

SPORTS medicine

SUMMER 2018, ISSUE 2

UPDATE

INJURIES FROM ARTIFICIAL TURF

**2018 Annual
Meeting**

**Recertification
Option for ABOS**

New AOSSM Look

**Washington
Update**

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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.

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FROM THE PRESIDENT



Two years ago, the AOSSM leadership embarked upon a path toward rebranding our Society. We did so with the goal to enhance and accurately portray our image with multiple audiences, both internally and with the public. Along the way we've defined and refined what it means to be a member of AOSSM, including who we are, what we do, and why what we do matters.

Beginning in the summer of 2017, we started the process of updating our logo, which has remained virtually unchanged since 1972. In the past several issues of *Sports Medicine Update* we have been laying the groundwork for the why and how we've gone through the process of renewing our visual identity. We spoke extensively with our members and included multiple focus groups to develop a broad consensus. I'm pleased to announce that the rebranding process is now complete, and our new look is officially "in play!"

Infused with Our Heritage

From the beginning of the logo development process, the AOSSM Marketing Task Force (the team responsible for the rebrand that included a wide range of members) took the approach of "evolution" versus "revolution" in terms of our logo update. With respect to the founders who created the original logo and 40+ years of heritage, the Task Force mandated that certain logo attributes must remain. A re-interpretation of our "running man" (which we've re-dubbed the "running person" to be more inclusive) needed to be incorporated, and the use of red in the brand color palette was a must. The new logo succeeds on both accounts.

Inspired by Our Future

The Task Force understood that to position the Society accurately, our new logo must feel modern, welcoming, and progressive, yet timeless in its nature. The re-interpreted "running person" leans forward to underscore we're an organization that constantly looks toward the future. The icon is also placed within the "O" of AOSSM both as a nod to the original logo (the "running man" was in an oval shape) and to emphasize our history as a leader in the advancement of orthopaedic sports medicine. Finally, the "AOSSM" logotype is set in less-formal lowercase letters to reflect the collaborative, welcoming nature of AOSSM.



We also are excited to introduce our new tagline: "We Keep You in the Game.™" The line captures the essence of our promise to all athletes and active people that we work to keep them doing what they love throughout their life. It also underscores that AOSSM keeps you, our members, in the "game" through education, research, fellowship, and communications.

Where We Go from Here . . .

AOSSM's professional team has been busy implementing the new look across a variety of our communication tools, including sportsmed.org, email, brochures, publications, and other materials. I'm sure all can appreciate that updating our entire organization will be an ongoing process throughout the coming months. It's also a community effort, and anyone who may need guidance or additional information should visit sportsmed.org for more details. I also encourage you to watch our new video that captures who we are in an engaging and inspiring way; you can find it on sportsmed.org. The Annual Meeting in San Diego will incorporate this look and fully embrace our brand progression, so be on the lookout and share your thoughts and excitement with us at #AOSSM2018.

Lastly, as this is my last President's message, I'd like to offer a heartfelt "thank you" to all of the members, the AOSSM Board of Directors, the Marketing Task Force, and the AOSSM's professional team for helping guide me this past year and for all the work and volunteer time you have given to move our organization forward to this major milestone in our history! The future is bright, and I look forward to continuing to be a part of the leading organization in orthopaedic sports medicine.

