



The Sideline Report



Leading Sports Medicine into the Future

NEWS IN THE WORLD OF SPORTS MEDICINE

www.amssm.org

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What's Going On In AMSSM?

A

Section Editors: Kelsey Logan, MD and Christopher Meyering, DO

Game | Women's World Cup

The Beautiful Game

BY MICHAEL PITZER, MD



During the summer of 2011, the world gave witness to terrific feats of athleticism and performance. Even the major soccer critics in the U.S. couldn't help but remain silent as we watched gut-wrenching performances and unimaginable story lines unfold in the Women's World Cup.

And who doesn't love a good story line? For the first time in the 20 year history of the Women's World Cup competition, the U.S. lost in qualification to Mexico. Despite the loss, the U.S. team still entered the tournament as the #1 rank. Then, again for the first time in Women's World Cup competition, the U.S. failed to win its group after a 3-1 loss to Sweden. In what is probably the highlight game of the competition, the U.S. managed to beat Marta and Brazil after several ter-

rible calls in Brazil's favor. The same game produced the brilliant 122 minute goal off the head of Abby Wambach to send the game into penalty kicks - the U.S. would ultimately win. In the semifinals, after a dominating performance by France, the U.S. again managed to win with two late goals and have a chance at our first World Cup title since 1999.

Ultimately, Japan would win the tournament with their incredible story line. Upon entering the tournament few sports analysts thought they would survive group play . . . let alone get to the quarterfinals and upset Germany who they had never defeated. Remember, Germany was the two-time defending champions and the host nation! Japan

GAME | A2

Neuropsychological Testing | PRO • CON

PRO | CON: NEUROPSYCHOLOGICAL TESTING

BY MARJIE DELO, MD

PRO
Sports-related concussion continues to be a challenging and controversial injury, despite increasing public interest and clinical research. Historically, concussions have been treated based on grading systems, such as the Cantu scale, AAN and the Colorado Medical Society, followed by the simple versus complex terminology. However, as of the 3rd International Conference on Concussion

in Sport¹ in Zurich in September, 2008, the expert opinion is to abandon grading systems, as research has proven them ineffective, and treat each concussion on an individual basis. The consensus is there is no scale based on presenting signs and symptoms that will be able to determine the severity of injury or the length of recovery. While this will personalize treatment and hopefully

PRO | A4



Olympic Games | London

2012 OLYMPIC GAMES

BY BECCA CARL, MD

Dr. Cindy J. Chang, President of AMSSM, has been named Chief Medical Officer (CMO) for the U.S. Olympic team that will compete in the 2012 Olympic Games in London. She began volunteering with the U.S. Olympic Committee in 1996 and served as CMO at the Rio 2007 Parapan American Games and the Beijing 2008 Paralympic Games.

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The Beautiful Game

FROM A1

faced multiple challenges leading up to the competition. They could not practice at night, because the March tsunami limited energy use in the country. For the same reason, the fields on which they practiced at home were dry and brittle, well below the quality on which other national teams had practiced. They went on to upset Sweden, a team that was on average four inches taller than the Japanese team. And finally, a fairytale ending in the World Cup Final - Japan came from behind, not once, but twice, to beat the world's #1 ranked team. It was a great summer to be a soccer fan.

Even in the U.S. where soccer is often overshadowed by football, baseball and basketball, the TV ratings for the Cup games were through the roof. There is increasing interest in soccer from children and adults across the country. The American Youth Soccer Organization reports on its website that it started with just nine teams in 1964 and now annually registers 50,000 teams and 600,000 players. Similarly, the U.S. Youth Soccer Association started in 1974 with 100,000 players and now registers over 3.2 million players annually per the Association's website. Given that soccer has the highest participation rate in the world by sport, with more than 240 million amateur players worldwide¹, it's no surprise that the sport is growing in the U.S. The Soccer Industry Council of America reported in the 1990s they found increases in participation ranging from 11.4% to 21.8% annually.²

Soccer is a contact sport with a high-flying, fast paced ball, and it's no surprise that injuries are common in the sport. The U.S. Consumer Product Safety Commission estimated between 146,000 and 160,000 soccer-related injuries annually for the years 1992-1994, with half occurring in participants younger than 15 years.³ A more recent University of Pittsburgh study found a soccer injury rate of

3.4 per 100 games and 1.0 per 100 practices.⁴ They found the injury rate for soccer was the highest of any sport they studied, including football and baseball, however the investigators attributed this finding to increased reporting among soccer coaches.

The AAP Committee on Sports Medicine and Fitness reported in 2000, soccer players were prone to the same injuries as other athletes.⁵ The AAP reported that soft-tissue contusions were the most common soccer injury. Also common are sprains, strains, fractures, dislocations, tendinitis, over-use injuries and heat-related injuries. Eye and mouth injuries were found to be common enough for the Committee to recommend protective eyewear and mouth guards in soccer participants. The commission also recommended the minimization of "heading" in youth soccer due to evidence that heading can have cognitive consequences. Interestingly, of the 21 players on the 2011 National Team roster, six players have torn their ACL in their pro or college career (Boxx, Mitts, Buehler, Rapinoe, Rampone and LePeilbet).⁶

Although the joys of the 2011 Women's World Cup are behind us, the U.S. has many good years of soccer to come, especially with the increasing interest in our youth. With the autumn soccer season soon upon us, medical professionals everywhere should encourage participation. Soccer is a great way to stay in shape and have a good time. Just ask the 240 million players around the world.

References

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Membership | Trends and Statistics

REACHING A MEMBERSHIP MILESTONE!

PART OF MEMBERSHIP REPORT BY ANDREW GREGORY, MD, CHAIR

AMSSM now has over 2,000 members in 2011.

2011 MEMBERSHIP STATISTICS

(Compiled by Joan Brown on July 14, 2011)

- Breakdown by Specialty: FM>Peds>IM>PM&R>EM>Other
- Membership Type: Active>Resident>Fellowship>Student
- Retention of Fellowship Members: 65%
- 24 Fellowship Directors are not current AMSSM Members (6 have joined since March 2011)
Please contact PDs you know personally and encourage them to join AMSSM.

