kathleen N. Meyers, MS, Jacqueline Munch, MD, Elizabeth R. Dennis, MD, Joseph Nguyen, MPH, and Beth E. Shubin Stein, MD.**

## Cabaud Memorial Award

Given to the best paper researching hard or soft tissue biology, this award is selected by the AOSSM Research Committee with winners receiving \$2000. This year's winning paper is: "Platelet Rich Plasma Activates Pro-Inflammatory Signaling Pathways and Induces Oxidative Stress in Tendon Fibroblasts." Contributing authors to this research include **Joshua L. Hudgens, MD, Christopher Mendias, PhD, ATC, Kristoffer B. Sugg, MD, Jeremy A. Grekin, MS, Jonathan P. Gumucio, BS, and Asheesh M. Bedi, MD.**





### Excellence in Research Award

This award is selected by the AOSSM Awards Subcommittee with principal investigators receiving \$2,000. This year's winning paper was from **Jason M. Schon, BS, Gilbert Moatshe, MD, Alex W. Brady, MSc, Raphael Serra Cruz, MD, Jorge Chahla, MD, Grant J. Dornan, MSc, Travis Lee Turnbull, PhD, and Lars Engebretsen, MD, PhD**, titled "Anatomic Anterolateral Ligament Reconstruction of the Knee Leads to Overconstraint at any Fixation Angle."

### O'Donoghue Sports Injury Research Award

The 2016 recipients include **Matthew R. Titchenal, MS, Constance R. Chu, MD, Jennifer C. Erhart-Hledik, MS, PhD, and Thomas P. Andriacchi, PhD**, for their research titled, "Early Changes in the Knee Joint Center of Rotation During Walking Following Anterior Cruciate Ligament Reconstruction Correlate with Later Changes in Patient Reported Outcomes." This award is given annually to the best overall paper that deals with clinical based research or human in-vivo research. The awardee is selected by the AOSSM Research Committee with recipients receiving \$2,000.

### Hughston Award

This year's recipients of the Hughston Award are **Craig R. Bottoni, MD, Eric L. Smith, MD, James Shaha, MD, Steven S. Shaha, MD, Sarah G. Raybin, MD, John M. Tokish, MD, and Douglas J. Rowles, MD**, for their paper, "Autograft vs. Allograft Anterior Cruciate Ligament Reconstruction: A Prospective, Randomized Clinical Study

with a Minimum 10-Year Follow-up." The award, chosen by a panel of *AJSM* editors and reviewers, is given to the most outstanding paper published in the *American Journal of Sports Medicine* and receives \$5,000.

### AJSM Systematic Review Award

**Amelia J. Wiggins, DO, Ravi K. Grandhi, MD, Daniel K. Schneider, MD, Denver Stanfield, MD, Kate E. Webster, PhD, and Gregory D. Myer, PhD, CSCS**, received this year's award for their paper, "Risk of Secondary Injury in Younger Athletes After Anterior Cruciate Ligament Reconstruction: A Systematic Review and Meta-analysis." The Systematic Review award is given to the best systematic review paper submitted to the *American Journal of Sports Medicine* during a calendar year, as determined by a panel of *AJSM* editors and reviewers. The award winning authors receive \$5,000.

### Herodiscus Award

This award given annually by the Herodiscus Society and recognizes the best resident paper accepted for the AOSSM Annual Meeting Program. The 2016 award was given to **Ujash Sheth, MD, David Wasserstein, MD, Rahim Moineddin, PhD, Richard Jenkinson, MD, MSc, FRCSC, Hans Kreder, MD, MSc, FRCSC, and Susan Jaglal, PhD**, for their research, "Practice Patterns in the Care of Acute Achilles Tendon Ruptures: Is There an Association with Level I Evidence?"

### T. David Sisk Award for Best Original Research Paper

The winners were selected from the best papers in original research submitted

to *Sports Health: A Multidisciplinary Approach*. The award includes a \$2,500 cash prize and a plaque. This year's winners were **Alisha Hak, MSc, Krishan Rajaratnam, BSc, MD, FRCSC, Olufemi R. Ayeni, MD, MSc, FRCSC, Jaydeep Moro, MD, FRCSC, Devin Peterson, MD, FRCSC, Shelia Sprague, PhD, and Mohit Bhandari, MD, PhD, FRCSC**, for their study, "A Double-Blinded Placebo Randomized Controlled Trial Evaluating Short-Term Efficacy of Platelet-Rich Plasma in Reducing Postoperative Pain After Arthroscopic Rotator Cuff Repair: A Pilot Study."