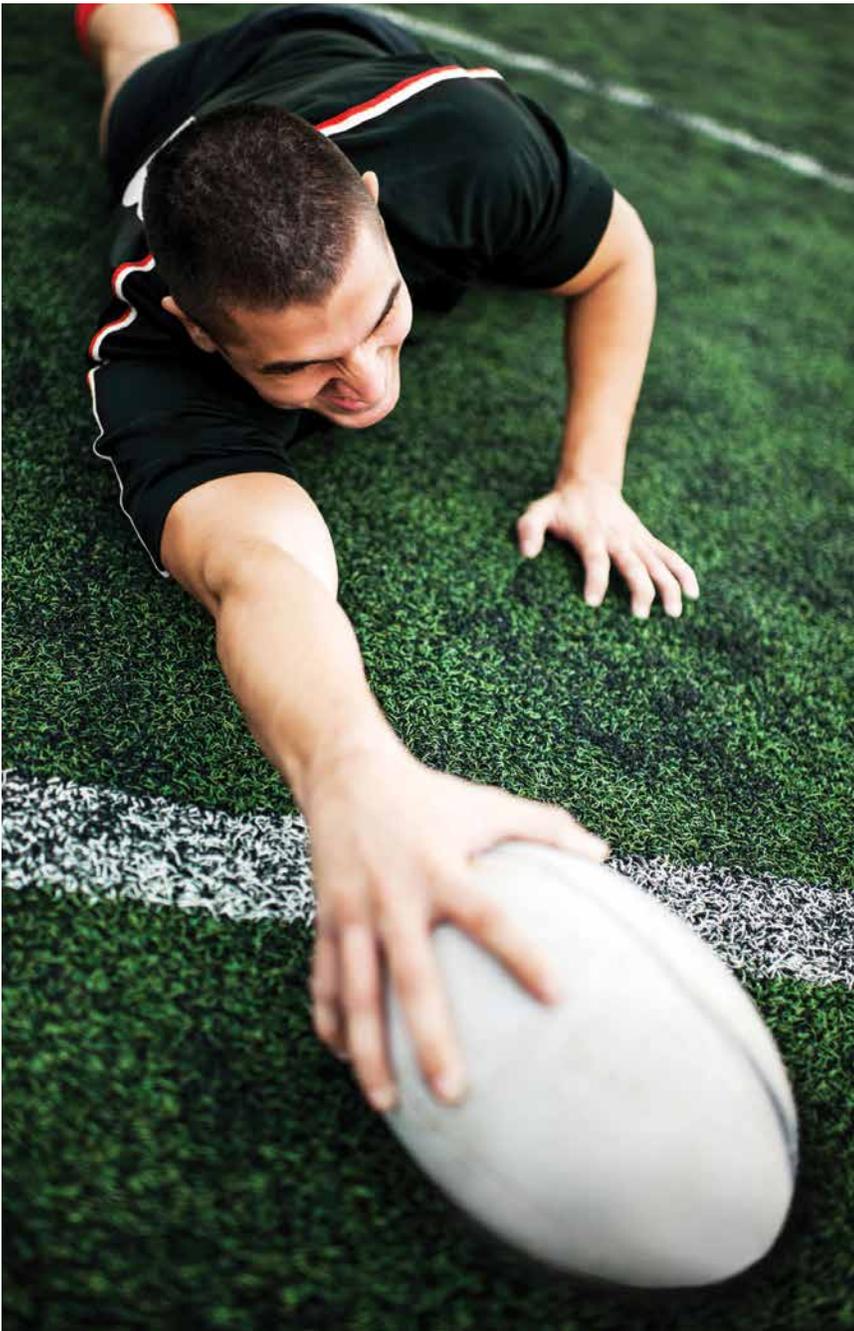
Charles Bush-Joseph, MD



THE EFFECT OF
**SYNTHETIC PLAYING
SURFACES ON SPORTS
INJURY RATES**

BY GRANT JONES, MD

Synthetic playing surfaces were developed in the 1960s as a cost-effective alternative to natural grass. Purported advantages of artificial turf surfaces include the durability and versatility of the surface, allowing multi-sport use and even indoor use, and the relative ease of maintenance compared to natural grass surfaces.¹ Synthetic surfaces also provide a more consistent surface in inclement weather conditions, helping to prevent the cancellation of events.



The first generation synthetic surfaces, such as AstroTurf, were comprised of a dense carpet constructed from durable nylon fibers with no fill over an asphalt base.^{1,2} This resulted in a hard surface with an absence of impact absorption and a high friction surface with high rates of skin abrasion. Eventually, the asphalt base was replaced first by a combination of stone and earth, and then with a fully permeable shock-absorbing pad layer consisting of rubber, polyurethane, and mineral aggregate.² Also, water was added to reduce friction and the resultant skin abrasions.¹

Second generation surfaces, developed in the 1970s, were made of softer polyethylene fibers which were twice as long as the first generation fibers.¹ The fibers were also spread farther apart to accommodate sand fill, which provided a softer, more uniform surface. Turf shoes were also developed during this time, to better interface with the new surfaces.¹ However, with the increased traction between the turf shoes and the turf surface came the concern for higher injury rates, particularly knee ligament injuries.³

Third generation surfaces (FieldTurf), or the so-called infill surfaces, were developed in the mid- to late-90s to more closely replicate natural grass in terms of consistency and fiber morphology.^{1,2} The infill surfaces consist of longer and denser polyethylene fibers woven on a mat with spaces filled with rubber and sand particles to a level of 60% to 70% of the fiber height, thus, recreating the dirt between the blades of grass on natural fields and providing a more natural feel.

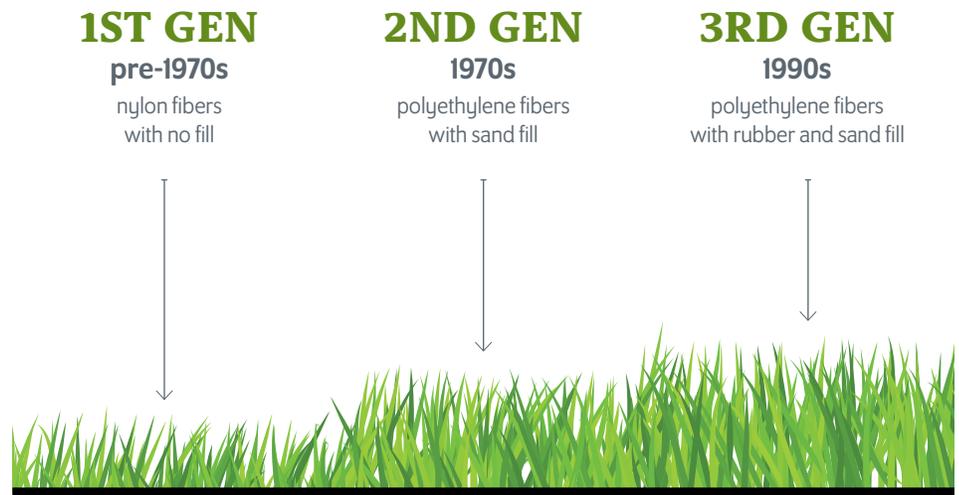
These newer surfaces also were more compliant and allowed for greater energy absorption than the older generation artificial surfaces.

Although synthetic playing surfaces have been found to be more versatile, durable, and cost-effective, several studies, particularly on the first and second generation surfaces, have found higher injury rates when playing on the artificial surfaces versus natural grass.^{3,4,5,6} The purpose of this article is to review the literature on the impact of the newer generation surfaces (FieldTurf) on injury rate and to investigate whether these newer surfaces accomplish their goals of decreasing the high injury rate reported for the original artificial surfaces.

Injury Incidence and Severity

An overall higher incidence of injuries has been reported for the first and second generation synthetic surfaces compared to natural grass.^{3,7,8,9,10} Powell et al.³ found that there was a statistically significant higher rate of knee sprains and ACL sprains, specifically playing on AstroTurf versus natural grass in National Football League players. Similarly, Scranton et al.⁷ reported a higher rate of non-contact ACL injuries on artificial turf in practice situations. But, interestingly, their study demonstrated a higher rate of non-contact ACL injuries for natural grass in game conditions.⁷ This could potentially be due to the fact that the natural grass is manicured better on the game fields than on practice fields, thus, providing better traction and increasing the risk of a significant non-contact twisting injury. But, this needs to be explored further. Concussions and neurotrauma have also been found to be more frequent and more severe on artificial surfaces than on natural grass when playing on the earlier generation synthetic surfaces.^{8,9,10}

More recent studies, however, have found that while FieldTurf may be associated with a higher risk of injuries in some groups, it may have no effect, or even may be protective of other sport-related injuries.^{11,12,13,14} In a prospective study on high school football injuries, Meyers et al.¹¹ reported that there was a higher



incidence of non-contact injuries, skin lesions, muscle related trauma, injuries during higher temperatures, and minor 0-day time loss injuries when playing on FieldTurf versus natural grass. Conversely, they noted that there was a decreased rate of greater time loss (22+ days) injuries, head and neural trauma, and ligament injuries on FieldTurf compared to natural grass. So, the severity of injury appeared to be less on FieldTurf. In another study on game-related college football injuries, Meyers¹² reported that there were significantly lower total incidence rates, minor injury rates, substantial injury rates, and severe injury rates on FieldTurf versus natural grass. Furthermore, they noted less injury time loss, lower grade of injury, and lower number injuries under various field conditions on FieldTurf.¹² Therefore, they concluded that FieldTurf in many cases is safer than natural grass for football players.