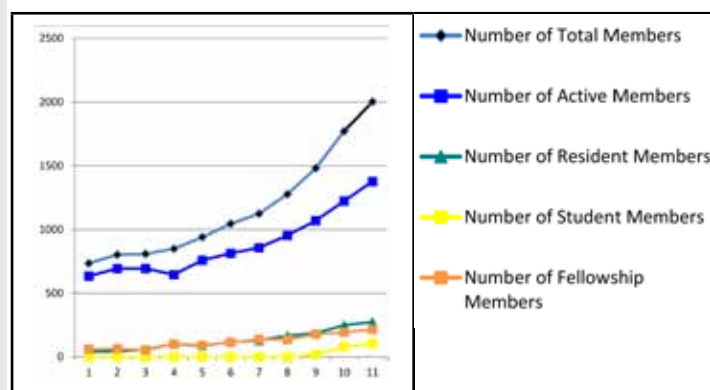
BREAKDOWN BY SPECIALTY

| | |
|------------------------------------|-------|
| EMERGENCY MEDICINE | 3.8% |
| FAMILY MEDICINE | 73.4% |
| INTERNAL MEDICINE | 7.3% |
| ORTHOPAEDICS | 0.8% |
| PEDIATRICS | 8.4% |
| PHYSICAL MEDICINE & REHABILITATION | 4.0% |
| FAMILY MEDICINE/EMERGENCY MEDICINE | 0.3% |
| INTERNAL MEDICINE/PEDIATRICS | 0.8% |
| INTERNAL MEDICINE/PSYCHIATRY | 0.1% |
| INTERNAL MEDICINE/PM&R | 0.2% |
| PEDIATRICS/EMERGENCY MEDICINE | 0.4% |
| NEUROLOGY | 0.1% |

| | | | |
|-----------|---------|-------------|-------------|
| MD: 1,608 | DO: 281 | MALE: 1,536 | FEMALE: 466 |
|-----------|---------|-------------|-------------|

2011 MEMBERSHIP

| | |
|--|-------|
| Active Members (Includes Charter Members/Founders) | 1,377 |
| Associate Members | 15 |
| Affiliate Members | 4 |
| Emeritus Members | 9 |
| Fellowship Members | 216 |
| Military Hardship Status | --- |
| Resident Members | 275 |
| Student Members | 106 |
| Total Members | 2,002 |



ENLARGED GRAPH

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CELEBRATING 20 YEARS OF AMSSM: HONORING OUR FOUNDERS

BY CHRISTOPHER GEE, MD; ADAM PERRIN, MD; AND GEORGE PUJALTE, MD

LARRY MCLAIN, MD



Dr. McLain currently serves as Associate Professor of Clinical Pediatrics and Inpatient Director of Pediatrics at the University of Illinois Medical Center in Chicago. He graduated in 1965 from the University of Illinois College of Medicine and stayed in Chicago to complete his residency training at Children's Memorial Hospital/Northwestern

University. He went on to complete fellowship training in pediatric nephrology at the University of Michigan. Dr. McLain is triple-boarded in Pediatrics, Pediatric Nephrology and Sports Medicine.

Dr. McLain has been a longstanding member of the American Academy of Pediatrics' Committee on Sports Medicine and Fitness. This committee has produced many influential policy/position statements including "Climatic Heat Stress and the Exercising Child and Adolescent" and "Participation in Boxing by Children, Adolescents, and Young Adults." Other publications issued by Dr. McLain include the articles, "The Use of Anabolic Steroids in High School Students," (found in *Archives of Pediatrics and Adolescent Medicine*) and "Sports Injuries in a High School" (found in the journal, *Pediatrics*).

Among Dr. McLain's many achievements includes the completion of a course of study in Medical Management which led to his becoming a Certified Physician Executive through the American College of Physician Executives.

R. DOUGLAS SHAW, MD



Dr. Shaw obtained his medical degree from the University of Oklahoma and finished his internship at Santa Barbara Cottage and General Hospitals. Between 1971-74, he was a US Naval Flight Surgeon. He started his emergency medicine practice at the Marian Hospital in Santa Barbara, California, and went on to become the Emergency Department Chairman of that hospital from 1975 to 2010.

He became a member of the American College of Sports Medicine in 1973, and was Assistant Research Physiologist at the Institute of Environmental Stress at the University of California in Santa Barbara. At around the same time he had a part-time private practice in sports medicine with special emphasis on track and field and multi-event athletics. He was a physician at the National Sports Festivals in 1978 and 1979, the World University Games in 1981, the Olympic Games in 1980, and the Los Angeles Olympic Games in 1984. He was a founding member of the American Medical Society of Sports Medicine in 1991.

Dr. Shaw was himself a University of Oklahoma track team letterman, and was a Lifetime Masters competitor in track and field, competing on various national age group championships in the track pentathlon and triple jump until 2001. He retired in 2010 to Portland, Oregon and is currently training for the 2011 World Nordic Masters Cup.



DEBORAH SQUIRE, MD



Dr. Squire, a native of Pittsburgh, PA, received her undergraduate degree from Wheaton College in Illinois in 1974, and then graduated from Northwestern University Medical School in 1978. Afterwards, she went to Duke University to complete a residency in Pediatrics. Dr. Squire also served as a clinical fellow in Sports Medicine under Frank Bassett, III, MD at Duke University while she was a chief resident in Pediatrics and during the following two

years of her Robert Wood Johnson General Pediatric Academic Fellowship. She stayed on at Duke as an Assistant Clinical Professor in the Duke Children's Faculty Practice and as an Attending Physician with the Duke Sports Medicine Clinic.

Dr. Squire has been active in national sports medicine leadership and is one of the founding members of AMSSM. In addition she is a former member of the AMSSM Board of Directors and served as President of AMSSM from 1999-2000.

Dr. Squire's clinical interests include the growing adolescent athlete and the female athlete. She has been the team physician for Duke University Field Hockey and Women's Basketball teams for over 20 years.



JEFFREY TANJI, MD



Dr. Tanji graduated from Stanford University with a Bachelor of Science in 1978 and completed his medical degree from UC Davis School of Medicine in 1982. He remained at UC Davis for both his internship and residency training. Dr. Tanji is board-certified in family medicine from the American Board of Family Medicine and earned his Certificate of Added Qualification in Sports Medicine from the ABFM in 1993. Professional memberships include the American Academy of Family Physicians, Society of Teachers of Family Medicine, American College of Sports Medicine and American Medical Society for Sports Medicine, for which he is a founding member.

Dr. Tanji has never left California and presently serves as Associate Medical Director of the Sports Medicine Program at UC Davis Health System. He has been a team physician at the professional, intercollegiate and community college level for over 25 years. In addition to covering intercollegiate athletics at UC Davis, Dr. Tanji proudly serves as a team physician for the Sacramento Kings and Sacramento Monarchs professional basketball organizations.

Dr. Jeff Tanji's publications include articles in *Clinics in Sports Medicine* and chapters in the *Manual of Sports Medicine* (co-edited by fellow AMSSM founding member Dr. Doug McKeag). He also served on the expert panel which created *The Physician and Conditioning of Athletes for Sports: A Consensus Statement*.



Dr. Tanji cites his proudest professional achievement to be "the success of my former fellows and students."

FROM A1

PRO | CON: NEUROPSYCHOLOGICAL TESTING

PRO (Continued)

MARJIE DELO, MD

lead to athletic trainers and physicians focusing more on the details of their serial exams, it also further complicates return to play decisions.

