

# sportsmedicine

SPRING 2018, ISSUE 1

UPDATE

## PATIENT REPORTED OUTCOMES

The Currency of Value-  
Based Healthcare

2018  
Annual  
Meeting  
Preview

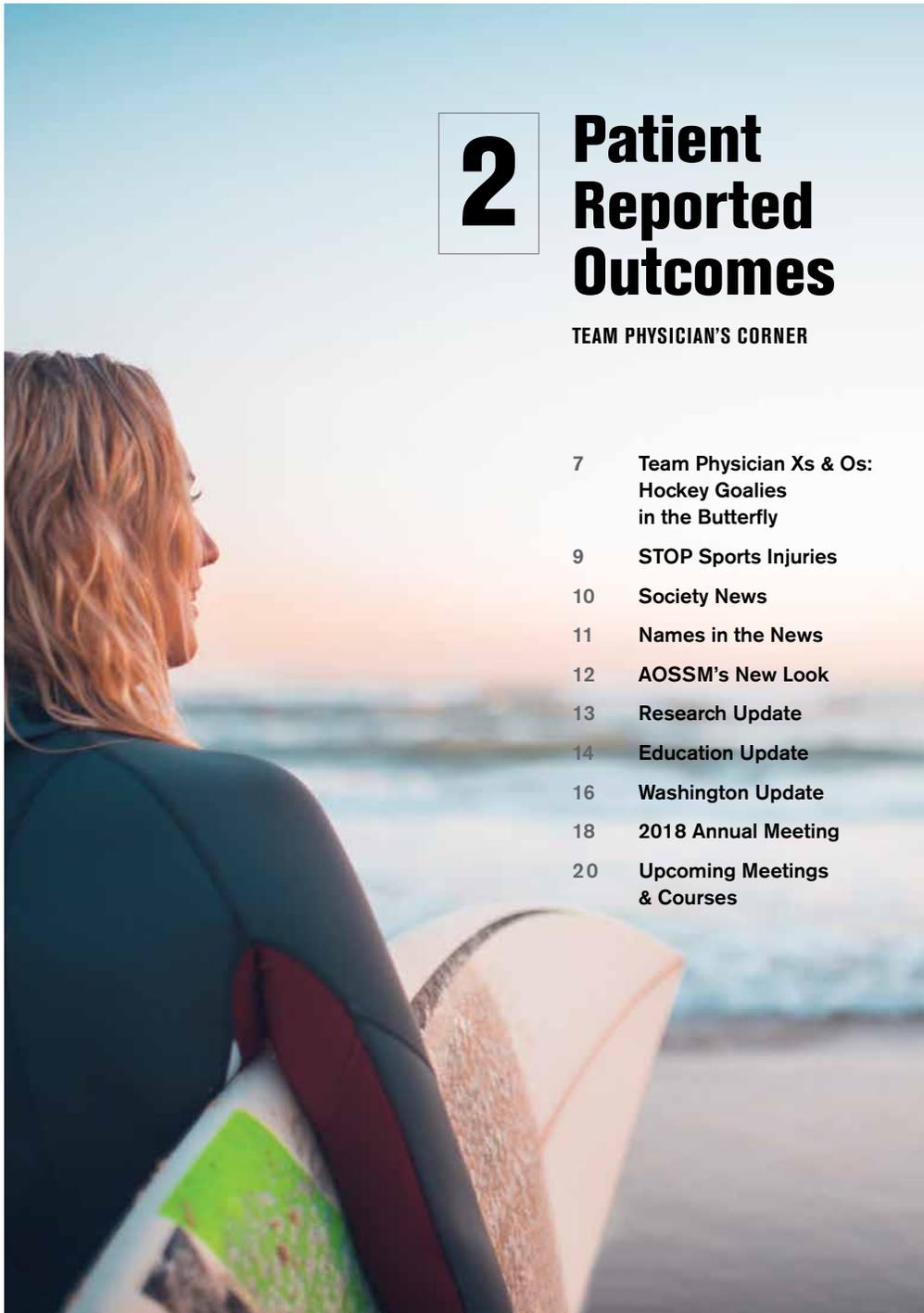
TEAM PHYSICIAN Xs & Os  
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## Patient Reported Outcomes

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**SPORTS MEDICINE UPDATE** is a quarterly publication of the American Orthopaedic Society for Sports Medicine (AOSSM). AOSSM is a global leader in sports medicine education, research, communication, and fellowship, and is comprised 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 [sportsmed.org](http://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**

## An Exciting Step Toward the Future

In my previous President's Message, I wrote a bit about AOSSM's storied past and the vital work of 75 pioneers who shared a vision for the future of sports medicine. I also alluded to exciting things that were on the horizon for the Society. As you know, while our organization has grown and made historic strides in the past 46 years, our core brand—namely our logo—has remained virtually unchanged. Why is this important? Because it's time to recognize that the logo that has served us well to this point no longer fully reflects the AOSSM of today—and tomorrow. Taking a cue from our early pioneers, current society leaders began to envision not only the future of sports medicine, but also the future of AOSSM. Ultimately, this led to a brand and marketing audit, beginning in 2016, that pointed toward a need to rebrand the Society.

Through the rebrand, our goal is to enhance and accurately portray our image with multiple audiences—including our own membership, other sports medicine specialists, as well as the public. A critical outcome of the brand audit was the articulation of our brand position—i.e., what is AOSSM's core "reason for being" and how does it impact and influence the communities we serve? What we discovered through this exercise are six key AOSSM brand attributes:

- We're the premiere organization in sports medicine education, research, publishing and fellowship
- We appreciate accessibility to one another in order to grow our own careers and deliver better patient care
- We have a global presence and outlook
- Scientific rigor is at the heart of the research and treatments we pursue
- Our society is forward focused
- We have an unwavering dedication to helping people of all ages and levels maintain an active lifestyle—this means not only premiere athletes but weekend warriors, kids, working people, and anyone who wants to remain healthy and active

All this brings us back to our logo and how we move the Society and our image forward. With Board approval and

discussion this past fall, our marketing and communications team of Lisa Weisenberger and Joe Siebelts began the creative process of developing not only a new logo, but a complete new look and tagline for the Society in conjunction with our nationally recognized marketing agency and partner, the David James Group. The work is in the final stages and will be rolled out over the next few months. A critical directive to the branding agency is that the new logo **MUST** pay homage to our history while at the same time position us appropriately for the future. We've defined our rebranding approach as not a revolution, but an evolution. I'm pleased to say that the entire Board of Directors is confident that we've achieved this goal.

We hope you share our enthusiasm for this rebranding effort that we have been working carefully and diligently on. We're excited for you to soon see the new logo. In the meantime, please read the article on branding (on page 12) that provides more detail and rationale behind our brand process.