In an investigation on women's collegiate soccer injuries, Meyers¹³ found that there was a significantly lower total injury incidence rate and lower rate of substantial injuries on FieldTurf versus natural grass. In addition, there was significantly less trauma on FieldTurf when comparing injury time loss, injury grade, injuries under various field conditions and temperature, and turf age. Similarly, in a study on men's collegiate soccer injuries, Meyers¹³ reported that there was a lower total injury incidence rate and lower rate of substantial

injuries on FieldTurf and that there was significantly less trauma on FieldTurf when comparing the same variables studied in the men's collegiate soccer study. Therefore, it appears that overall FieldTurf may be safer for soccer players than natural grass.

A few reasons for the decreased incidence and severity of injuries on FieldTurf compared to natural grass have been postulated.^{11,12,13,14} First of all, the high shock absorbency of FieldTurf decreases the force of impact on the playing surface. The importance of the shock absorption may even be more evident at higher levels of sport where the degree of speed, power, and impact is greater. The turf quality of natural grass tends to decrease with time due to excessive use and wear and environmental conditions, such as high temperatures, low moisture content, or wet conditions. With increasing natural surface temperatures, there is enhanced shoe-surface interaction which could potentially result in an increased risk of knee trauma.^{13,14,15} Similarly, Scranton et al.⁷ showed that dry surface conditions increase the risk of noncontact anterior cruciate ligament injury. FieldTurf surfaces, on the other hand, stay consistent with time and with different climatic conditions. The greater surface uniformity and optimal vertical deformation along with the shock absorbency of FieldTurf may decrease the rate of both non-contact and contact injuries.



Knee Injuries

In terms of knee injuries, the literature is somewhat conflicting on the safety of FieldTurf versus natural grass.^{2,11,12,13,14,16,17} In a systematic review of the literature, Williams et al.¹⁶ reported an inconsistent association between knee injury and playing on third and fourth generation artificial turf. In a more recent systematic review, Balazs et al.¹⁸ observed a trend in football toward increased risk of ACL injury on modern artificial turf that seems to increase with the higher level of competition, with a substantial increased risk at the National Football League level. In an analysis of lower extremity injury rates in National Football League games, Hershman et al.² found that the observed injury rate of knee sprains and specifically ACL sprains was significantly higher on FieldTurf than natural grass with the rate of ACL injury being 67% higher on FieldTurf. Similarly, at the collegiate football level, Dragoo et al.¹⁷ discovered that the rate of anterior cruciate ligament injury was 1.39 times higher on artificial surfaces than on grass surfaces when they reviewed the National Collegiate Athletic Association Injury Surveillance System from 2004–2005 through 2008–2009. Meyers¹², however,

reported no significant differences in knee trauma in collegiate football players playing on artificial surfaces versus natural grass. At the high school level, Meyers and Barnhill¹¹ found that although there was no significant difference in injury rates between playing surfaces across specific knee cases, there was a higher rate of overall knee trauma on natural grass than on FieldTurf when all knee injuries were combined. The higher rate of knee injury on natural grass at this level of play could be related to inadequate resources needed to maintain natural grass fields at the high school level compared to higher levels of competition and the increased chance of having uneven, inconsistent playing surfaces, predisposing to injury. This needs to be investigated further, though. Finally, in terms of collegiate men's and women's soccer, studies have shown no significant increased risk of knee trauma on FieldTurf versus natural grass, with two studies actually showing a decreased incidence of ACL injury on FieldTurf.^{12,13}

Ankle Injuries

The literature on the effect of FieldTurf on ankle ligamentous injuries is also inconclusive. Williams et al.¹⁶ discovered

that there was an increased risk of sustaining an ankle injury on third generation artificial turf in football players in a systematic review of the literature. Similarly, Hershman et al.² reported that the rate of ankle sprains was significantly greater on FieldTurf than grass, with eversion or high ankle sprains occurring at a 31% higher rate on FieldTurf in National Football League Games. These findings have been attributed to the high-friction shoe-playing interface of FieldTurf, allowing minimal slippage of a planted foot.¹ Eskstrand et al.¹⁹ in a study on elite European soccer players playing on third-generation turf versus Swedish Premier League players performing on grass, and Meyers¹⁴ in a study on collegiate male soccer players, both found no significant difference in injuries between artificial turf and natural grass. Meyers¹², on the other hand, reported that collegiate football players actually had a significantly lower incidence of distal tibiofibular ligament sprains on FieldTurf compared to natural grass. Similarly, Meyers¹³ showed that there is a lower incidence of distal tibiofibular joint derangements on FieldTurf in collegiate female soccer players. The authors attributed this finding to the fact that FieldTurf is more compliant and has higher energy absorption, thus decreasing the energy of impact transferred to the lower extremity.

Concussions

Although the most common mechanism for concussion is player-player contact (76.2%), 15.5% of concussions are caused by contact with the playing surface.²⁰ The coefficient of restitution is a measure of the ability of a playing surface to absorb shock, and fields with low coefficients of restitution absorb more shock, which can potentially lower the concussion risk.¹ Guskiewicz et al.⁹ found that athletes who sustained concussions were more apt to lose consciousness on artificial turf than on natural grass. The artificial fields investigated in this study, though, were second and early third generation artificial turf fields, which are harder and have less ability to absorb shock. When



comparing natural grass to the newer generation FieldTurf surfaces, two studies showed that there was no difference in head trauma between the surfaces in collegiate men's and women's soccer.^{13,14} Similarly, in an investigation on collegiate football injuries, Meyers¹² found that there was no difference in head trauma rate between artificial grass and FieldTurf. In a study on high school football injuries, Meyers¹¹ showed that there was actually a greater incidence of first-degree and total concussions combined during games on natural grass than on FieldTurf. The authors surmised that the drier, non-compliant qualities of natural grass and its subsurface when compared to the more compliant FieldTurf resulted in minimal energy absorption at ground impact.¹¹ And, the resultant greater energy of impact on grass is transferred back into the cranial/cervical region, increasing the potential for concussion.¹¹

Conclusion

Synthetic playing surfaces are much more durable and versatile and more cost-effective with easier maintenance than natural grass fields, which is important, particularly at the lower levels of competition, where financial resources are often limited. However, with first and second generation artificial playing surfaces, there was an unacceptable increased rate of injury, which also needed to be considered in the cost analysis and the societal impact. The third and fourth generation artificial services partly were developed to address these injury concerns. And, overall, it appears these newer synthetic surfaces may be just as safe and, in some cases, safer than natural grass surfaces with a few exceptions at higher levels of competition. Still, more work needs to be done to assess the risk of injury on synthetic playing surfaces and to determine how to minimize these higher injury rates on artificial surfaces at higher levels of competition.