Treatment and return to play decisions have to be made based on multi-faceted data. Our evaluation needs to include reported symptoms at rest and with exertional testing, measurement of cognitive functions, and normalization of neurologic exam findings. By definition, no standard neuroimaging reveals any abnormalities in concussion. While there are new neuroimaging tests emerging, there is much research to be done before any of these technologies will be proven to be of benefit in concussion management.

Team physicians are able to perform the neurological exam, including vestibular evaluation, and athletic trainers often use the BESS test to screen for balance abnormalities. Symptom checklists have been developed to screen for typical symptoms associated with concussion. Neurocognitive screens such as SAC or Maddocks questions have been validated for use for sideline evaluation. However, they have not been proven to be effective in follow-up, and the Zurich Consensus Group recommends more comprehensive testing for follow-up in order to capture more subtle cognitive deficits. Paper and pencil neurocognitive tests have been validated by many studies. Newer computerized versions have been developed that measure similar cognitive areas as the paper tests. Computerized testing also has the advantage of measuring reaction time and information processing speeds more accurately. Computers allow for randomization of test stimuli to minimize the practice effects, and for rapid availability of results.

As with any diagnostic test, results of neurocognitive tests cannot be used as the sole determining fac-

tor in return to play decisions. In a study of ImPACT, the most widely used of the computerized tests, by Schatz et al. in the *Archives of Clinical Neuropsychology* in 2006², the sensitivity was found to be 81.9%, with a specificity of 89.4%. However, in a study by Broglio et al. in *Neurosurgery* in 2007³, college athletes with physician-diagnosed concussion had a positive finding 90% of the time 24 hours following injury with a combination of symptom screen, postural testing, and neurocognitive testing. Therefore, we should consider computerized neurocognitive testing as a helpful adjunct to our current tools for diagnosing and managing concussion.

Given the vast variability in cognitive functions, baseline testing is recommended to use as a comparison in the case of a concussive injury. Many of our athletes are young, with developing brains, and thus baseline testing is recommended biannually. Baseline testing can be easily performed on a team during the preseason, with testing done on large groups of athletes together in a computer lab. Testing is web-based, and therefore accessible to our athletic programs. Newer versions of the tests have more sensitive screens incorporated into the program to detect invalidity due to poor effort or misunderstanding of instructions.

Multiple studies⁴⁻⁶ have shown baseline test-retest reliability at different intervals, from seven days to two years. Therefore, with baseline comparisons, subtle deficits can be tracked. More significant cognitive deficits can be monitored to help determine when academic restrictions or cognitive rehabilitation may be necessary to help with recovery; in addition, treatment response can be monitored in post-concussive syndrome. Objective measures of concussion are also helpful to use in discussions with coaches or parents, when visibly

PRO|A5

CON

BY CHARLES WEBB, DO AND CHRISTOPHER MEYERING, DO

Medical management of sports-related concussion is an ongoing topic of considerable interest and debate as it has been over the past decade. Recent research includes evaluating the effects of concussion, the length of recovery based on gender, hormonal cycles, age and sport, as well as which type of head gear should be worn. Only recently, the old grading systems in place for decades have been shelved. When the 3rd International Conference on Concussion in Sport¹ was held in Zurich during the fall of 2008, expert opinion was to discard these grading systems and the recommendation was to treat each concussion on an individual basis. It was during this conference that the consensus was made that there is no scale based on signs or symptoms that can determine the severity of the injury or predict the length of time needed to return to play (RTP). This complicates the RTP decisions that face many medical professional who take care of these athletes and increasingly frustrates the coaches and owners of the various teams we cover.

Treatment and return to play decisions must be made based on multifaceted data and clinical evaluations of the injured athlete. The evaluation needs to include a self-reported symptom log while at rest as well as with exertion, focused neurologic exams and some measurement of cognitive and psychological function. Currently, no neuroimaging tests have any proven benefit, although several imaging techniques currently under investigation may shed some light on the RTP decisions.^{1,2}

Perhaps the most glaring concern with neurocognitive testing is the test-retest reliability. Pearson coefficient and intra-class correlation coefficient (ICC) are two measures used in reliability, and a minimally acceptable score is .60 with .90 being the ideal score to achieve.⁵ Broglio et al looked at the reliabil-

ity of three commercial test batteries evaluating college athletes and discovered that the average ICC for each battery was <0.50.¹⁰ Schatz et al tested and retested 95 college athletes two years apart using ImPACT discovered the Pearson coefficients for verbal memory, visual memory, reaction time and processing speed were 0.30, 0.49, 0.52 and 0.60 respectively.⁵ These findings speak against the current practice standard of neurocognitive tests requiring baseline tests and demonstrate the tests' poor specificity. In the Broglio study, 40% of their "normal" test subjects were scored as impaired on at least one of the ImPACT scores during their retest. An athlete would require a fairly significant injury to score outside of the predicted confidence interval before the test results could reliably be used for a clinical decision.

Lack of cross test reliability is another concern. A head-to-head study comparing CogState, ImPACT and HeadMinder demonstrated only modest correlation in assessment of complex reaction times between ImPACT and CogState and between ImPACT and HeadMinder, but not between CogState and HeadMinder. It did not demonstrate any significant correlation in assessment of memory indices between any of the tests. This demonstrates the same neurocognitive test suites need to be used post injury that was used for the baseline, and if a program or institution changes from one testing suite to another, the entire team would need to be re-tested for baseline levels if baseline levels are used.^{4,5}

Another issue is when to administer the tests post injury? Some have suggested the test be given 24 hours after injury to help determine the extent of the injury; however this has not been proven in the literature. Others, mostly the manufacturer of the various programs, recommend repeating post injury

CON|A5

NEUROPSYCHOLOGICAL TESTING

FROM A4

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PRO (Continued)

the athlete appears well, but you have clinical concern for their safety. And hopefully with continued research⁷, neurocognitive testing may be able to help us screen for cumulative effects of repeated injury.

In summary, I believe that neurocognitive testing is a helpful ob-coaches or parents, when visibly

with physical exam, symptom reporting, balance assessment, and clinical judgement to help us make the most evidenced-based decisions that we can regarding our athlete's safety and their return to play timeline.

[PRO REFERENCES](#)

CON A4 | RETURN |A1



NFHS | Educational Courses

EDUCATIONAL COURSES

The www.nfhslearn.org website has received tremendous traffic and outstanding feedback.

- There is a **free concussion educational course** available for anyone to take. The NFHS is tracking registrations in every state and a handful of state associations have made viewing this course mandatory.
<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>
- There is also a **heat, hydration and nutrition webinar** directed at coaches and school administrators. It is an outstanding program that was just released and is fairly inexpensive.
<http://www.nfhslearn.com/electiveDetail.aspx?courseID=21000>

The quality of these webinars is outstanding (both content and overall format/structure).