**Charles Bush-Joseph, MD**

# Patient Reported Outcomes

The Currency of Value-Based Healthcare

MICHAEL J. ELSENBECK, MD  
CHRISTOPHER J. TUCKER, MD  
JONATHAN F. DICKENS, MD



**PATIENT-CENTERED CARE** has evolved as a paramount objective within our healthcare system. Newfound interests on patient outcomes have driven changes in policy and reimbursement. Patient reported outcomes (PROs) have developed as a standardized metric to evaluate medical outcomes. They seek to provide a measure of healthcare by attempting to quantify an individual's opinion on healthcare, and its effect on health, function and quality of life.<sup>1</sup>

By gravitating towards PROs, physicians can critically assess healthcare quality and are able to better quantify improvement. The utility of PROs was recently exemplified through the development of the Physician Quality Reporting Initiative (PQRI) by the Centers for Medicare and Medicaid Services. This initiative provides financial incentives for PRO information and highlights the importance of PRO evaluation for quality improvement.<sup>2</sup>

In addition to transforming to a more patient-centric model, healthcare is continuing to evolve from a volume-based to value-based model. Patient reported outcomes serve as the currency for a value-based model of healthcare delivery. Value in healthcare is defined as the health outcome relative to the cost spent.<sup>3</sup> By providing standardized outcome metrics, PROs provide vital information that may be used toward calculating healthcare value. Analysis of value is essential for the sustainability of our healthcare system. The impact of PROs can be illustrated through recent changes in reimbursement initiatives; newer bundled payments aimed to improve healthcare value by implementing financial incentives determined by quality-based outcomes.<sup>3</sup> As we continue to transition from a quantity-based to a more quality-based healthcare system, PROs will continue to have a meaningful impact on quality improvement, financial reimbursement and overall sustainability.

A variety of PROs have evolved, each with unique strengths and weaknesses. These legacy systems attempt to convey outcomes through a variety of measures. General health-related quality of life surveys, such as the SF-36 and the shorter SF-12, are designed to evaluate a broad health status by determining how physical, mental, and social factors influence a patient's health. Furthermore, these multifactorial surveys determine how an individual's health affects their ability to carry out normal physical and social activities.<sup>4</sup> Due to their broad scope, general health-related quality of life surveys often lack the sensitivity to detect small changes in health.<sup>5</sup>

System-specific surveys evaluate conditions related to a specific body region or joint (i.e., knee joint). Although system-specific instruments provide outcomes on a single joint, they do not differentiate between different pathologies (i.e., total knee arthroplasty versus ACL reconstruction). Disease-specific instruments assess the effects of a disease on a patient's health (i.e., osteoarthritis) but cannot be used to compare the impact of one disease with another. While more specific than quality of life instruments, system-specific and disease-specific surveys both fail to consider the psychological and social factors that may impact patient outcomes.<sup>4</sup>

There are a variety of system-specific rating systems for the shoulder and knee. The American Shoulder and Elbow



**Table 1:** Common Patient Reported Outcome Surveys

Survey*	Targeted Measures	Number of Questions	Targeted Disorders
<b>General Health</b>			
SF-12, 36	General health	12, 36	Any
MFA	General health and function	101	Fractures, soft-tissue injuries, arthritis
<b>Hip</b>			
HAGOS	Pain, symptoms, ADL ^, sport/recreation function, QOL&	37	Hip pain, FAI
HOS	ADL, sport	28	Labral tear, hip arthroscopy
HOOS (HOOS Jr)	Pain, symptoms, ADL, sport/recreation activity limitations, hip-related QOL	40 (6)	Hip osteoarthritis
IHOT-12, 33	Symptoms, function, sport, QOL	12, 33	Hip pain
<b>Knee</b>			
IKDC	Pain, function, sports	18	All knee conditions
KOOS (KOOS Jr)	Pain, symptoms, ADL, sport/recreation, QOL	42 (7)	Sports-related injuries
<b>Shoulder</b>			
ASES	Pain, instability, ADL	18	Shoulder pain, instability, rotator cuff, arthritis
WOSI	Pain, symptoms, sports/recreation	21	Shoulder Instability
OSS	Pain, daily function	12	Degenerative shoulder conditions, rotator cuff
SANE	Overall function	1	Shoulder injury and instability, additionally applied to knee injuries

\*SF=Short Form, MFA=Musculoskeletal Functional Assessment, HAGOS=Hip and Groin Outcome Score, HOS=Hip Outcome Score, HOOS=Hip Disability and Osteoarthritis Outcome Score, IHOT=International Hip Outcome Tool, IKDC=International Knee Documentation Committee, KOOS=Knee Injury and Osteoarthritis Outcome Score, ASES=American Shoulder and Elbow Surgeon Score, WOSI=Western Ontario Shoulder Instability Score, OSS=Oxford Shoulder Score, SANE=Single Assessment Numeric Evaluation

^ADL=Activities of Daily Living

&QOL=Quality of Life



Value in healthcare is defined as the health outcome relative to the cost spent.

Surgeons (ASES) rating scale is widely applicable and can be used to assess rotator cuff repair, instability, arthritis, and total shoulder arthroplasty. Scoring is based off patient-reported and physician-reported subscales, which evaluate pain, strength, stability, and function in activities of daily living, work, and sports. While the ASES is more weighted toward function, the Western Ontario Shoulder Instability Index (WOSI) was developed to primarily evaluate shoulder instability.<sup>6</sup> The International Knee Documentation Committee (IKDC) is a knee-specific survey used to assess a variety of conditions. This survey evaluates symptoms, function, and sports activity. Similarly, the Knee Injury and Osteoarthritis Outcome Score (KOOS) is used to evaluate pain, ADLs, sports function, and knee-related quality of life.<sup>7</sup>

As with the shoulder and knee, a number of system-specific rating systems have been developed for hip conditions. In the young and middle aged athletic population with hip and groin disorders unrelated to arthritis, the focus of PROs must cover both non-surgical and arthroscopic treatment of these disorders. The Hip and Groin Outcome Score

(HAGOS), Hip Outcome Score (HOS), International Hip Outcome Tool-12 and 33 (IHOT-12 and IHOT-33) are recommended for use in this population. These PROs have been shown to contain adequate measurement qualities in content validity, test-retest reliability, responsiveness, construct validity, and interpretability to be used to evaluate hip pain in athletes upon initial assessment and upon follow-up after both non-surgical or arthroscopic management.<sup>8</sup>

In an attempt to standardize PRO instruments, the National Institutes of Health funded the development of Patient-Reported Outcomes Measurement Information System (PROMIS). PROMIS represents a new standard for PROs and aims to overcome the shortcomings of its predecessors. PROMIS is designed to provide information on outcomes across many health conditions, and is not limited to a specific body region or pathology. PROMIS utilizes multifactorial question banks that address mental, physical, and social health. The questions were developed using item response theory (IRT), a process that ensures each question is relevant to the outcome being measured, and less influenced by potentially

confounding comorbidities. Electronic administration of the survey incorporates computerized adaptive testing (CAT), an algorithm that customizes/individualizes surveys to patients by selecting questions based on previous answers, therefore enabling improved precision with fewer questions. The outcomes are reported as T-scores, normalized to the general population.<sup>9</sup> PROMIS is a reliable, less arduous instrument for PROs, and has recently been shown to share high correlations with legacy measurements.