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SUPPORT YOUTH SPORTS INJURY RESEARCH AND EDUCATION

Our outreach to parents, coaches, and young athletes continues as we aim to educate the youth sports community on overuse and traumatic injuries, and how to prevent them. Our success in continuing these programs, as well as supporting new research surrounding youth sports safety, benefits greatly from the financial support of organizations and individuals. This summer, consider a one-time gift to STOP Sports Injuries and be a part of the movement to keep kids in the game for life.

Learn more: sportsmed.org/AOSSMIMIS/GiveToday

Become a STOP Sports Injuries Collaborating Organization

Interested in having your practice or institution listed in the next *SMU*? Visit STOPSportsInjuries.org and click “Join Our Team” to apply!

Come Grow with STOP Sports Injuries

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 and click “Get Involved” to learn more.

Sports Safety Tips Made Easy

Share sports injury prevention information with your patients quickly and easily by directing them to STOPSportsInjuries.org. The site provides helpful, mobile-friendly tips for young athletes, including spring sports like baseball, golf, tennis, and running. Have a topic or sport that you think we should cover in a tip sheet? Email info@STOPSportsInjuries.org with your suggestion.





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Bylaws Change

The AOSSM Board of Directors and the Bylaws Committee are recommending changes to the current bylaws. The bylaws review included input from the Society's General Counsel. The bylaws modification is now available for review by the AOSSM membership by logging into your profile page at sportsmed.org or by clicking the direct links to the documents (both previous and current versions) that were sent via email earlier in May. The proposed changes will be voted on during the membership Business Meeting held on Friday during the Annual Meeting in San Diego, California.

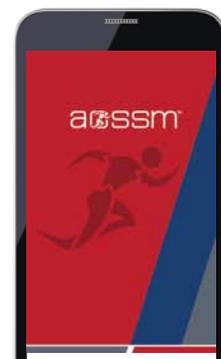
Any questions related to the proposed bylaw changes should be directed to the AOSSM Executive Office, in care of Danielle Kalinowski, Executive Assistant, danielle@aossm.org.



AOSSM Board members from around the country met in Palmetto, South Carolina to develop future Society education and research endeavors.

Download the AOSSM App

Looking for the resources from Specialty Day or a recent course you attended or 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 includes all AOSSM meetings and other Society activities. Once downloaded, you will need to log in to the app with your AOSSM credentials, to view materials. Questions? Call the Society at 847/292-4900 or send us an email at info@aossm.org.



Help Us Help You—Update Your Profile Information

Keeping your email and address up-to-date helps AOSSM better share the latest news and education in sports medicine with you! Please take a few minutes to review and update your information by logging into your profile page at sportsmed.org. You can now also upload a picture of yourself, which may increase your visibility to patients seeking care. Thank you in advance for helping improve our outreach efforts!



Tom Henegan, Charles Bush-Joseph, MD, Kay Horsch, MD, Peter Indelicato, MD, and Kevin Boyer welcome ON Foundation as a new AOSSM partner.

AOSSM Forms New Partnership with ON Foundation

AOSSM is proud to announce a new partnership with the ON Foundation to provide opportunities to strengthen AOSSM members orthoregeneration skills. The ON Foundation provided five Sports Medicine Fellows with scholarships to attend the AOSSM and orthobiologics instructional course. They will also be providing scholarships to Fellows for the AOSSM Surgical Skills Course: “OrthoBiologics: Integrating Biologics and Clinical Ultrasound into Your Practice” in October 2018. For more information visit sportsmed.org.

HEAR AN AUTHOR’S TAKE ON THEIR ARTICLE DURING AN UPCOMING AJSM WEBINAR

Have you attended an *AJSM* webinar? If not, you can view recordings of these events within the Publications tab on the AOSSM website under “*AJSM* Electronic Media.” These webinars provide a new, interactive format for readers to engage with our authors in an online setting. Developed as 30-minute sessions, authors and moderators discuss a recently published paper with ample time set aside for Q&A. View our previous webinars on ACLR in skeletally immature athletes, bucket-handle versus vertical meniscal repair, and clinical outcomes after hip arthroscopy, and be sure to watch out for future events coming this fall!



Traveling Fellowship Blogs Now Available

Looking to travel the globe vicariously and see how orthopaedic sports medicine is performed in other parts of the world? Be sure to check out this year’s Traveling Fellowship blog at sportsmed.org/aossmimis/Members/Education/Traveling_Fellowship.



Dues Notices to Be Sent in August

Be on the lookout for your dues notice to be sent via email on August 1. Members have 30 days to submit payment. Questions, please contact Debbie Czech, Membership Manager at Debbie@aossm.org or call the Society office at 847/292-4900.



Keeping AOSSM's Website in the Game

BY COMMITTEE CHAIR, MICHAEL ANGELINE, MD, JOE SIEBELTS, AND THE AOSSM TECHNOLOGY COMMITTEE

A key component of the updated Society brand is a refreshed website, also launched in June. This online environment brings our identity to life with new visual elements, while also focusing on how to best address our members' needs. A redesigned homepage offers easier access to information, especially those pieces most regularly accessed by website visitors. While the content will remain much the same, an easier to navigate site will ensure the information you need is right at your fingertips. Highlighted within the new design will be valuable resources to help with your practice and career, for instance:

Education

Opportunities for learning, including both live and digital events, will remain a prominent feature of the updated website. Whether you want more details about the next Annual Meeting or surgical skills course, are considering listening to a presentation captured from a previous meeting, or want to earn CME with one of our more than 125 online credit opportunities, staying ahead of the curve in sports medicine will be easier than ever with the new sportsmed.org.

Publications

Under the Publications tab, members can find all AOSSM publications, including the

American Journal of Sports Medicine, *Sports Health: A Multidisciplinary Approach*, and the *Orthopaedic Journal of Sports Medicine*. Other resources—including the one in your hand—are archived and can be revisited at your leisure.

Members can also connect to the quickly expanding AJSM electronic media offerings. These include links to current webinars, podcasts, and Facebook Live broadcasts. Additionally, there are links to video abstracts and author interviews.