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PAN AMERICAN & PARAPAN AMERICAN GAMES | 2011

2011

Pan American and Parapan American Games Guadalajara, Mexico

BY BECCA CARL, MD

XVI Pan American Games:

AMSSM members Drs. Eric Anish, Stephen Foley, Andrew Gregory, Mark Lavalley and Amy Stromwall are part of the U.S. Medical Team for the 2011 Pan American Games in Guadalajara, Mexico.

[Guadalajara 2011 Pan American Games](#)

2011 Parapan American Games:

Drs. Mark Chassay (CMO) and Martha Dodson have been named for the 2011 Parapan American Games, which is a competition where more than 1,500 athletes with physical disabilities compete.

[Guadalajara 2011 Parapan American Games](#)

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CON (Continued)

exams every 2-3 days until results return to baseline. Most providers I informally interviewed state they utilize these tests and the data collected as an adjunct to their complete neurological exam and symptom-scaled score to help determine return to play. These providers primarily use this data to help them evaluate if the athlete has recovered after the athlete is symptom free for a period of time and has completed the first several phases of a graduated RTP protocol. No one whom I interviewed for this editorial uses only a normal neurocognitive test score as the determinant to allow RTP. Several would use it however to prevent an athlete from returning to play if they had scored poorly or had not returned to baseline despite having a normal exam and a normal SCAT 2.^{3,4,5,6}

An additional issue limiting the mass use of neurocognitive testing at every level of sport is cost. Most of the computerized tests available for use today are commercial products. These come with a cost for the use of the program itself, as well as the cost of the provider to administer both baseline and post injury tests. The cost to implement ImpACT (one of the most widely used of the computerized tests on the market) is \$350 for the smallest package. This package includes 75 baseline tests and 30 post injury tests with each additional baseline test costing \$2 and each post injury test costing \$10. There are other packages that cost \$500 for 300 baseline tests and 120 post injury tests, and \$750 for 600 baselines and 240 post injury. For the average school with 400 athletes that needed testing, the annual cost would be \$700 or \$750 provided they did not use more than the 120 or 240 post injury tests during the year.⁹ This does not include the cost of the ATC's time, which encompasses education needed to learn the ImpACT system as well as time to administer the tests. These costs are prohibitive for almost all the school districts in my state and for some of the smaller colleges.

The cost of implementing the ImpACT system in a physician's office involves ordering the tests from ImpACT at \$25 per baseline test and \$20 for each post injury test. In addition to the cost of the tests, there is a cost of training the physician in the use and interpretation of the test and the physician's staff in the administration of the test. The other popular tests on the market [CogState(Axon), Headminder, and ANAM] have similar costs for implementation and use.⁹

With the Zurich consensus statement recommendation of more comprehensive testing during follow up, the costs for managing the concussion with neurocognitive testing can become relatively high. The physician fee based on Medicare reimbursements for the recommended billing code of 96118 ranges from \$176 to \$263 per test administered and interpreted in a provider's office. Some best practice models have the athlete being retested every 48 hours until he/she has returned to baseline, with this ranging from seven days to several months; this could run up a hefty medical bill.^{7,8}

In summary, neurocognitive testing may appear to be a helpful tool for the sports physician to determine RTP criteria, but how useful are the results obtained? Neurocognitive testing is not an effective single tool to use, and because of its low specificity and poor reliability, it must be used sparingly for any decision. Lack of cross test reliability requires a program to continue with a particular product, or face the time and cost needed for new baseline levels recommended by the product manufacturers. Additionally, the cost of proper training in both administration and interpretation of the tests is a tremendous factor for most schools or programs. The best solution may be to not cloud the picture created by a good physical exam, history and symptom inventory by using such an experimental tool.

[CON REFERENCES](#)

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From the Desk of Jim Griffith | AMSSM Executive Director

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From the Desk of Executive Director, Jim Griffith, MBA, CAE

For the first time in 14+ years with AMSSM, last month Jody Gold took a week-long vacation. Never was a vacation more deserved.



Without a doubt, Jody is the heart and soul of AMSSM.

For those of you who might not be aware, in 1997, AMSSM was facing dire financial challenges and decided to end its relationship with a management company.

Jody had spent the previous 17 years working for the AAFP, ultimately as the Manager of CME Production and Development. With three young kids, Jody had moved to part-time status with AAFP and had intentions of becoming a full-time stay-at-home mom.

However, AMSSM called AAFP to inquire about Jody, who had previously helped manage AAFP's sports medicine CAQ course. Jody agreed to work part-time from home, through a joint-agreement with AAFP and AMSSM. The 1-year trial led to Jody's full-time employment as Executive Director of AMSSM - and the beginning of Jody's basement as the 14-year Home of AMSSM.

AMSSM had to operate on a razor-thin budget her first few years, cutting costs every way possible and timing purchases to coincide with incoming dues payments. But that careful financial oversight has served

AMSSM well, enabling AMSSM to build its net assets from \$14,700 at the end of 1996 to \$812,000 in 2010.

Though she was never really comfortable with the job title, Jody led AMSSM to heights it had never seen. That unprecedented growth led to AMSSM acquiring new office space in 2010 and my hiring, with Jody becoming AMSSM's first Director of Operations.

The admiration that our members have for Jody is very much apparent and genuine. Undoubtedly the most common question I get from long-time members and leaders when I meet them is, "How is Jody?"

The short answer she keeps telling me is, "Never better." Without the stress of trying to raise the dollars for a \$1.4 million Society budget, a \$300,000 a year Foundation budget, organize four Board meetings and work with accountants, auditors and legal counsel, Jody has been able to focus her energies on what she does best --- create amazing meeting experiences, guide our

volunteer leaders who run our committees and provide overall management of our daily office operations.

For those of you trying to get a better handle on what role Jody now plays in AMSSM, here's a quick snapshot for this year:

- # 1: Transitioning New Executive Director into role, understanding organization;
- # 2: Liaison between Committees, Board, Staff;
- # 3: Planning and Logistics of AMSSM Meetings;
- # 4: In coordination with Executive Director, supervise staff workload and responsibilities;
- # 5: Overall management of office operations.

To underscore Jody's value, I had a stack of papers and list of 11 topics to gain her insight and perspective on when she returned from vacation. Trust me when I say that no one values what Jody Gold brings to AMSSM more than me.

Now, if we can just get her to take a vacation more than once every 14 years.



Jody Gold with her family at the AMSSM Night at Royals Baseball.

Pictured from left: Alyssa; her husband Matt; Alex; Jody; and Sara.

Editorial Board: The Sideline Report

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Andrea L. Pana, MD, MPH

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Note from the Editor

AMSSM is celebrating its 20th Anniversary this year. To commemorate this, we are featuring our Founders in the four issues of 2011. Our "Founder in the Spotlight" for this issue is Dr. McKeag who was one of the original "gang of five" that dreamed up the idea of AMSSM.