When compared against legacy instruments, PROMIS has provided increased reliability and improved evaluation of quality of life and health status.<sup>9</sup> In the upper extremity evaluation of 134 patients, the PROMIS physical function test showed favorable correlation with the Disabilities of Arm, Shoulder, and Hand (DASH) score ( $r=0.726$ ) with significantly less patient time burden, 57 versus 262 seconds respectively.<sup>10</sup> Comparing PROMIS instruments to several different PRO instruments in 74 patients with shoulder instability, Anthony et al.<sup>11</sup> demonstrated good to excellent correlation between all measures.



Robins et al.<sup>12</sup> evaluated the PROMIS physical function test (PF-CAT) relative to standard measures of knee and shoulder function. The PF-CAT showed high correlation with IKDC scale, with a significantly shorter completion time (55 versus 268 seconds). Additionally, PF-CAT demonstrated good correlations with both American Shoulder and Elbow Surgeons scores and Simple Shoulder Test measures. Similarly, compared with the IKDC scale, the PROMIS physical function test showed excellent correlation ( $r=0.90$ ) in patients following ACL reconstruction. Moreover, the physical function test took less than half the time to administer (85 versus 195 seconds) and detected changes in function at 3 and 10 weeks, proving to be more sensitive to early clinical changes than IKDC.<sup>13</sup>

Despite the obvious benefits of PROs, unanimous implementation remains difficult. Successful data collection and analysis requires a dedicated infrastructure that many orthopaedic surgeons, especially those in smaller practices, cannot support. Additionally, the variety of PROs and lack of standardization make widespread comparisons difficult. Currently, there is no consensus on which PRO provides the “best” data. Furthermore, the clinical impact, i.e., the minimal clinically important difference, is often not standardized and therefore adds ambiguity to PRO results.

As our healthcare system continues to evolve, PROs will become fundamental in healthcare assessment. PROs provide a standardized metric to evaluate

outcomes and offer an avenue for quality assessment and improvement. PROs also play a critical role in the evaluation of healthcare value and may have an impact on reimbursement and health system sustainability. Many different PRO instruments exist with varying focuses on general health, quality of life, specific system or pathology. Recently, PROMIS has demonstrated excellent correlation with legacy instruments with respect to knee and shoulder scores. PROMIS represents a paradigm shift in PROs and offers a reliable, accurate and less burdensome tool for PRO measurements. The utility of PROs is unmistakable and these instruments provide an invaluable resource for quality improvement and healthcare valuation.

## REFERENCES

1. Higgins J, Green SE. Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0 [Updated March 2011]. Chichester, UK: The Cochrane Collaboration, 2011. Available from [www.handbook.cochrane.org](http://www.handbook.cochrane.org); 2013:11-30.
2. Stulberg J. The physician quality reporting initiative—a gateway to pay for performance: what every health care professional should know. *Qual Manag Health Care*. 2008;17:2-8.
3. Centers for Medicare & Medicaid Services (CMS), HHS. Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models. Final rule with comment period. *Fed Regist*. 2016;81:77008-77831.
4. Poolman RW, Swiontkowski ME, Fairbank JCT, Schemitsch EH, Sprague S, de Vet HCW. Outcome instruments: rationale for their use. *J Bone Joint Surg Am*. 2009;91:41-49.
5. Bryant D, Fernandes N. Measuring patient outcomes: A primer. *Injury*. 2011;42:232-235.
6. Roller AS, Mounts RA, DeLong JM, et al. Outcome instruments for the shoulder. *Arthroscopy*. 2013;29:955-964.
7. Smith MV, Klein SE, Clohisy JC, et al. Lower extremity-specific measures of disability and outcomes in orthopaedic surgery. *J Bone Joint Surg Am*. 2012;94:468-477.
8. Thorborg K, Tjissen M, Habets B, et al. Patient-Reported Outcome (PRO) questionnaires for young to middle-aged adults with hip and groin disability: a systematic review of the clinimetric evidence. *Br J Sports Med*. 2015;49:812.
9. Brodke DJ, Saltzman CL, Brodke DS. PROMIS for orthopaedic outcomes measurement. *J Am Acad Orthop Surg*. 2016;24:744-749.
10. Tyser AR, Beckmann J, Franklin JD, et al: Evaluation of the PROMIS physical function computer adaptive test in the upper extremity. *J Hand Surg Am*. 2014;39:2047-2051.
11. Anthony CA, Glass NA, Hancock K, et al. Performance of PROMIS instruments in patients with shoulder instability. *Am J Sports Med*. 2017;45:449-453.
12. Robins RJ, Anderson MB, Zhang Y, et al. Convergent validity of the patient-reported outcomes measurement information system's physical function computerized adaptive test for the knee and shoulder injury sports medicine patient population. *Arthroscopy*. 2016;33(3):608-616.
13. Papuga MO, Beck CA, Kates SL, et al. Validation of GAITRite and PROMIS as high-throughput physical function outcome measures following ACL reconstruction. *J Orthop Res*. 2014;32:793-801.

The rising popularity of the “butterfly” position in amateur hockey may be attributed to its success in the National Hockey League (NHL).<sup>1,2</sup> The position carries potential risk for injury in youth hockey players as femoroacetabular impingement (FAI) is thought to be derived from repetitive microtrauma which may be incurred in the position. Even in asymptomatic youth hockey players, FAI deformities are prevalent and suggest a reactionary bone formation not seen in other youth athletes.<sup>3</sup> The research into the effects of the position is still limited despite high profile reporting of the position’s risk in *Sports Illustrated*<sup>2</sup>; however, widespread concerns for butterfly position related injuries in amateur to professional hockey have appeared in the lay press.<sup>4-8</sup>

The “butterfly” position is a technique that was heavily popularized by Patrick Roy’s success.<sup>1</sup> The technique encourages goalies to increase their internal rotation of their hips and place the knees in valgus to lower the player’s center of gravity closer to the ice while maintaining a protective spread. When assuming the butterfly position, hockey goalies may often exceed their physiologic internal rotation.<sup>9</sup> Supraphysiologic internal rotation and knee valgus can increase the injury risk.<sup>10,11</sup>

Hockey goalies are known to have an increased rate of hip injuries in the NHL. A recent report of NHL players reported the odds risk for injury was 1.68 (95% CI: 1.18 – 2.38) as a goalie compared to position player.<sup>11</sup> A prevalence study performed between 2006–2010 in the NHL identified 1.84 injuries per 1000 appearances in goalies compared to position players (0.34 forwards; 0.47 defensemen) with a relative risk of 4.78 (95% CI 2.94 – 7.76; P <0.001).<sup>12</sup> NHL goaltenders are also more likely to miss consecutive games due to injury than position players.<sup>11</sup> Increasing awareness of the potential for injury has led to adaptation of rules such as requiring frequent pad changes in an effort to

# Should We Limit Time Spent in the “Butterfly”?

By Austin V. Stone MD, PhD, and Shane J. Nho, MD, MS, Division of Sports Medicine, Department of Orthopaedic Surgery, Rush University Medical Center



limit pad flexibility. Despite the efforts to restrict the use of worn padding, the rules change did not demonstrate an effect on goaltender hip kinematics.<sup>10</sup>