Research

As part of our commitment to advancing orthopaedic sports medicine through high quality, impactful research—which includes 51 grants awarded since

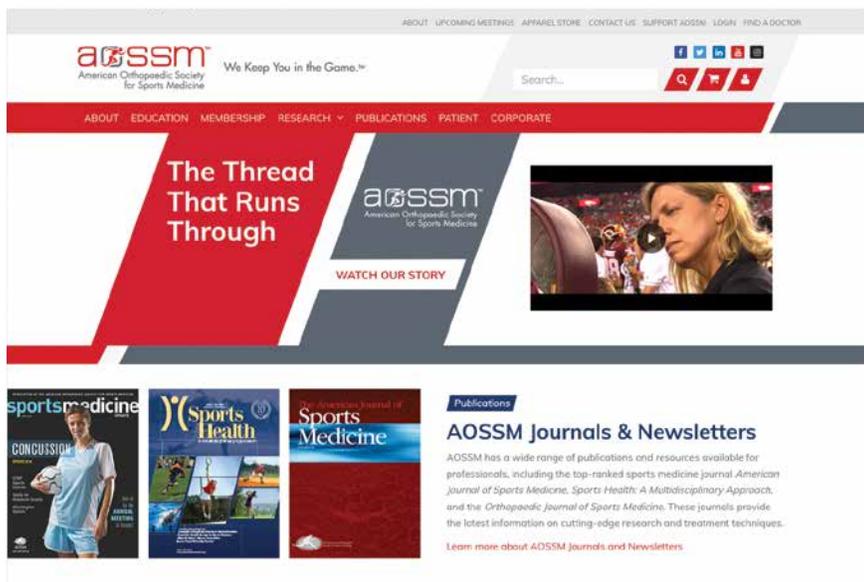
2003—the updated website will highlight current projects and upcoming funding opportunities to ensure the Society is attracting teams who are on the brink of innovations in the field.

Patient Resources

Members can access great resources for patient education within this section including links to:

- **STOP Sports Injuries:** More than 45 fact sheets and other patient and athlete information is provided with easy-to-read text and colorful illustrations about injury prevention, treatment, and rehabilitation.
- **In the Game Patient Newsletter:** A quarterly publication with new topics on information about treating and preventing sports injuries for athletes of all ages and abilities
- **3-D Surgical Animations:** Through a partnership with understand.com, members have access to an orthopaedic animation library that is divided into seven categories: cartilage, elbow, foot and ankle, hand and wrist, hip, knee, and shoulder. These animations allow members to educate their patients with visual demonstrations of various surgical procedures.

Have questions or concerns about the updated sportsmed.org? Email joe@aossm.org.



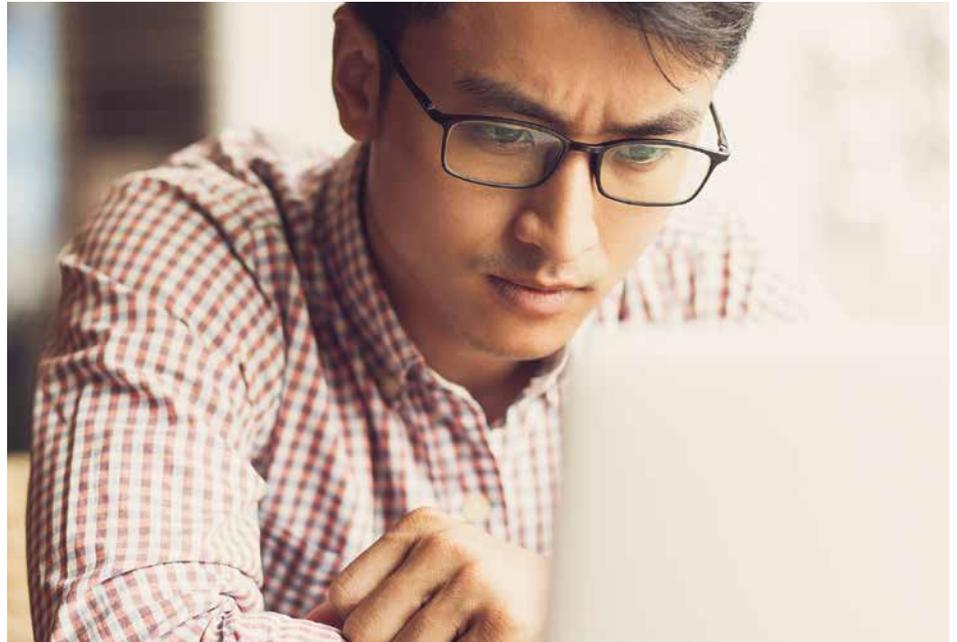
New Recertification Option for ABOS

BY DAVID F. MARTIN, MD, EXECUTIVE MEDICAL DIRECTOR, AMERICAN BOARD OF ORTHOPAEDIC SURGERY

STARTING IN 2019, the American Board of Orthopaedic Surgery (ABOS) is offering Diplomates a new pathway in order to satisfy the Knowledge Assessment portion of the ABOS Maintenance of Certification (MOC) program. Diplomates will be able to choose from the current computer or oral assessment pathways or the new ABOS Web-Based Longitudinal Assessment (ABOS WLA) pathway.

For those Diplomates who want to participate in the ABOS WLA pathway, each January the ABOS will post 60–70 knowledge resources (journal articles, practice guidelines, AUCs, and other similar options) on the ABOS website. Diplomates will choose 15 of these to review in-depth. In April, a five-week window will open in which the Diplomate will be presented 30 questions based on the 15 knowledge resources that they have chosen. Three minutes will be allotted to answer each question, administered in an open book fashion. The questions can be answered on a personal computer and can be answered in multiple sittings or one sitting. All questions must be answered during the five-week window or they will be marked as incorrect.

In order to pass the ABOS WLA, 24 out of 30 questions must be answered correctly to constitute a Quality Year. Five Quality Years are needed to successfully complete the program. Alternatively, reaching a level of 120 questions answered correctly over six years can also satisfy the requirement for successful completion of the ABOS WLA program. Meeting one of those standards will satisfy the Part III Knowledge Assessment requirement for the ABOS Maintenance of Certification (MOC) for that 10 year cycle. For those whose certificates expire in 2019–2022, they do not have five years left on their certificate. Those certificates will be extended as long as the Diplomate is



earning Quality Years. However, if they fail to earn a Quality Year they will then need to take a computer or oral assessment. Those individuals who have their certificates extended will have a shorter term in their next 10-year cycle. Anyone who does not meet the passing standard will need to take a computer or oral assessment.