In Section A, we are continuing with the inclusion of a "Pro" and "Con" article on a current sports medicine topic with this edition's topic being Neuropsychological Testing. The articles are written by Publications Committee members, but we are open to guest writers. Please feel free to contact us if you have ideas for any section of the newsletter or would like to contribute by writing an article.

Members can email ideas or feedback to publications@amssm.org.

Andrea L. Pana, MD, MPH

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The World of Sports Medicine

Section Editors: Marjorie Delo, MD and Verle Valentine, MD

AAP | Committee on Nutrition

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AMERICAN ACADEMY OF PEDIATRICS RELEASES RECOMMENDATIONS ON SPORTS/ENERGY DRINKS

The misuse, the ingredients and the recommendations.

BY MICHAEL KRAFCZYK, MD

The American Academy of Pediatrics recently released a report that includes recommendations on the use of sports and energy drinks by children. In the report, they address the misuse of these drinks, review their ingredients and gives recommendations on the use of these products. The report came out of the AAP Committee on Nutrition and was authored by Marcie Beth Schneider, MD and Holly J. Benjamin, MD, an AMSSM member. Dr. Schneider states, "Some kids are drinking energy drinks containing large amounts of caffeine - when their goal is simply to rehydrate after exercise. This means they are ingesting large amounts of caffeine and other stimulants, which can be dangerous." In addition, Dr. Benjamin suggests that "for most children engaging in routine physical activity, plain water is best". Specific recommendations are: 1. Educate patients and parents about the difference between sports drinks and energy drinks; 2. Energy drinks should never be consumed by children and adolescents due to potential health risks; 3. Carbohydrate containing sports drinks use should be restricted as they increase the risk of becoming overweight or obese; 4. Sports drinks should only be used if there is a need for rapid replenishment of carbohydrate and/ or electrolytes; 5. Water should be the principle source of hydration for children and adolescents.

[AAP Full Report](#)

FDA | June 2-3, 2011

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FDA HOSTS MULTI-ACADEMY CONFERENCE TO DISCUSS VALIDATION OF NEUROLOGIC DEVICES INCLUDING CONCUSSION ASSESSMENT

Attendees felt this workshop was a great start towards providing evidence-based guidelines in these areas.

BY MARJORIE DELO, MD

On June 2-3, 2011, the FDA co-sponsored a workshop with the American Academy of Neurology, the American Epilepsy Society and the National Academy of Neuropsychology to investigate the use of non-invasive medical devices to assess seizures, cognitive function, traumatic brain injury and concussion. The goals of the meeting were to discuss medical device development, determine how clinical studies should be conducted to validate these devices, and discuss how research outcomes should be conveyed to users so the devices can be used safely and effectively. Participants included clinicians from the three medical societies as well as invited experts, researchers, industry representatives and government representatives from the FDA, NIH and military. Matthew Gammons, MD represented AMSSM at the meeting. AMSSM member, Dr. Jeffrey Kutcher also participated in the workshop. General consensus included: the event or disease to be detected needs to be clearly defined in clinical studies and labeling; a clear definition of the user and environment of use for the device are required for validation; and performance results need to be included in labeling. Attendees felt that this workshop was a great start towards providing evidence-based guidelines in each of these areas.

CASEM | Member Vote

RETURN|A1

Canadian Academy of Sport Medicine Adds "Exercise" to its Name

A Canadian organization of physicians committed to excellence in the practice of medicine as it applies to all aspects of physical activity.

BY VERLE VALENTINE, MD

The sports medicine organization formerly known as the Canadian Academy of Sport Medicine (CASM) voted to change their name to the Canadian Academy of Sport and Exercise Medicine (CASEM). This move was made to more accurately reflect the depth and breadth of the organization and its members. The organization now known as CASEM has existed for 41 years and has grown to a membership of over 750.

To learn more about CASEM, visit their website at <http://www.casm-acms.org/>.

[CASEM](#)

AIUM | United Healthcare

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REIMBURSEMENT FOR MUSCULOSKELETAL ULTRASOUND RECONSIDERED

AIUM President refers to a "growing body of literature demonstrating the value of musculoskeletal ultrasound".

BY JAY SMITH, MD

This past April, the AIUM received word that United Healthcare was denying payment for musculoskeletal ultrasound examinations. AIUM President Alfred Z. Abuhamad, MD, sent a letter to the carrier's medical director, alerting him to the growing body of literature demonstrating the value of musculoskeletal ultrasound (*AIUM Practice Guideline for the Performance of the Musculoskeletal Ultrasound Examination* and our *Training Guidelines for the Performance of Musculoskeletal Ultrasound Examinations*). As a result, the AIUM has learned that United Healthcare has reconsidered its decision and will begin reimbursing for these examinations. Many thanks to Robert G. Schwartz, MD, for bringing this to our attention and sharing the good news!



Leading Sports Medicine into the Future

News From the Board

Section Editor: Andrea L. Pana, MD, MPH

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PRESIDENTIAL CORNER



CINDY J. CHANG, MD
AMSSM PRESIDENT

To the AMSSM Membership:

Your AMSSM Board of Directors met in Salt Lake City at our Annual Meeting, and just completed a board meeting via conference call in early August. It has been a busy three months for the Board, with the following endeavors well underway:

- The 21st Annual AMSSM Meeting, (April 21-25, 2012) in Atlanta, Georgia, will highlight an impressive group of international sports medicine physicians including Drs. Roald Bahr, Martin Schwellnus, Jon Patricios, Per Holmich and Karim Khan. Half-day symposiums include injury prevention, sports cardiology and biologics. Don't forget to mark your calendars!
- While AMSSM has certainly undergone impressive growth over the last 20 years (from 20 Founders in 1991 to now 2002 members in 2011!), we are only in our infancy in terms of becoming more actively involved in political issues related to the field of sports medicine.
 - o Recently we formally changed the name of the Economics Committee to the Practice and Policy Committee, to reflect the importance of AMSSM's increasing involvement in helping to define and shape public policy on sports medicine issues at the state and national levels.
 - o In May, we filed IRS Form 5768, and it was approved in June. This allows AMSSM to participate in lobbying activities without jeopardizing our 501(c)(3) tax-exempt status (as long as our expenditures, related to such activity, do not normally exceed specified limits).
 - o AMSSM is collaborating closely and forming liaisons with other national organizations to discuss/develop joint projects, including:
 1. OA Action Alliance, an initiative of the CDC and the Arthritis Foundation, and more than 40 other national organizations to promote effective policy solutions to prevent OA.
 2. National Coalition on Youth Sport Concussion, whose goals include the education and mobilization of our respective organizations' members at the national and state levels, to advocate for state laws and provide an infrastructure for implementation and sustainability following passage.
 3. NATA Inter-Association Task Force: Preventing Sudden Death in Sport by Addressing Strength and Conditioning Sessions.
 4. Concussion Webinar hosted by Wolters Kluwer Health (LWW/CJSM).
 5. CDC Heads Up to Clinicians Concussion Course: AMSSM members had a key role in the development of this course, which has been endorsed by AMSSM.
 6. NCAA Cardiac Fact Sheets: AMSSM had a key role in the writing of this document, which has been endorsed by AMSSM.
 7. The Injury Prevention Group, part of the larger National Conference of State Legislatures, is a bipartisan organization that serves the legislators and staffs of the nation's 50 states, its commonwealths and territories. NCSL provides research, technical assistance and