### T. David Sisk Award for Best Review Paper

This year's recipient is the paper "A Systematic Review of Failed Anterior Cruciate Ligament Reconstruction With Autograft Compared with Allograft in Young Patients," from **David Wasserstein, MD, MSc, FRCSC, Ujash Sheth, MD, MSc, Alison Cabrera, MD, and Kurt P. Spindler, MD**. The winners were selected from the best review papers submitted to *Sports Health: A Multidisciplinary Approach*. The award will include a \$2,500 cash prize and a plaque.

### T. David Sisk Award for Best International Paper

The winners were selected from the best international papers submitted to *Sports Health: A Multidisciplinary Approach*. The award will include a \$2,500 cash prize and plaque. This year's winner of the best international research paper is "Impaired Femoral Vascular Compliance and Endothelial Dysfunction in 30 Healthy Male Soccer Players: Competitive Sports

and Local Detrimental Effects,” from authors **Gabriele Cioni, MD, PhD, Andrea Berni, MD, PhD, Gian Franco Gensini, MD, Rosanna Abbate, MD, and Maria Boddi, MD, PhD.**

#### STOP Sports Injuries Award

This award, established in November 2015, recognizes outstanding research presented at the Annual Meeting related to youth sports injury prevention, treatment, or rehabilitation. **Michael Clinton Meyer, PhD,** received the inaugural award for, “Incidence, Mechanisms and Severity of Game-Related High School Football Injuries Across Artificial Turf Systems of Various Infill Weight,” which analyzes how the composition of artificial turf surfaces can lead to injuries in young athletes. The winner is selected by the STOP Sports Injuries Outreach Committee and receives a \$1,000 award and plaque.

#### Orthopaedic Journal of Sports Medicine Award for Best Original Research Paper

The first recipients of the this new award, established in 2015 by the AOSSM and Editorial Board representatives from partner organizations, were **Tara Talaie, BS, Stephen J.P. Pratt, BS, Camilo Vanegas, BS, Su Xu, PhD, R. Frank Henn, III, MD, Paul Yarowsky, PhD, and Richard M. Lovering, PhD, PT,** for their research “Site-Specific Targeting of Platelet-Rich Plasma via Superparamagnetic Nanoparticles.”

#### Orthopaedic Journal of Sports Medicine Award for Best Review Paper

The first recipients of the this new award, established in 2015 by the AOSSM and Editorial Board representatives from partner organizations, were **Brandon J. Erickson, MD, Randy Mascarenhas, MD, FRCSC, Bryan M. Saltzman, MD, David Walton, MD, Simon Lee, MD, Brian J. Cole, MD, and Bernard R. Bach Jr., MD,** for “Is Operative Treatment of Achilles Tendon Ruptures Superior to Nonoperative Treatment? A Systematic Review of Overlapping Meta-Analyses.”

## Research Grant and Award Deadlines Around the Corner

To learn more and apply for any of the following grants and awards, visit [www.sportsmed.org](http://www.sportsmed.org) and click on the research tab.

#### AOSSM/Sanofi Osteoarthritis Grant

Currently accepting applications; Submission deadline: January 1, 2017

#### Steven P. Arnoczky Young Investigator Grant

Currently accepting applications; Submission deadline: December 1, 2016 at 11:59 PM CT

#### Sandy Kirkley Clinical Outcomes Research Grant

Currently accepting applications; Submission deadline: December 1, 2016 at 11:59 PM CT



#### Research Awards

Papers submitted by October 9, 2016, will be considered for 2017 research awards.

### 2017 Council of Delegates Incoming Members

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

<b>William Ciccone, MD</b> Colorado	<b>Keith Kenter, MD</b> Michigan	<b>Barry Phillips, MD</b> Tennessee	<b>Sarah Shubert, MD</b> Maine
<b>John Conway, MD</b> Texas	<b>Lance LeClerc, MD</b> MIL	<b>William Prickett, MD</b> Arizona	<b>James Slauterback, MD</b> Vermont
<b>Jeffrey Cusumariu, MD*</b> Alabama	<b>Russell Linton, MD</b> Mississippi	<b>Anil Ranawat, MD*</b> New York	<b>Jason Snibbe, MA</b> California
<b>Wiemi Dougouih, MD</b> Washington, DC	<b>R. Stephen Lucie, MD*</b> Florida	<b>Kirk Reynolds, MD</b> Alabama	<b>William Stewart, MD</b> Oklahoma
<b>Joseph Fitzgerald, MD</b> Rhode Island	<b>Carl Nissen, MD*</b> Connecticut	<b>Daniel Romanelli, MD</b> New Mexico	<b>Tony Wanich, MD</b> New Jersey
<b>R. Jeff Grondel, MD*</b> Nevada	<b>Judson Penton, MD</b> Louisiana	<b>Eric Samuelson, MD</b> Nebraska	
<b>Christopher Ihle, MD*</b> Nebraska	<b>Karen Perser, MD</b> Montana	<b>Brian Sennett, MD</b> Pennsylvania	*Second consecutive term

### Council of Delegates Outgoing Members

AOSSM thanks the outgoing members of the Council of Delegates for their service to the Society.