Those who participate in the ABOS WLA pathway still must complete an application and submit a case list as well as meeting the minimum standard of 240 orthopaedic-related Category 1 Continuing Medical Education (CME) credits, of which at least 40 credits are from scored and recorded Self-Assessment Examinations (SAE) or ABOS-approved practice improvement activities. The ABOS will also obtain peer review and this information will continue to be reviewed by the ABOS Credentials Committee.

The ABOS is working on a method for those who hold a Subspecialty Certificate in Orthopaedic Sports Medicine to be able

to use WLA to recertify that certificate as well. Currently, those who want to earn an initial Subspecialty Certificate in Orthopaedic Sports Medicine will still need to take a computer examination.

More information is available on the ABOS website, under the “Examination Options” tab of the “Maintenance of Certification” section. Additional information concerning the ABOS WLA will be emailed to eligible Diplomates later this year.

Once again, the ABOS will be in attendance at the AOSSM Annual Meeting in San Diego in July and our certification specialists will be able to answer any ABOS WLA questions that you may have. Stop by and visit the ABOS Booth!

Thank you to those who completed the Maintenance of Certification (MOC) survey last fall and indicated interest in an ABOS WLA program. We will enlist the help of Diplomates in testing the ABOS WLA platform to make sure it is intuitive and user-friendly.

WASHINGTON UPDATE

BY JORDAN VIVIAN, AAOS LEGISLATIVE LIAISON



CMS Releases Inpatient Payment Proposed Rule

On April 24, 2018, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that makes updates to Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS). According to CMS, these changes and other policy proposals will “empower patients through better access to hospital price information, improve the use of electronic health records, and make it easier for providers to spend time with their patients.”

AAOS has urged CMS to address the regulatory burden and improve interoperability. Additionally, while AAOS supports the removal of burdensome and duplicative measures, they are reviewing the list of the proposed measures for removal so that orthopaedic surgeons can continue to participate in the quality reporting programs without additional barriers. Further, AAOS recently submitted a statement for the record to Congress that addressed price transparency.”

Congress Moves Opioid Legislation

The Senate Health Committee voted in May to approve the Opioid Crisis Response Act of 2018, which Chairman Lamar Alexander (R-Tenn.) said will “help create an environment for states to succeed in fighting the opioid crisis.” The Opioid Crisis Response Act of 2018 will:

- Reauthorize and improve grants to states and Indian tribes for prevention, response, and treatment to mitigate the opioid crisis, authorized in 21st Century Cures, for three more years.
- Spur development and research of non-addictive painkillers, and other strategies to prevent, treat, and manage pain and substance use disorders through additional flexibility for the NIH.
- Clarify FDA’s regulatory pathways for medical product manufacturers through guidance for new non-addictive pain and addiction products.
- Encourage responsible prescribing behavior by clarifying FDA authority to require packaging and disposal options for certain drugs, such as opioids to allow a set treatment duration—for example “blister packs,” for patients who may only need a 3 or 7 day supply of opioids—and give patients safe disposal options.

- Improve detection and seizure of illegal drugs, such as fentanyl, through stronger FDA and Customs and Border Protection coordination.
- Clarify U.S. Customs and Border Protection is responsible for destroying controlled substances found in packages at the border, and strengthen FDA's authority to refuse admission of illegal drugs from bad-actors.
- Clarify FDA's post-market authorities for drugs, such as opioids, which may have reduced efficacy over time, by modifying the definition of an adverse drug experience to include such situations.
- Provide support for states to improve their Prescription Drug Monitoring Programs (PDMPs) and encourage data sharing between states so doctors and pharmacies can know if patients have a history of substance misuse.
- Strengthen the health care workforce to increase access to mental health services in schools and community-based settings and to substance use disorder services in underserved areas.
- Authorize CDC's work to combat the opioid crisis, including providing grants for states, localities, and tribes to collect data and implement key prevention strategies.
- Address the effects of the opioids crisis on infants, children, and families, including by helping states improve plans of safe care for infants born with neonatal abstinence syndrome and helping to address child and youth trauma.
- Authorize the Department of Labor to address the economic and workforce impacts for communities affected by the opioid crisis, through grants targeted at workforce shortages for the substance use and mental health treatment workforce, and to align job training and treatment services.

- Improves treatment access to patients by requiring the Drug Enforcement Administration to issue regulations on how qualified providers can prescribe controlled substances in limited circumstances via telemedicine.
- Allow hospice programs to safely and properly dispose of unneeded controlled substances to help reduce the risk of diversion and misuse.

Similarly, the House Energy and Commerce Committee is considering more than 60 separate bills that address painkillers and substance abuse.

Ways and Means Committee Talks Health Care Innovation

On April 26, 2018, the Ways and Means Health Subcommittee discussed innovations in the health care sector and how such innovations can be used to improve and modernize the Medicare program. Subcommittee Chairman Pete Roskam (R-IL) opened the hearing, emphasizing the importance of “implementing policies that open the door to potentially life-saving devices, drugs, and delivery methods,” and urged members and witnesses to identify legislative and regulatory reforms that can help Medicare “benefit from pioneer ideas.”

Roskam and others stated support during the hearing for “value-based transformation” efforts but also are looking to review current laws involving telehealth, fraud and abuse, and the 340B program that may be inadvertently impeding competition and innovation. Rep. Patrick Meehan (R-PA) questioned whether Stark and Anti-Kickback laws may be restricting care coordination efforts, and witnesses detailed how the current fraud and abuse framework is a “relic” of the fee-for-service (FFS) system that needs to be updated in light of new payment and delivery models. Rep. Adrian Smith (R-NE) urged the witnesses to identify specific telemedicine



Witnesses representing a range of health technology or innovation-focused companies discussed recent innovations in the health care sector and how such innovations can be utilized in the Medicare program.

policies—such as revising current Medicare coverage restrictions—that can facilitate broader use of telemedicine among Medicare beneficiaries, particularly for long-term care in rural areas.

Witnesses representing a range of health technology or innovation-focused companies discussed recent innovations in the health care sector—such as new remote monitoring technologies—and how such innovations can be utilized in the Medicare program. The witnesses also identified current legislative and regulatory barriers that impede competition and increase spending in Medicare. One witness noted, for example, that “hospitals as we know them are obsolete,” and criticized Medicare reimbursement rules that provide an advantage to hospitals at the expense of independent practices. Former CMMI Deputy Director and current Aledade Chief Administrative and Performance Officer Sean Cavanaugh specifically encouraged the Subcommittee to examine factors that may be driving hospital-independent practice consolidation, including the 340B program and the facility fee model.