The specific type of hip injury in symptomatic butterfly goalies appears to be unique from positional players. The location and characteristics of FAI in butterfly goalies was reported to have an

elevated alpha angle and loss of offset that was larger and more lateral than positional players.<sup>13</sup> An analysis of hip kinematics in butterfly goaltenders found that three primary movements of goaltending duties place the hip at extreme range of motion and the act of stopping, entering butterfly position, and recovering from the save cycling the hip through severe





impingement positions.<sup>14</sup> Given the mechanical strains on the hip during play, butterfly goaltenders may be exacerbating a predilection for symptomatic FAI. In two studies, one comparing asymptomatic youth

hockey players and one comparing elite hockey players, both groups had a much greater prevalence of radiographic cam deformities.<sup>3,15</sup> Hockey goaltenders had the greatest prevalence of cam-deformities with 93.8% of those studied.<sup>15</sup>

A proposed solution to limit the adverse effect from time spent training in the position, may be to enforce practice time limits or a “butterfly count.” This strategy is derived from the successful reduction in repetitive use injuries following pitch count implementations in amateur baseball. The “butterfly count” should be utilized during adolescence while the proximal femoral physis is open and at risk of CAM deformity development. Once the proximal femoral physis was closed, the need for

the butterfly count may not need to be as stringent as the osseous morphology may have fully developed. While it may not be practical to have limits on game time for goaltenders, a limit on practice time in the butterfly position may reduce the cumulative stress on the hip. Early development of cam deformities may lead to symptomatic FAI and the literature continue to support that these deformities develop early and remain persistent. Time spent in the position exposes goaltenders to the most severe ranges of motion for internal rotation as outlined above; we consequently advocate for reduced cumulative exposure to the butterfly position and the repetitive microtrauma by limiting practice time in the butterfly position.

**Looking to learn more about preventing and treating hockey injuries? Join AOSSM for Keep Your Edge: Hockey Sports Medicine 2018, August 17–19 in Toronto, Canada. Learn more and register at [sportsmed.org](http://sportsmed.org).**

## References

1. Fleming C. Patrick Roy: The modern NHL's most influential player? *Sports Illustrated*: Time, Inc; 2016 [cited 2017 8/21/2017]; Available from: <https://www.si.com/nhl/2016/03/29/patrick-roy-goaltending-impact-nhl-montreal-canadiens>.
2. Epstein D. The butterfly is ravaging goalies. *Sports Illustrated*: Time, Inc; 2009 [cited 2017 8/21/2017]; Available from: <https://www.si.com/more-sports/2009/03/18/butterfly-hipinjuries>.
3. Philippon MJ, Ho CP, Briggs KK, Stull J, LaPrade RF. Prevalence of increased alpha angles as a measure of cam-type femoroacetabular impingement in youth ice hockey players. *Am J Sports Med*. 2013 Jun;41(6):1357-62.
4. Harris S. The truth about goalie injury prevention. *ellephysio*: ellephysio; 2014 [cited 2017 8/20/2017]; Available from: <http://www.ellephysio.com/2014/09/truth-goalie-injury-prevention/>.
5. Kelly BT. Goalie injuries 101. *HSS*. 2016 [cited 2017 8/20/2017]; Available from: <https://www.hss.edu/playbook/goalie-injuries-101/>.
6. Vassilev N. Overuse of the Butterfly Slide. *InGoal Magazine*. 2009 [cited 2017 8/20/2017]; Available from: <http://ingoalmag.com/technique/overuse-of-butterfly-slide/>.
7. Harrison D. Butterfly style stings NHL goalies. CBS Sports: CBS; 2008 [cited 2017 8/21/2017]; Available from: <http://www.cbc.ca/sports/hockey/butterfly-style-stings-nhl-goalies-1.734008>.
8. Feschuk D. Young goalie Liam Herbst's NHL dreams derailed by injuries related to his butterfly style: Feschuk. *thestar.com*: Toronto Star; 2013 [cited 2017 8/21/2017]; Available from: [https://www.thestar.com/sports/hockey/2013/02/28/young\\_goalie\\_falls\\_through\\_cracks\\_after\\_surgery\\_feschuk.html](https://www.thestar.com/sports/hockey/2013/02/28/young_goalie_falls_through_cracks_after_surgery_feschuk.html).
9. Frayne RJ, Kelleher LK, Wegscheider PK, Dickey JP. Development and verification of a protocol to quantify hip joint kinematics: an evaluation of ice hockey goaltender pads on hip motion. *Am J Sports Med*. 2015 Sep;43(9):2157-63.
10. Wijdicks CA, Philippon MJ, Civitarese DM, LaPrade RF. A mandated change in goalie pad width has no effect on ice hockey goaltender hip kinematics. *Clin J Sport Med*. 2014 Sep;24(5):403-8.
11. McKay CD, Tufts RJ, Shaffer B, Meeuwisse WH. The epidemiology of professional ice hockey injuries: a prospective report of six NHL seasons. *Br J Sports Med*. 2014 Jan;48(1):57-62.
12. Epstein DM, McHugh M, Yorio M, Neri B. Intra-articular hip injuries in national hockey league players: a descriptive epidemiological study. *Am J Sports Med*. 2013 Feb;41(2):343-8.
13. Ross JR, Bedi A, Stone RM, Sibilsy Enselman E, Kelly BT, Larson CM. Characterization of symptomatic hip impingement in butterfly ice hockey goalies. *Arthroscopy*. 2015 Apr;31(4):635-42.
14. Whiteside D, Deneweth JM, Bedi A, Zernicke RF, Goulet GC. Femoroacetabular Impingement in Elite Ice Hockey Goaltenders: Etiological Implications of On-Ice Hip Mechanics. *Am J Sports Med*. 2015 Jul;43(7):1689-97.
15. Lerebours F, Robertson W, Neri B, Schulz B, Youm T, Limpisvasti O. Prevalence of cam-type morphology in elite ice hockey players. *Am J Sports Med*. 2016 Apr;44(4):1024-30.
16. Smith AM, Sim FH, Smith HC, Stuart MJ, Laskowski ER. Psychologic, situational, and physiologic variables and on-ice performance of youth hockey goalkeepers. *Mayo Clin Proc*. 1998 Jan;73(1):17-27.

## Share Our Injury Prevention Message in Your Community

Did you know more than 1,100 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. This number includes more than 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 [STOPSportsInjuries.org](http://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 [STOPSportsInjuries.org](http://STOPSportsInjuries.org) and click “Join Our Team” to submit an application!

#### Child Safety Organizations

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April Is Youth Sports Safety Month

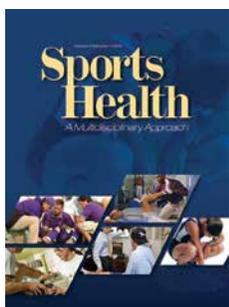


Help us get the message of injury prevention out to young athletes, parents, and coaches!

- **Share our Facebook and Twitter posts.** Remember to use the hashtags #YSSM2018 and #SportsSafety
- **Submit a blog post** around a youth sports safety topic.
- **Tell us why sports safety matters** to you in a few sentences, and e-mail it and a picture if possible to [joe@aossm.org](mailto:joe@aossm.org) to be featured on social media.
- **Host a youth sports safety event** in your community! Visit [STOPSportsInjuries.org](http://STOPSportsInjuries.org), and find our “Event Tools” under the “Resources” tab to help you plan.