<b>Frank Alberta, MD</b> New Jersey	<b>Gregory Mathien, MD</b> Tennessee	<b>Charles Pasque, MD</b> Oklahoma	<b>Terry Thompson, MD</b> Washington, DC
<b>Steven Cohen, MD</b> Pennsylvania	<b>Jefferey Michaelson, MD</b> Michigan	<b>Felix Savoie, MD</b> Louisiana	<b>Mark Tompkins, MD</b> Minnesota
<b>Nick DiGiovine, MD</b> Montana	<b>Kenneth Morse, MD</b> Maine	<b>J. Field Scovell, MD</b> Texas	<b>Gehron Treme, MD</b> New Mexico
<b>Peter Holmes, MD</b> Texas	<b>Matthew Nofziger, MD</b> Vermont	<b>William Smith, MD</b> Mississippi	<b>John Vander Schilden, MD</b> Arkansas
<b>Gregory Maletis, MD</b> California	<b>Jon Nisbet, MD</b> Arizona	<b>Daniel Solomon, MD</b> MIL	<b>Michelle Wolcott, MD</b> Colorado



# UPCOMING MEETINGS & COURSES

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

## **AOSSM/AOS Orthopaedic Sports Medicine Review Course**

August 12–14, 2016  
Chicago, Illinois

## **Osteotomies Around the Knee: From Ligament Insufficiency to Chondrosis (REGISTRATION OPEN)**

September 23–25, 2016  
Rosemont, Illinois

## **2016 Advanced Team Physician Course (ATPC) (REGISTRATION OPEN)**

December 8–11, 2016  
Coronado, California

## **The Athlete's Hip: New Trends, Evaluation and Surgical Management**

February 10–12, 2017  
Rosemont, Illinois

## **Specialty Day**

March 18, 2017  
San Diego, California

## **SHARPEN YOUR KNEE SURGICAL SKILLS**

### **Osteotomies Around the Knee: From Ligament Insufficiency to Chondrosis**

September 23–25, 2016  
Orthopaedic Learning Center,  
Rosemont, IL

Registration deadline is  
September 9, 2016.

Course Chairs, **Elizabeth A. Arendt, MD, Alan M. Getgood, MBChB, MD and Robert F. LaPrade MD, PhD**, along with other expert knee faculty, will demystify the technique of realignment osteotomy through practical treatment algorithms that address simple and complex knee pathologies.

You will learn:

- Indications and surgical techniques for knee realignment osteotomy, including proximal tibia, distal femur and patellofemoral
- Indications and surgical techniques for osteotomies to treat ligament instability (e.g. ACL, PCL, posterolateral corner)
- Pre-operative planning of deformity correction pertaining to the knee
- The role of biological augmentation of realignment osteotomy



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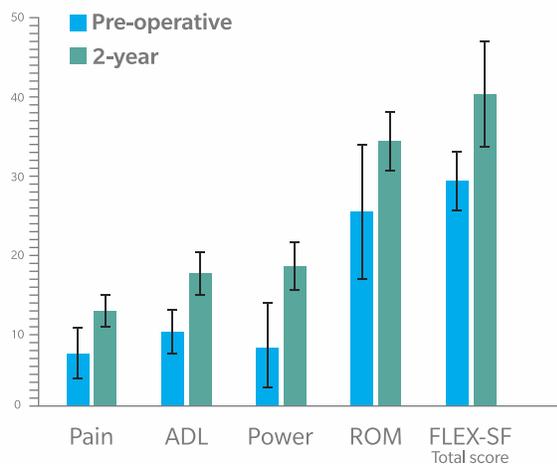
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Ossified anchor tract at two years.

FLEX-SF = Flexilevel scale of shoulder function; SD = Standard deviation;  
ROM = Range of motion; ADL = Activities of daily living

1. Agrawal, V, MD; Pietrzak, WS, Ph.D. Triple labrum tears repaired with JuggerKnot<sup>™</sup> soft anchor: Technique and results. *Int J of Shoulder Surg* 2015;9:81-9.

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