AOSSM Awards \$150,000 Return to Play Clinical Research Grant



Congratulations to Kristin R. Archer, PhD, DPT, who was recently awarded the AOSSM/Aircast Foundation Return to Play Clinical Research Grant. Dr. Archer is currently an Associate Professor and Vice Chair in the Department of Orthopaedic Surgery at Vanderbilt University Medical Center. Her study, “Improving ACL Reconstruction Return to Play Outcomes through Psychologically Informed Rehabilitation,” is a multi-center, randomized controlled trial investigating whether a telephone-based psychologically informed physical therapy (PIPT) intervention improves return to sport and sports outcomes following anterior cruciate ligament reconstruction (ACLR). Further, she aims to assess cost-effectiveness and potential

moderators of treatment response as well as determine the reliability and validity of the Subjective Patient Outcome for Return to Sports (SPORTS) score for return to play. The results from this trial will provide evidence on effective psychological rehabilitation treatment that can guide orthopaedic surgeons in their recommendations, and patients in their actions following ACLR.

For this study, she will be working in collaboration with the NIH-funded Multicenter Orthopaedic Outcomes Network (MOON) led by Dr. Kurt Spindler.

Details on our next Return to Play Clinical Research Grant will be coming out later this summer. Stay tuned for details at sportsmed.org/Research or for more information contact Kevin Boyer, Director of Research at kevin@aossm.org.

AOSSM gratefully acknowledges



for their support of this grant.

Prepare Your Manuscript for a 2019 AOSSM Research Award

The AOSSM Research Committee selects the best high-quality, high level of evidence, original research manuscript for the AOSSM Research Awards including:

- **Excellence in Research Award**—given to the best manuscript concerning any topic in sports medicine research with a primary author under the age of 40 at the time of the AOSSM Annual Meeting.
- **Cabaud Memorial Award**—given to the best manuscript submitted concerning hard or soft tissue biology, in-vitro research, laboratory or “bench-type” research, or in-vivo animal research.
- **O’Donoghue Award**—given to the best manuscript submitted concerning clinical based research or human in-vivo research.

All manuscripts submitted by October 1, 2018 are considered for the 2019 Research Awards. Winners receive a \$2,000 honorarium and an invitation to present their research at the 2019 Annual Meeting in Boston. For complete research awards policies and submission instructions, visit sportsmed.org/Research or email Kevin Boyer, AOSSM Research Director at kevin@aossm.org. Retrospective studies and systematic reviews are not considered for Research Awards.



Successful Early Sports Specialization Conference

AOSSM would like to thank the National Strength and Conditioning Association, who created a joint conference in mid-May to bring together representatives from professional sports medicine organizations. The goal of the meeting was to bridge the gap between science and the application of early sports specialization recommendations for athletes, coaches, and parents. Representatives from the NCAA, ACSM, NATA, APTA, NAPSEM, and USCCE were also in attendance to discuss and formulate plans for how to work together to create practical guidelines on this important topic. For more information, contact Kevin Boyer, AOSSM Director of Research at kevin@aossm.org.

Hip Surgical Skills Course Brings Together International Perspective

AOSSM and ISAKOS, under the expert direction of co-chairs Brian D. Busconi, MD, and Marc R. Safran, MD, hosted another successful surgical skills course entitled, *The Hip in the Athlete—An International Perspective*, at the OLC Education and Conference Center in Rosemont (Chicago), Illinois, April 13–14, 2018. The sold-out course featured didactic lectures and case discussions from icons in hip arthroscopy from around the world with more than six hours of hands-on lab time. One participant commented, “The lectures were excellent and covered a wide variety of topics very well.” Another stated, “Excellent faculty, well informed.”

A huge thank you to Stryker for an educational grant in support of this course and to Arthrex, ConMed, DePuy Synthes, Smith & Nephew, and Stryker for providing in-kind support in the form of equipment for the lab portion of the course.

The next AOSSM surgical skills course, *OrthoBiologics: Integrating Biologics and Clinical Ultrasound into Your Practice with Hands-on Tissue Harvesting and Processing and Full-Body*

Ultrasound Guided Injection Laboratory, takes place October 12–13, 2018 in the OLC Education and Conference Center in Rosemont, Illinois. There is limited availability for these courses and they do often sell out so register now at sportsmed.org.



AOSSM Hip Course Faculty



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- MOC Part II SAE credits and CME credits available*
- Brush up on your sports medicine game—even if you don't have subspecialty certification in orthopaedic sports medicine

AOSSM GRATEFULLY ACKNOWLEDGES **ARTHREX** FOR AN EDUCATIONAL GRANT IN SUPPORT OF THIS ACTIVITY.

*Each exam has been approved for *AMA PRA Category 1 Credit™* and qualifies for Part II SAE under the ABOS MOC Program. The AOSSM is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