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JOIN A COMMITTEE

SEE COMMITTEES | C3

COMMITTEE REPORTS

FELLOWSHIP COMMITTEE

Sub-Committee Updates:

- Match Ethics
- Periodic Survey
- Fellows' Matters
- ACGME
- In-Training Exam
- Musculoskeletal Ultrasound Curriculum
- Professional Development
- Fellowship Forum

SEE FELLOWSHIP | C3

MEMBERSHIP COMMITTEE

Committee Updates:

- Action News
 1. Developing an International Membership Category
 2. Reviewing Conference Fees
- Previous News:
 1. Resident Scholarship Subcommittee
 2. Student/Resident Special Interest Group
 3. Student/Resident Website
 4. Diversity Special Interest Group
 5. Dssur Americas Grant 2011

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PRONOUNCEMENTS COMMITTEE

- Committee Members
- Committee Updates

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PRESIDENTIAL | FROM C1

opportunities for policy-makers to exchange ideas on the most pressing state issues, and is an advocate for the interests of state governments before Congress and federal agencies. They provide information and model language to aid law-makers. After the initial introduction to AMSSM, they were very interested in our members' expertise in sports medicine issues, and our potential ability to provide NCSL with educational and informational materials and expert testimony.

- We are establishing a Task Force to develop outcome measures for sports medicine related PQRI (Physician Quality Reporting Initiative, now known as PQR System). This task force will be lead by Vice-Chair of our Policy and Practice Committee, Dr. Jim Bryan.
- The Internet Committee has been tasked with thoroughly reviewing our AMSSM website and making changes in order to help our members and the general public navigate our site and find information more easily.
 - o One example is cleaning up and organizing Links section and adding international sports medicine web sites.
 - o A survey regarding our AMSSM listserv was recently sent via email to all AMSSM members to help us better define our members' needs.
- The members of our AMSSM Concussion Writing Group (for our Position Statement on Sports-Related Concussion) met in person on June 28, in Kansas City and made excellent progress in working through the controversial issues in order to move this statement forward.

AMSSM is a multi-disciplinary organization of primary care sports medicine physicians, dedicated to education, research, advocacy and excellence in patient care. We provide comprehensive medical care for athletes of all ages, and we encourage all individuals to become active and maintain a healthy lifestyle.

AMSSM has become one of the largest groups of primary care sports medicine physicians in the world. We are now becoming more actively involved in helping to define and shape public policy on sports medicine issues at the state and national levels. These are exciting times and I am honored to have the opportunity to guide our organization this year!

Thanks to our Board Members for their hard work and leadership, and thanks to you, our members, for all of your many contributions to AMSSM, whether it is your generous financial gift (remember the 50/50 Goal; we are aiming for 50% of our members to give at least \$50 to the AMSSM Foundation!), your active participation on committees, or your significant presence at our annual meetings.

Enjoy the rest of your summer!

Cindy J. Chang, MD
AMSSM President

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WANT TO GET INVOLVED? JOIN A COMMITTEE

EDUCATION COMMITTEE

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Chair: Sean Bryan, MD education@amssm.org [Education Committee](#)
Mission: The Education Committee will support the AMSSM as the premier educational resource for sports medicine physicians.
Accepting Active, Associate, Affiliate, Fellowship and Resident members

FELLOWSHIP COMMITTEE

Chair: Mark Stovak, MD fellowship@amssm.org [Fellowship Committee](#)
Mission: *The Fellowship Committee is to be an advocate, advisor, and effective supporter of current fellows, residents, and Fellowship Directors in maximizing the quality of postgraduate education in sports medicine.*
Accepting all members

INTERNATIONAL/INTER-ORGANIZATIONAL RELATIONS COMMITTEE

Chair: Thomas Trojjan, MD international@amssm.org [IIOR Committee](#)
Mission: The International/Inter-organizational Relations (IIOR) Committee will create and foster direct, personal, professional and collaborative connections between AMSSM and other medical and sport-related national and international organizations for the benefit of increasing the visibility of AMSSM and advancement of the field of sports medicine.
Accepting Active, Associate, Affiliate and Fellowship members

INTERNET COMMITTEE

Chair: Jon Divine, MD internet@amssm.org [Internet Committee](#)
Mission: The Internet Committee will maintain and update the AMSSM website and listserv as our key modes of information transfer to our members and the public.
Accepting all members

MEMBERSHIP COMMITTEE

Chair: Andrew J.M. Gregory, MD membership@amssm.org [Membership Committee](#)
Mission: The Membership Committee will recruit and retain qualified members with diverse backgrounds to support the mission of the Society and the advancement of the discipline of sports medicine.
Accepting Active, Associate, Affiliate and Fellowship members

PRACTICE AND POLICY COMMITTEE

Chair: Chad Carlson, MD economics@amssm.org [Practice and Policy Committee](#)
Mission: The Practice and Policy Committee will educate the AMSSM membership about economic and policy issues germane to the practice of sports medicine, with the goals of optimizing smart business practices and marshalling organizational resources in the area of public policy to help effect positive change.
Accepting Active, Associate and Affiliate members

PRONOUNCEMENTS COMMITTEE

Chair: Tyler Wadsworth, MD pronouncement@amssm.org [Pronouncements Committee](#)
Mission: The Pronouncements Committee will review documents and manuscripts under consideration for official AMSSM endorsement.
Committee appointments only (committee members consist of former Officers and Board members)

PUBLIC RELATIONS COMMITTEE

Chair: Kevin Burroughs, MD burrough@amssm.org [Public Relations Committee](#)
Mission: The Public Relations Committee will be a provider of information to the public about sports medicine and the Society in a broad, effective and timely manner using all technology available.
Accepting Active, Associate, Affiliate and Fellowship members

PUBLICATIONS COMMITTEE

Chair: Andrea L. Pana, MD, MPH publications@amssm.org [Publications Committee](#)
Mission: The Publications will support the stated mission and goals of AMSSM in matters of both electronic and printed publications. The committee shall create, edit, and review publications and disseminate them to the membership; affiliated professional organizations, the media or the general public as deemed appropriate by the AMSSM Board or Committee membership.
Accepting Active, Associate, Affiliate and Fellowship members

RESEARCH COMMITTEE

Chair: Suzanne Hecht, MD research@amssm.org [Research Committee](#)
Mission: The Research Committee will facilitate the pursuit of scientific investigations in sports medicine for the purpose of the advancement of the knowledge base in the discipline.
Accepting Active, Associate, Affiliate and Fellowship members

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COMMITTEE REPORTS

FELLOWSHIP COMMITTEE

BY MARK STOVAK, MD, CHAIR

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Chairperson: Mark Stovak, MD

Members: [AMSSM Fellowship Committee](#)*Mission: The Fellowship Committee will be an advocate, advisor, and effective supporter of current fellows, residents, and Fellowship Directors in maximizing the quality of postgraduate education in sports medicine.*

The Fellowship Committee functions under the guidance of several sub-committee chairs of which each sub-committee needs members. If you are interested in any of these areas, please contact the sub-committee chair below.