→ **Learn more at [STOPSportsInjuries.org](http://STOPSportsInjuries.org).**





## Sports Health to Receive Impact Factor

Congratulations to Dr. Ed Wojtys, Editor-in-Chief, and the entire *Sports Health* team as we celebrate the good news that the journal will be receiving an Impact Factor this year! All articles published in the journal from 2015 forward will be indexed in the Web of Science. Thank you to all of our authors, reviewers, and subscribers for their contributions during the past nine years, which have made this incredible honor possible.

## DOWNLOAD THE AOSSM APP

Looking for the resources from Specialty Day or a recent course you attended or do you need to connect with other attendees or exhibitors? AOSSM has you covered in our app! You can download it for free from your Apple or Android store today and stay in touch with all things AOSSM. This is not just a single meeting app but is for all upcoming AOSSM meetings and other Society activities. Once downloaded, you will need to login to the app with your AOSSM credentials, to view materials. Questions? Call the Society at 847/292-4900 or send us an e-mail at [info@aossm.org](mailto:info@aossm.org).



## ACGME Meets with AOSSM and AANA

Several leaders from the AOSSM and the Arthroscopy Association of North America (AANA) met with institutional accreditation leadership at the Accreditation Council for Graduate Medical Education (ACGME) at the ACGME office in Chicago on February 16. Jeffrey R. Dugas, MD, and Greg Dummer, CAE, Chief Executive Officer, represented AOSSM. The ACGME leadership invited us to discuss and clarify the requirements for institutional accreditation, and also the Clinical Learning Environment Review (CLER) and the site visits for accredited institutions. It was an educational and beneficial meeting for the three organizations. The AOSSM fellowship committees will continue to gather feedback from the ACGME-accredited orthopaedic sports medicine programs and disseminate ACGME updates. The AOSSM recently concluded its review and comment of the ACGME Common Program Requirements (Sections I-V) Call for Comment, compiling feedback from the Fellowship Committee, Accreditation Task Force and from the March 9 Program Directors meeting in New Orleans.

## Doing Some Spring Cleaning? Make Sure Your AOSSM Profile Is Up to Date



Taking a few minutes to review your profile increases your visibility to patients seeking care and helps us better communicate with you. Remember to also upload a recent picture of yourself which may make prospective patients and/or colleagues much more likely to contact you! Thank you in advance for helping improve our outreach efforts! If you didn't receive the e-mail, visit [sportsmed.org](http://sportsmed.org) to login and complete the update.

## Join the Sports Medicine Conversation?

AOSSM is now on Instagram and LinkedIn—just search for the American Orthopaedic Society for Sports Medicine to be part of all the latest sports medicine news and updates. You can also see recent member videos and journal updates on our YouTube channels at [youtube.com/AOSSM1972](http://youtube.com/AOSSM1972) and [youtube.com/AOSSMPublishing](http://youtube.com/AOSSMPublishing). Be a part of the conversation:

### Facebook

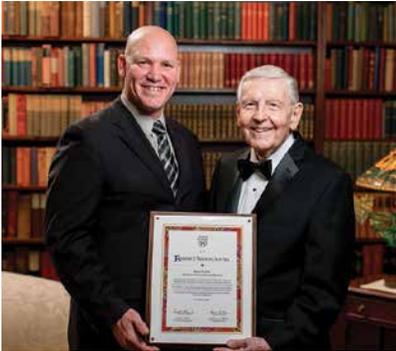
- [Facebook.com/AOSSM](https://www.facebook.com/AOSSM)
- [Facebook.com/American-Journal-of-Sports-Medicine](https://www.facebook.com/American-Journal-of-Sports-Medicine)
- [Facebook.com/SportsHealthJournal](https://www.facebook.com/SportsHealthJournal)
- [Facebook.com/STOPSportsInjuries](https://www.facebook.com/STOPSportsInjuries)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

### Twitter

- [Twitter.com/AOSSM\\_SportsMed](https://twitter.com/AOSSM_SportsMed)
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- [Twitter.com/OJSM\\_SportsMed](https://twitter.com/OJSM_SportsMed)

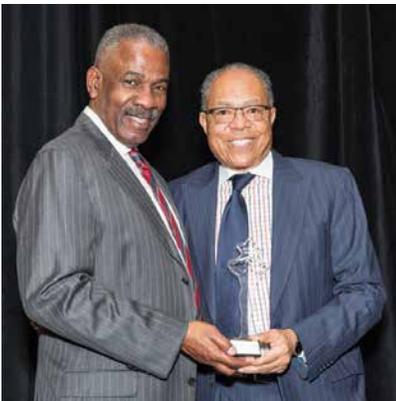
## Names in the News

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### Nirschl Receives Mayo Clinic Award

AOSSM member, **Robert P. Nirschl, MD**, recently received the Mayo Clinic's Distinguished Alumni Award for his long-time work in orthopaedic sports medicine. The award is the highest honor Mayo Clinic gives to the members of the Mayo Clinic Alumni Association and acknowledges members' exceptional contributions in the field of medicine and their demonstrated professional integrity throughout their careers.



### Shields Honored with BOSS Giver Award

Past President, **Clarence Shields, MD**, was honored in January with the BOSS Award from the Education and Leadership Institute in Long Beach, California. This award is given to individuals in the community who have achieved great personal and professional success and made a significant impact in the community beyond and/or through sports. Dr. Shields was nominated for the award due to his outstanding work with Team Heal, which provides certified athletic trainers and related services to athletes at participating high schools in Southern California.



### Wilkerson Wins AAOS Humanitarian Award

Congratulations to AOSSM member, **Rick Wilkerson, DO**, for being honored with the American Academy of Orthopaedic Surgeons, Humanitarian Award during their annual meeting in March. The Humanitarian Award recognizes Fellows of AAOS who have distinguished themselves through outstanding musculoskeletal activities in the USA or abroad.

### Past President Fowler Appointed to Royal Order of Canada

Congratulations are in order to **Peter Fowler, MD**, for being inducted into the Royal Order of Canada. Dr. Fowler, is a former medical director of Fowler Kennedy Sport Medicine Clinic in London, Ontario. Created in 1967, the Order of Canada is one of Canada's highest civilian honors, recognizing outstanding achievement, dedication to the community and service to the nation. Close to 7,000 people from all sectors of society have been invested into the Order and while their contributions are varied, they have all enriched the lives of others.



### Got news we could use?

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, Director of Communications, at [lisa@aossm.org](mailto:lisa@aossm.org). High resolution (300 dpi) photos are always welcomed.



# Why Is a Brand Important?

By Lisa Weisenberger, AOSSM Director of Communications

## What Is a “Brand?”

A brand, like a team, succeeds when individual elements work together as one. A brand is the sum of what one sees, thinks and feels about an organization. In other words, it represents the entire experience an individual has with the organization. This includes visuals, member service experiences, discussions with colleagues, satisfaction with products and services and even how long it takes for a website to load. People typically think the sum of a brand is a logo, a tagline and a company name set in a typeface. These are only a few elements of the organization’s brand.