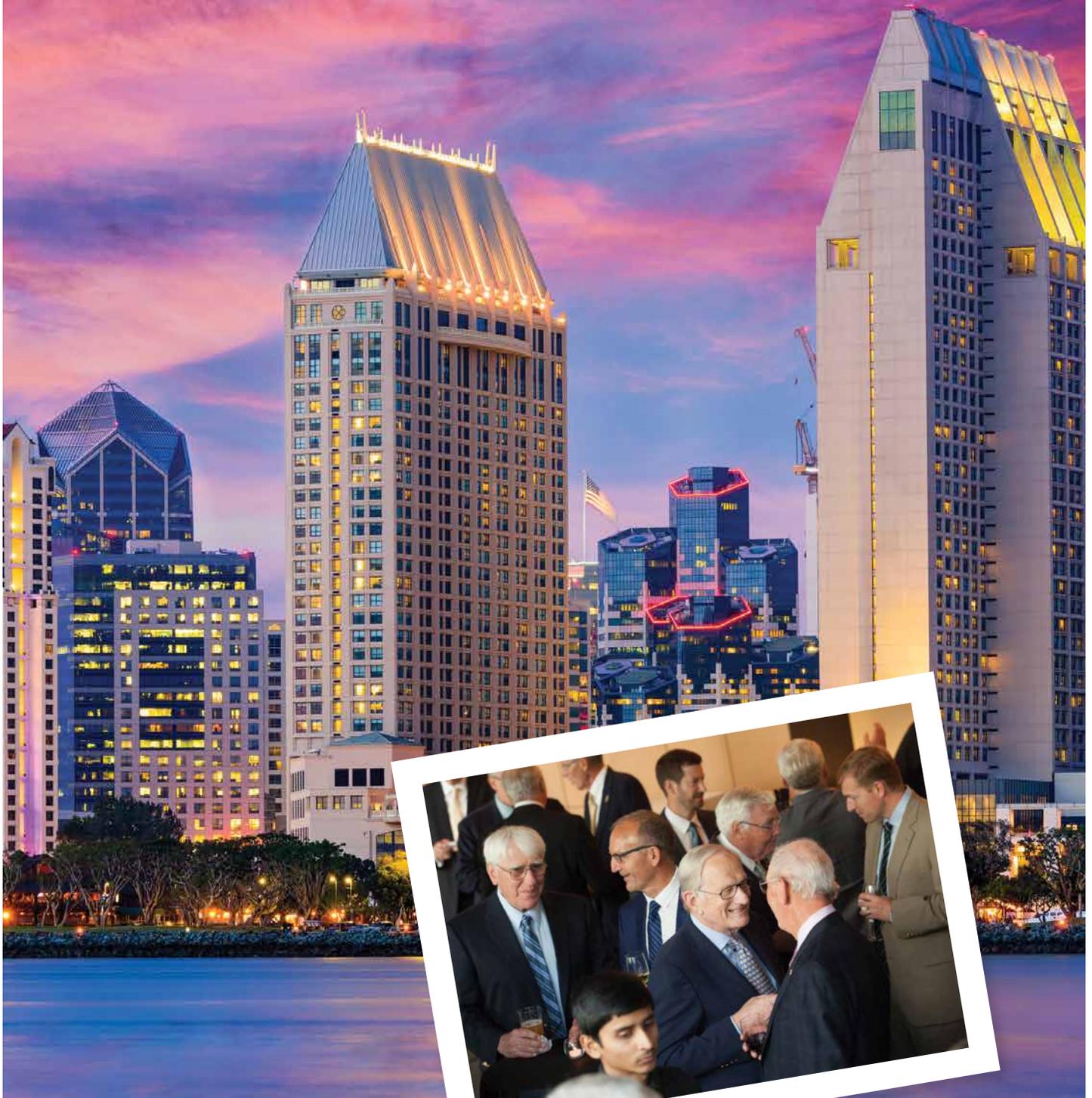
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GET IN THE GAME FOR THE
**AOSSM 2018
ANNUAL MEETING**



We are excited to see you at the AOSSM 2018 Annual Meeting in San Diego, July 5–8! Don't forget that early registration ends June 5. After this date an additional \$100 surcharge will be added. You can still register online at sportsmed.org. Here are a few helpful tips to get you prepared for the premier sports medicine event of the year.

PICK UP YOUR REGISTRATION MATERIALS

If you are pre-registered for the AOSSM 2018 Annual Meeting in San Diego, July 5–8, you can pick up your meeting badge and materials at the pre-registration counter on the second floor of the Manchester Grand Hyatt beginning at 2:00 p.m. on Wednesday, July 4 or starting at 6:15 a.m. Thursday–Sunday. Be sure to bring your ID!

PREPARE AND PRINT ALL TRAVEL DOCUMENTS

Make sure you have all travel documents before boarding your flight, including passports, visas, and copies of your itinerary and hotel details.

DOWNLOAD YOUR INSTRUCTIONAL COURSE MATERIALS

If you registered for an instructional course, the materials will be available online by logging in to the AOSSM website at sportsmed.org and then clicking on the Meetings tab under your profile. You can also change instructional courses, purchase additional ones, or purchase all of the instructional course materials through the 2018 Annual Meeting personal agenda link which will be sent to you via email in mid-June or on-site at the Registration Desk.

FACULTY INFORMATION

Faculty can load their PowerPoint presentations in the speaker ready room, show office 7 near the AOSSM Registration Desk. Posters can be hung in the designated space outside the Exhibit Hall. Please remember that all faculty must register for the meeting.

JOIN THE CONVERSATION

If you are on social media, don't forget to follow all the meeting news and highlights at [#AOSSM2018](https://twitter.com/AOSSM2018).



REGISTER FOR THE SATURDAY NIGHT FAMILY EVENT AT USS MIDWAY

Please register for the event online or at the on-site Registration Desk. You will need your name badge for entry. Only one badge required per family. The USS Midway is located within a 10–15 minute walk from each of the host hotels. Please check with your concierge for specific directions to and from your hotel, otherwise maps are available at the Registration Desk.

SIGN UP FOR 1ST ANNUAL FUN RUN

Join AOSSM and OR Hub for our 1st Annual 1-mile Fun Run on Thursday, July 5 at 6:00 a.m. This 1 mile run/walk along the San Diego Harbor will start your day off on the right foot and get you energized for all of the day's learning! Registration is free and includes a T-shirt while supplies last!

DOWNLOAD THE AOSSM APP

Visit your app store either Apple or Android to download our app and check out all the meeting materials, including the agenda, abstracts, social events, and so much more.



Questions? Please email us at info@sportsmed.org or call the Society office at 847/292-4900. See you in San Diego!

UPCOMING MEETINGS

Learn more and register at sportsmed.org.

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

20th Annual AAOS/AOSSM/AANA Sports Medicine Course

January 30–February 3, 2019

Park City, Utah

Register at aaos.org.

Specialty Day

March 16, 2019

Las Vegas, Nevada

AOSSM/NFLPS/NFL Football Sports Medicine 2019

March 29–31, 2019

Nashville, Tennessee

AOSSM & ISAKOS Surgical Skills Course: Osteotomies Around the Knee

April 12–13, 2019

OLC Education and Conference Center

Rosemont, Illinois



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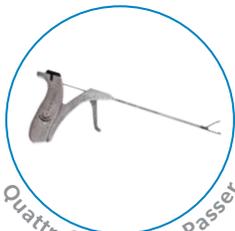
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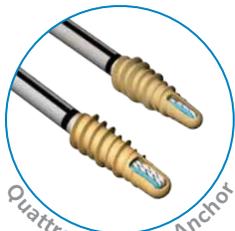
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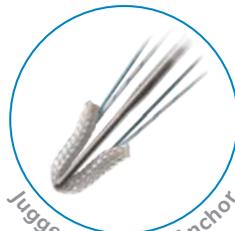
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