This update will highlight the work of the Fellowship Committee:

- **Match Ethics: Mark Stovak, MD** - Participation in the 2010-11 Match was excellent. This was the 2nd Match monitored by this subcommittee. No penalties to AMSSM benefits were deemed necessary. The PM&R programs will be joining the NRMP Match on our traditional timeline for the 2012 Match.
- **Periodic Survey: Mike Henehan, DO** – The January 2011 periodic survey results were discussed at the Fellowship Forum at the 2011 Annual Meeting and will be added to the AMSSM website.
- **Fellows' Matters: David Kruse, MD** – Work is moving along investigating the use of ERAS for the 2013 Match.
- **ACGME: Eugene Hong, MD and Walt Taylor, MD** – New duty hours requirements started July 1 as have the new fellowship requirements. Recommendations will be made to the ACGME as needed.
- **In-Training Exam: Stephen Paul, MD and Scott Rand, MD** – 183 fellows took the 2011 ITE. Question writers and editors are hard at work creating quality questions for the 2011-12 ITE. Expect another great exam.
- **Musculoskeletal Ultrasound Curriculum: Mark Lavalley, MD** – The curriculum option for fellowship education was published in the December 14, 2010 edition of *BJSM*.
- **Professional Development: Bill Dexter, MD** – A concurrent session on faculty development was presented at the 2011 Annual Meeting in Salt Lake City. Planning is under way for the 2012 Annual Meeting topics.
- **Fellowship Forum: Mark Stovak, MD** - Planning is underway for the topics to be presented at the 2012 Annual Meeting.

MEMBERSHIP COMMITTEE

BY ANDREW J.M. GREGORY, MD, CHAIR

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Chairperson: Andrew J.M. Gregory, MD

Members: [AMSSM Membership Committee](#)*Mission: The Membership Committee will recruit and retain qualified members with diverse backgrounds to support the mission of the Society and the advancement of the discipline of sports medicine.*

Subcommittee Chairs: Dr. Stacey Pappas - International Members; Dr. E. James Swenson Jr. - Resident Scholarship Awards; Dr. David Kruse - Resident Student Special Interest Group; Drs. Martha Pyron and Shelley Street - Diversity Special Interest Group.

Action News:

We are developing an International Membership Category. Membership dues and AMSSM benefits including our three journals, voting privileges and service on Board/Office are being discussed by the Membership Committee and the Board of Directors.

We are also reviewing conference fees for all membership categories, and are currently surveying other sports medicine organizations' fees and critically evaluating our own conference costs, which varies yearly with each conference venue and location. AMSSM does consistently offer 40 hours of CME credit (with additional hours if attending pre-conference workshops, etc.) and also offers complimentary food at our annual meeting e.g. breakfasts, breaks, welcome reception), which is a significant portion of our costs.

Previous News:

- **The Resident Scholarship Subcommittee** selected three recipients: Drs. Adam Abdullally, Erik Brand and Daniel Herman. The 2012 Resident Scholarship Awards will be selected in January/February. We are planning one award per PGY year. Applications are due in December and reviewed by blinded application. The winners will be announced at the annual meeting. They win free meeting registration, \$500 towards annual meeting expenses and a plaque. We are currently seeking sponsorship to increase the number of these scholarships.
- **The Student/Resident Special Interest Group** has a separate session at the annual meeting. A Fellowship Director Panel answers questions regarding fellowship programs. Please encourage students and residents to attend.
- **The Student/Resident website** information is updated by Drs. Jason Robertson and David Kruse and provides basic information for students and residents interested in sports medicine as a career. Please ask your students/residents to visit the site and provide feedback to them.
- The Diversity Committee was dissolved as a standing committee as of April 2010 and a **Diversity Special Interest Group** was created. Any issues for the Board from this group will come through the Membership Committee. Dr. Shelley Street will lead this special interest group at the annual meeting in Dr. Martha Pyron's absence.
- **Ossur Americas offered a grant again in 2011** for Fellowship membership with the following eligibility: enrolled in a accredited sports medicine fellowship for fall 2010-11. A contract for 2012 will be revisited this fall.
- [Membership Trends and Statistics](#) (See A2)

PRONOUNCEMENTS COMMITTEE

BY TYLER WADSWORTH, MD, CHAIR

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Chairperson: Tyler Wadsworth, MD

Members: [AMSSM Pronouncements Committee](#)*Mission: The Pronouncements Committee will review documents and manuscripts under consideration for official AMSSM endorsement.*

The Pronouncement Committee is comprised of former members of the Board of Directors. The committee welcomed three new members this year: Drs. Holly Benjamin, Kim Harmon and Tracy Ray. The Committee wishes to thank Dr. David Bernhardt for his skilled leadership as chair and welcome his continued participation as a member.

Over the past year, the Pronouncement Committee reviewed several documents for endorsement by the AMSSM. The committee and subsequently the Board of Directors endorsed the following documents: "Musculoskeletal Ultrasound Education for Sports Medicine Fellows: A Suggested/Potential Curriculum by the American Medical Society for Sports Medicine" published in *BJSM* Fall 2010; "NCAA Sports Heart Health: Heart Disease in Student Athletes", published by the NCAA; "Heads Up to Clinicians: Addressing Concussion in Sports Among Kids and Teens", published by the CDC for clinicians.

Currently, the Pronouncements Committee is refining the process of submission of various types of documents for endorsement by the AMSSM.



FOUNDER IN THE SPOTLIGHT

Douglas B. McKeag, MD, MS

Written and Edited by Chad Asplund, MD

As a former college athlete and physician, Dr. Doug McKeag found an outlet for his passions, sports and medicine, in the fledgling field of sports medicine. In the late 1970's he brought the first "sports medicine" services to Michigan State University. Out of these early beginnings, the future of AMSSM and sports medicine as a discipline was born.