When AOSSM began to think about rebranding ourselves, we first began with an audit of where and what we were doing currently and had done in the past. We reached out to members of many different ages and categories, leaders and even industry to get their perceptions of AOSSM, including both our strengths and weaknesses. With this information in hand, our nationally recognized marketing agency and professional team began to move forward with creative discussions on what a brand and logo means and should reflect.

## A Brand Makes Good on Its Promise

For the brand to be believable, it must act on and accurately represent its

promise. AOSSM’s brand is important because it impacts whether someone will engage with our organization. Will they become a member? Attend a conference? Click on a link on our website for an injury prevention tip sheet? Or, hold a leadership position?

For AOSSM to stay ahead, we must have a brand that sets us apart from other organizations and makes us undeniably relevant to all people who provide comprehensive health services for the care of athletes and active people of all ages and the public who needs this information.

## A Clear Voice

Every brand has a voice. A brand’s tone of voice embodies its personality, and a consistent tone of voice across all its assets and communication channels is what sets a brand apart and makes an impact.

Without a voice, the brand is just a collection of products and services rather than a representation of value and relevancy members can be proud of. Establishing a framework for a solid brand voice will help potential AOSSM members, sponsors, the

public and partners fully understand what our Society represents. During our rebranding work and audit, we identified a set of attributes that we believe accentuate and define the voice of our Society. Those attributes include:

- The premiere organization in sports medicine education, research, publishing and fellowship
- Accessibility
- A global outlook
- Scientific rigor
- Forward focused
- A dedication to helping people of all ages and levels maintain an active lifestyle.

By presenting a consistent, strong brand voice AOSSM can better position itself for the future as a true leader in sports medicine education and research. An effective rebranding, that includes a clear and unwavering brand voice will project an identity that respects the history of AOSSM and be a source of recognition for the public and pride for the entire Society.

As AOSSM evolves and moves toward the future, our brand will not only reflect our rich and storied history, but also pave the way for a future that’s full of opportunity and highlights the importance of keeping you in the game no matter if you are a member, a patient or an industry partner.

Questions or comments? Send an e-mail to [lisa@aossm.org](mailto:lisa@aossm.org).



## Clinician Scholar Career Development Program

The Clinician Scholar Career Development Program (CSCDP) is a joint effort between AAOS, OREF, and OTA. This annual program brings together experienced orthopaedic clinician scientists with interested PGY2-PGY5 residents, fellows, and junior faculty through year three surgeons. Through a 1.5 day workshop participants interact with leading clinician scientists to learn about writing grants for government and private organizations, collaborating with scientists, training as a clinician scientist, and mentoring.

AOSSM will again sponsor a member to attend the CSCDP from September 27–29, 2018 in Rosemont, Illinois. The deadline for applications is March 31, 2018. Application information for the 2018 CSCDP is available on the AAOS website ([www.aaos.org/research/opportunities/cscdp](http://www.aaos.org/research/opportunities/cscdp)). AOSSM encourages surgeons that are pursuing a career in orthopaedic sports medicine, have matched to a sports fellowship, and are interested in pursuing an academic career to apply. Interested applicants should ensure that their application indicates their membership in AOSSM.

For more information about the CSCDP, please contact Kevin Boyer, AOSSM Director of Research, [kevin@aossm.org](mailto:kevin@aossm.org).

## New PFF Consensus Statement Available

Congratulations to several of our AOSSM members who recently had a consensus statement on patellofemoral instability published in the *Orthopaedic Journal of Sports Medicine*. This consensus statement was a direct result of an AOSSM collaborative workshop with the Patellofemoral Foundation in 2016. The statement identifies factors that affect patellofemoral stability and instability and provides insight into evaluation and treatment. Visit [ojsm.org](http://ojsm.org) to view the statement.



## Prepare for Your ABOS Sports Medicine Exam with AOSSM's Educational Resources

The AOSSM has created the perfect program designed for orthopaedic surgeons preparing for the ABOS Subspecialty Certification, Recertification and/or Practice-Profiled exam in sports medicine with our live review course and the online Self-Assessment Examinations.

### NEW

#### 2018 AOSSM Self-Assessment Examination

The 2018 version of the Self-Assessment Examination (SAE) is now available for purchase! Each of the available versions (2016 SAE, 2017 SAE and 2018 SAE) contain 125 peer-reviewed questions covering 11 subject areas, including feedback and references. Study at your own pace from the comfort of your home or office. Each exam offers a maximum of 12 AMA PRA Category 1 Credits™ and qualifies for Part II SAE under the ABOS MOC Program.

#### Exam highlights:

- Downloadable answer key, including feedback and references for further study
- Imaging examples to build diagnostic skills
- iOS app that links to your online account
- Ability to reset and re-take the exam to reinforce learning (only the first attempt is recorded)
- Additional questions for purchase in groups of 25 in any topic domain to further measure learning

The cost per exam is \$125/members and \$150/non-members. The exams are available for purchase at [sportsmed.org](http://sportsmed.org). Questions? Contact Meredith Herzog at [meredith@aossm.org](mailto:meredith@aossm.org).



#### 2018 Orthopaedic Sports Medicine Review Course

The AOSSM/AAOS Orthopaedic Sports Medicine Review Course will be held on August 10–12, 2018 at the Westin Michigan Avenue in Chicago, Illinois. Registrants receive complimentary access to the AOSSM 2018 Self-Assessment. Exam lectures from this two and half day intensive review course will also

be recorded and available online to those who attend or can be purchased separately for those not able to make the course. You can pause lectures to take notes or repeat to ensure you understand key points, all at your own pace. Receive a maximum of 17.75 AMA PRA Category 1 Credits™ for the live course.

For more information and to register, visit [sportsmed.org](http://sportsmed.org). Do you want to start reviewing sooner? Check out the recorded lectures from the 2016 and 2017 Orthopaedic Sports Medicine Review courses which are now available for purchase under the Online Education tab at [sportsmed.org](http://sportsmed.org). Questions? Contact Heather Heller at [heather@aossm.org](mailto:heather@aossm.org).

*AOSSM gratefully acknowledges Arthrex for an educational grant in support of these activities.*

Learn more about AOSSM education resources at [sportsmed.org](http://sportsmed.org).



#### 2018 AOSSM Fellows Course: Kick Off to Your Orthopaedic Sports Medicine Training Year

The third annual AOSSM Fellows Course will take place July 27–28, 2018 at the OLC Education and Conference Center in Rosemont, Illinois. Led by Course Chairs, Stephen F. Brockmeier, MD, Jeffrey R. Dugas, MD, and Kurt P. Spindler, MD, this course is a kickoff to the orthopaedic sports medicine fellows' 2018–2019 training year. It provides an educational platform to learn the principles of success for team coverage, common injuries and emergencies on the sidelines, and imaging/arthroscopy of the shoulder, elbow, and knee. The format includes didactic and hands-on lab sessions at the level expected of an incoming fellow or independent practitioner. Registration will open in April. Please contact Meredith Herzog at [meredith@aossm.org](mailto:meredith@aossm.org) for details.