In 1991, Dr. McKeag along with Drs. David Hough, John Lombardo, Lee Rice and Jim Puffer was one of the "founding five" members of AMSSM. From 1995 to 1996 he served as President of AMSSM. During these early years, AMSSM

was mentored by Dr. John Bergfeld at the Cleveland Clinic, who McKeag cites as a visionary and great friend of primary care sports medicine. Dr. McKeag completed his undergraduate studies at Iowa State University where he played basketball, but according to Doug, "realized his lack of skill and had a desire to pursue a professional career." He was originally an early admission to the veterinary school at Iowa State, but realized he would rather take care of people. He became an NIH researcher at Michigan State studying cardiac physiology and during this time became a very successful age-group swim coach in middle Michigan. Eventually Doug entered medical school and received his Doctor of Medicine from Michigan State University.

Following completion of the Family Practice Residency at the Grand Rapids Area Medical Education Program and concurrent fellowships in family practice and adolescent medicine, Doug began his career at Michigan State. From 1977 to 1995, Dr. McKeag was a member of the Department of Family Practice at Michigan State University. It was during this time that he made great strides in the new field of primary care sports medicine.

He and fellow Founder, Dr. David Hough approached the Athletic Director at Michigan State with their idea to provide all the sports medicine coverage for MSU athletes. Doug says that he thought the meeting was a flop, but the AD called and offered David and him the job, and the primary care sports service began at Michigan State.



Following his time at MSU, from 1995 to 1999, Dr. McKeag was Director of Primary Care Sports Medicine and Vice-Chairman for the Departments of Family Medicine and Orthopedic Surgery at the University of Pittsburgh. From 1999 to 2010, he served as the One America Endowed Professor and Chair of Family Medicine and Director, Indiana University Center for Sports Medicine.

Doug has spent his entire career in academic medicine and feels that the academic tie was paramount to the success of sports medicine as a discipline. "The placement of PCSM's roots in academic medicine has been and continues to be vital to its success."

Outside of medicine, Doug enjoys fishing, camping and other outdoor activities. He enjoys spending time at his vacation home in Alaska and has been known to tell fish stories. He also enjoys playing racquetball, but he has to minimize many impact activities following his hip replacements. Spending time with family is also important to him. He and his wife Diane have three children - Heather (pediatrician), Kelly (in business school at Oregon) and Ian (medical student at Michigan State).



In hindsight, he states that AMSSM has exceeded the initial expectations of the Founders. In his over 35 years of practice he is best known as an innovator, leader and educator in the field of sports medicine.



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| FOUNDER IN THE SPOTLIGHT FAVORITES | |
|------------------------------------|------------------------------------|
| Favorite Color | Green |
| Number | 21 |
| Food | Bruschetta |
| Drink | Petite Sirah Wine |
| Vacation Spot | Backwoods Canada and Sitka, Alaska |
| Sports Team | Michigan State |
| Sports | Basketball |
| Sports to Play | Basketball, Racquetball |
| Music | Broadway Musicals |
| Television | 24 |
| Movie | Charlie |
| Book | Founding Brothers by Joseph Ellis |

Odds and Ends

Edited by: Andrea L. Pana, MD, MPH

SAVE THE DATE!

TUESDAY, OCTOBER 18, 2011

12:00 PM EASTERN | 9:00 AM PACIFIC

CONCUSSION TO CONSEQUENCE: MANAGING SPORT-RELATED CONCUSSION ON AND OFF THE FIELD

A Webcast

**from Ovid and Lippincott, Williams & Wilkins
and in partnership with the AMSSM**

This webcast will address what is known - and what is not known - about managing concussion as an acute event, particularly in the context of sports, and as a marker within a person's lifetime history of effects on brain functioning.

Join us for an informative 60-minute session featuring experts discussing the latest developments in the field:

- Margot Putukian, MD, FACSM, Director of Athletic Medicine at Princeton University; Past President of the American Medical Society for Sports Medicine and member of the NFL's Head, Neck & Spine Committee
- John D. Corrigan, PhD, Professor in the Department of Physical Medicine and Rehabilitation at Ohio State University and Editor-in-Chief of the *Journal of Head Trauma Rehabilitation*

Registration is required to attend the event.

[Webcast Online Registration Form](#)

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SUBMISSION DEADLINES

This fall, submission deadlines and instructions will be posted at www.amssm.org:

- AMSSM Foundation Resident Scholarship Application
- We invite you to send your submission(s) for the AMSSM 21st Annual Meeting in Atlanta, Georgia:
- Case Abstract
 - Research Abstract

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NEW AMSSM Polo Shirts Available



AMSSM has white polo shirts available for purchase. Made of 100% polyester, the polo shirt is a D-Dry material where the base layer moves moisture, accelerates evaporation, increases ventilation and reduces abrasion without trapping the body thermal energy. Sizes available: S-M-L-XL-2XL
[AMSSM Store](#)

\$35.00 includes shipping RETURN | A1

UPCOMING CONFERENCES

| | |
|---|---|
|   | <p>AMSSM/MAINE MEDICAL CENTER BASIC MSK ULTRASOUND NOVEMBER 18-20, 2011 THE EASTLAND PARK HOTEL PORTLAND, MAINE</p> |
|  ADVANCED TEAM PHYSICIAN COURSE <small>American College of Sports Medicine American Medical Society for Sports Medicine American Orthopedic Society for Sports Medicine</small> | <p>2011 ADVANCED TEAM PHYSICIAN COURSE DECEMBER 1-4, 2011 WESTIN GASLAMP QUARTER SAN DIEGO, CALIFORNIA</p> <p>Conference Details</p> <p>Advance registration deadline: November 3, 2011</p> <p>ONLINE REGISTRATION</p> <p>FOR ROOM RESERVATIONS, PLEASE CALL: 800-WESTIN-1 or 800-937-8461 (REQUEST GROUP RATE) SINGLE/DOUBLE OCCUPANCY: \$169/NIGHT* * Plus applicable taxes</p> |
|  <small>Leading Sports Medicine into the Future</small> |  <p>AMSSM 21ST ANNUAL MEETING APRIL 21-25, 2012 HYATT REGENCY ATLANTA ATLANTA, GEORGIA</p> |
|  <small>Leading Sports Medicine into the Future</small> | <p>2012 RESEARCH WORKSHOP FOR SPORTS MEDICINE FELLOWS JULY 27-29, 2012 PHILADELPHIA, PENNSYLVANIA</p> |
|  <small>Leading Sports Medicine into the Future</small> | <p>AMSSM 22ND ANNUAL MEETING APRIL 17-21, 2013 MANCHESTER GRAND HYATT SAN DIEGO SAN DIEGO, CALIFORNIA</p>  |
|  <small>Leading Sports Medicine into the Future</small> | <p>AMSSM 23RD ANNUAL MEETING APRIL 5-9, 2014 HYATT REGENCY NEW ORLEANS NEW ORLEANS, LOUISIANA</p>  |

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