# BECOME AN ABOS VISITING SCHOLAR

By David F. Martin, MD, Executive Medical Director,  
American Board of Orthopaedic Surgery



For the past three years, the American Board of Orthopaedic Surgery (ABOS) and the American Board of Medical Specialties (ABMS) have partnered in the sponsorship of a program for young orthopaedic surgeons who are interested in medical research, leadership, and health policy.

The ABMS-ABOS Visiting Scholars Program is a one-year program where scholars participate in a research project related to Board Certification or Maintenance of Certification. In addition, scholars are exposed to the fields of professional assessment and education, health policy, and quality improvement. They are offered the opportunity to develop leadership skills critical to their own professional growth and success. Their research projects are valuable to them and to the profession.

Two of the three ABMS-ABOS Visiting Scholars for this year are orthopaedic surgeons who have practices that focus on sports medicine. It's exciting to see our field interested in this type of research.

I have gotten to know each of these young surgeons and they are shining

examples that the future is bright for our profession.

Dr. Benjamin Wooster was our first Visiting Scholar. He presented his research, which was entitled, "Does Anatomic Knowledge Correlate with Surgical Competency? A Multi-Center Study" at the ABMS Annual Conference and at a research conference at Duke University. He is currently completing the manuscript.

"The ABMS Visiting Scholars program is an excellent opportunity for residents and early career physicians to gain exposure to the fields of health policy, quality improvement, and professional assessment," said Wooster. "This innovative, one-year fellowship provides scholars with the unique opportunity to collaborate with leaders of multiple national healthcare organizations and learn how to advocate for positive changes in the delivery of healthcare in the United States. I sincerely enjoyed working with my fellow scholars and the ABMS and ABOS leadership during the program and I look forward to working with them in the future through the ABMS Visiting Scholar Alumni Association."

Dr. Sandeep Mannava, who is now an Assistant Professor in the Department of Orthopaedics and Rehabilitation at the University of Rochester, has presented his findings at the American Orthopaedic Association (AOA) and at the ABMS. His research did not end after the program and he continues to conduct his work in Rochester. Dr. Mannava is currently working on the manuscript.

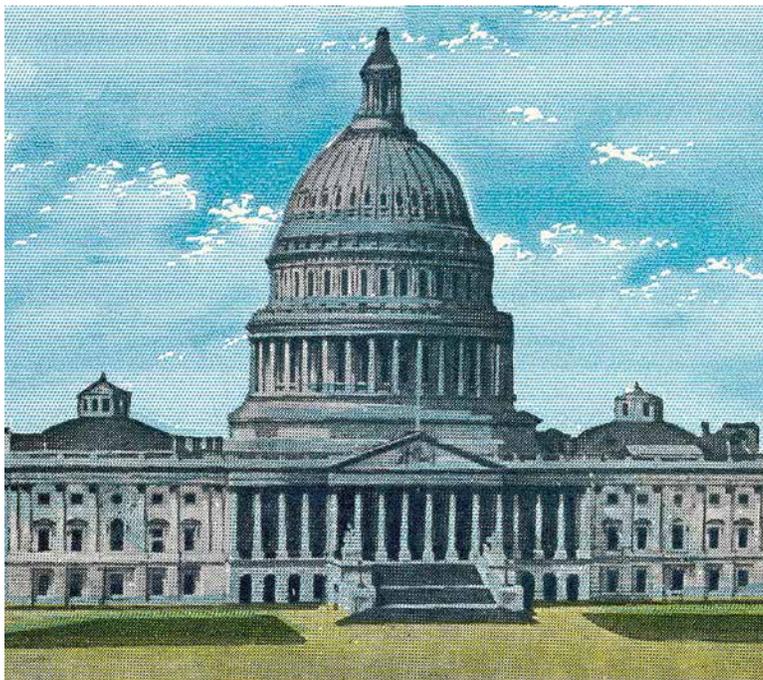
"The ABOS-ABMS Visiting Scholar program was an invaluable leadership training and educational experience," he said. "I was able to learn about the process of certification and continuing education. Additionally, I was able to conduct meaningful research related to surgical education and policy. I would highly recommend this program to other early stage surgeons or senior residents/fellows interested in health care policy and education."

The program is accepting applications for the 2018–2019 class through May 1. If you know of anyone who would make a great ABMS-ABOS Visiting Scholar, please encourage them to apply. More information can be found at [abos.org/research](http://abos.org/research).



# WASHINGTON UPDATE

By Jordan Vivian, AAOS Legislative Liaison



## **AAOS Responds to RFI on Choice and Competition**

On January 24, 2018, AAOS sent a letter to the Department of Health and Human Services (HHS) regarding their “Promoting Healthcare Choice and Competition Across the United States” Request for Information. In the letter, AAOS notes that it shares the Administration’s desire to see meaningful burden reduction while preserving valuable competition and patient choice and fulfilling statutory obligations. AAOS urged the Department to consider a number of recommendations, which address the needs of our members and the mutual goal of delivering high quality care at affordable prices to patients.

To start, AAOS expressed support for efforts to reduce payment differentials by site for the same services. AAOS has been supportive of making payments for services furnished in the physician office or the ASC equal to payments in the outpatient setting, but also noted that it has consistently recommended seeking this equilibrium not by bluntly reducing the outpatient payments to equal ASC or office payments but by also increasing payments in those settings toward a more middle ground.

## **Opioid Hearing Focuses on CMS Actions**

On January 17, the House Ways and Means Committee held a hearing titled “The Opioid Crisis: The Current Landscape and CMS Actions to Prevent Opioid Misuse.” The hearing focused on efforts by the Centers for Medicare and Medicaid Services (CMS) to utilize data to identify individuals in the Medicare Part D program who are at risk to abuse opioids. It also examined the agency’s tools to support those efforts and any areas in need of improvement.

“The opioid crisis in this country is devastating entire communities,” stated House Ways and Means Chairman Kevin Brady (R-TX). “While many Medicare patients need certain opioid medication as part of their treatment, there are a growing number of reports of opioid abuse within the Medicare program. As one of the biggest payers of prescription drugs, CMS has a responsibility to ensure that prescription drugs are not abused, particularly those that are highly addictive such as opioids. During this hearing, members learned from experts about Medicare and opioids and whether CMS facilitates opioid use that may not be medically necessary and could be harming the very community Medicare is intended to help.”

# AOSSM

Annual Meeting **2018**

Manchester Grand Hyatt • San Diego, CA  
July 5–8, 2018

## REGISTRATION AND HOUSING NOW OPEN

Interact with your colleagues on the latest sports medicine research, prevention and treatment developments and leave the AOSSM Annual Meeting inspired to implement changes into your practice!



The American Orthopaedic  
Society for Sports Medicine®

LEARN MORE AT [WWW.SPORTSMED.ORG](http://WWW.SPORTSMED.ORG)





## 2018 Annual Meeting Registration Open

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Register today at [sportsmed.org](http://sportsmed.org) for THE sports medicine meeting of the year—the AOSSM 2018 Annual Meeting. This unparalleled educational experience for team physicians and orthopaedic sports medicine specialists will be held July 5–8, 2018 in beautiful, sunny San Diego, California. Take this opportunity to:

- ▶ Gain knowledge from a global collection of experts sharing the latest research, treatment and prevention techniques for athletes of all ages and abilities
- ▶ Network with your peers and interact with some of the true giants of sports medicine on a personal basis
- ▶ Implement changes into your practice and be the best sports medicine doctor you can be



4 live surgeries



34 instructional courses



50 posters



70 research paper presentations

## Here's just a few of the highlights you can expect this July:

**THURSDAY, JULY 5** starts off with a free, early morning one-mile, Fun Run/Walk along the San Diego Bay. Afterward, take your next steps into learning with an early morning instructional course on a variety of topics from youth knee injuries to joint preservation techniques. The meeting officially begins at 8:20 a.m. with welcoming remarks from President Charles Bush-Joseph, MD, followed by presentations on knee ligament and meniscus injuries. Concurrent sessions come next with ACL case-based learning, the business of sports medicine, including how to manage your reputation online and the feasibility of biologics in your practice along with issues surrounding the hip, knee and the science of injury. The AOSSM Medical Publishing Group Reviewers' Workshop, NIH Reviewers Workshop, and Industry Symposia highlight the afternoon and will enlighten attendees on best practices for getting involved with our journals, NIH research and the latest products from industry. In the evening, join us poolside at the Manchester Grand Hyatt for our opening reception, featuring family fun, food, and an opportunity to catch up with your colleagues.

**FRIDAY, JULY 6** includes more instructional courses—even some in the afternoon so you can sleep in—and then sessions on shoulder instability, rotator cuff case-based discussions, outcome measures and facial and head injuries. Dr. Bush-Joseph will also give his Presidential Address and the Robert E. Leach Sports Medicine Leadership Award and Hall of Fame Awards will be presented. Round

table workshops during the afternoon will include 14 topics to discuss with moderators in a small group setting.



**SATURDAY, JULY 7** is your chance at a three pointer with two live surgery demonstrations, Presidential Guest Speaker and NBA Hall of Famer, Bill Walton and concurrent sessions with our many collaborators, including the NCAA, National Federation of State High School Associations, ISAKOS and SLARD. You also won't want to miss sessions on biologics, osteoarthritis and biceps/SLAP issues. Poster tours will take place in the afternoon and allow attendees to engage with authors and learn what up and coming research is taking place from around the globe. Our Saturday, family-friendly event, will be held at the USS Midway. You and your family will be able to enjoy a buffet dinner, music and dancing along with an amazing US history lesson about the Navy and its many contributions to our freedoms.

**SUNDAY, JULY 8** brings the meeting to a close with the latest research on foot and ankle injuries and pediatrics.

The AOSSM Annual Meeting keeps you at the top of your sports medicine game while allowing you to meet your CME and career goals. See you there!

View the full preliminary program and register today at [sportsmed.org](http://sportsmed.org). Advance registration deadline is June 5, 2018.



### Book Your Hotel Now

Housing is now available at the Manchester Grand Hyatt via OnPeak, who is AOSSM's ONLY official housing company. Rooms at the discounted rate of \$244 will sell quickly so be sure to book your hotel early for the best selection and price. Reservations can be made by visiting [sportsmed.org](http://sportsmed.org) or calling 855/416-4093. All scientific sessions and exhibits will be held at the Manchester Grand Hyatt. Reservation deadline is June 5, 2018. Rooms are guaranteed until this date pending availability. Save on fees and stay at an AOSSM designated hotel!

**Please note:** AOSSM has designated OnPeak as the only official housing provider for the AOSSM Annual Meeting. There are companies and organizations that will try to present themselves as official partners of the AOSSM Annual Meeting and offer you potential room reservations that might not be guaranteed or available. Specifically, do not accept solicitations from Conventioneers or National Travel Associates.



UPCOMING

# Meetings & Courses

Learn more and register at [sportsmed.org](http://sportsmed.org).



## **AOSSM/ISAKOS The Hip in the Athlete: An International Perspective**

April 13–15, 2018  
OLC Education and Conference Center  
Rosemont, Illinois

## **AOSSM 2018 Annual Meeting**

July 5–8, 2018  
San Diego, California

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

August 10–12, 2018  
Chicago, Illinois

## **Keep Your Edge: Hockey Sports Medicine 2018**

August 17–19, 2018  
Toronto, Ontario, Canada

## **OrthoBiologics: Integrating Biologics and Clinical Ultrasound into Your Practice**

October 12–13, 2018  
OLC Education and Conference Center  
Rosemont, Illinois



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# BioWick® X

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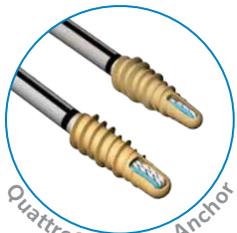
Deployed at the tendon-bone interface where tendon- bone integration needs to occur

## Efficient, Reproducible Technique

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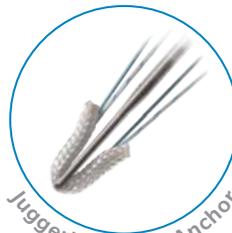
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## Rotator Cuff Portfolio

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**SPORTS MEDICINE UPDATE**

AOSSM

9400 W. Higgins Road, Suite 300

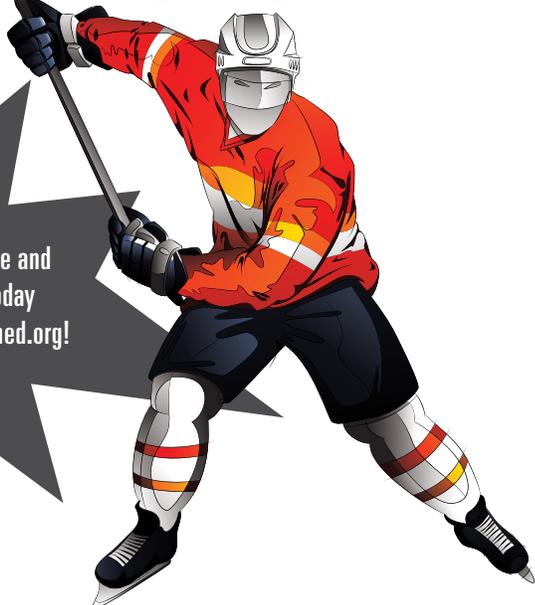
Rosemont, IL 60018



# KEEP **YOU** R **EDGE** Hockey Sports Medicine **2018**

Hilton Toronto  
Toronto, ON Canada  
August 17-19, 2018

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register today  
at [sportsmed.org](http://sportsmed.org)!



### Stay Sharp!

Hear from the experts as they discuss prevention, treatment, and rehabilitation of hockey injuries at all levels of play. When you leave you can say . . . I know how to handle this!

#### Course Directors:

Gary Dorshimer MD  
Peter MacDonald MD  
Bradley Nelson MD  
Michael Stuart MD

#### Register before July 18 to save!

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Allied Health: **\$450**  
Residents/Fellows: **\$400**

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AOSSM thanks



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for their support of *Sports Medicine Update*.

