



The Sideline Report



Leading Sports Medicine into the Future

NEWS IN THE WORLD OF SPORTS MEDICINE

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What's Going On In AMSSM?

A

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

Founders | AMSSM

WISDOM OF OUR FOUNDERS

BY L. TYLER WADSWORTH, MD

Many high quality topics were presented at the 2011 Annual Meeting, but one of the highlights was the Founder's Session on May 3. Twelve Founders of the AMSSM provided words of wisdom to an organization that they have nurtured for 20 years. In a session titled, "Case Presentations from the Founders: My Biggest Screw-Up," our Founders shared hundreds of years of cumulative wisdom with the attendees. Memorable clinical cases included "TB in a Major League Baseball athlete and team" and a novel (accidental) technique to reduce an elbow dislocation.



Founders back row from left: Drs. James (Jim) Puffer, Douglas McKeag, Mitchel Storey, Brian Halpern, R. Douglas Shaw, Jeffrey Tanji. Front row from left: Drs. Gregory Landry, Deborah Squire, Stanley Herring, Rob Johnson, John Lombardo and E. Lee Rice.

Several of the Founders chose to speak about the broader issues of professional and personal life as well

as the importance of balancing the two. Many credited their spouses and families for the support they

received over the years. Some of the Founders shared details of professional successes tempered by

FOUNDERS | A3

Boxing | Point • Counterpoint

POINT/COUNTERPOINT: SHOULD CHILDREN AND ADOLESCENTS PARTICIPATE IN AMATEUR BOXING?

BY BECCA CARL, MD

POINT

At this year's 20th Annual Meeting, Drs. Osric King and Andrew Gregory presented opposite sides of the debate over whether sports medicine physicians should cover boxing and mixed martial arts competition. While the physicians referenced amateur boxing during the discussion, this debate focused primarily on adult professional athletes.

Youth participation in amateur box-

ing training and matches is very controversial. The American Academy of Pediatrics (AAP) has published a position statement recommending that pediatricians "vigorously oppose" the participation of minors in amateur boxing.¹ The AAP is in the process of revising this statement, which was published in 1997. Opponents of young athletes participating in boxing point to a body of

BOXING | A4

Annual Meeting | Salt Lake City

20TH ANNUAL MEETING: From the Roots of our Founders, Celebrating 20 Years of Growth in Sports Medicine

BY CHRISTOPHER GEE, MD

AMSSM's 20th Annual Meeting was held in Salt Lake City, Utah from April 30 - May 4, and celebrated the progress that the specialty of sports medicine has made over the last 20 years. The theme, "From the Roots of Our Founders, Celebrating 20 Years of Growth in Sports Medicine" focused appropriately on the contributions of our specialty's many Founders and the challenges they

ANNUAL MEETING | A3

Royal Experience | 2011 London Marathon

Dr. Fran O'Connor's "Royal Experience" at the 2011 London Marathon Medical Conference

BY NICK PIANTANIDA, MD

The 28th London Marathon Medical Conference was held on May 16, 2011. The Royal Society of Medicine hosts this annual event that occurs the day before the London Marathon. Dr. Francis O'Connor, President of the American Medical Society for Sports Medicine (AMSSM), was the keynote speaker this year for a medical conference that captures many topics on the science of marathon for doctors, physiotherapists and sports scientists. This year's conference included talks on "Mental Toughness" and showcased the debate on cardiac risks from marathon running. Dr. O'Connor was one of four international speakers who presented a talk entitled, "Overheating: Managing Exertional Heat Illness in the Injured Runner." Dr. O'Connor has pioneered the U.S. Army's approach to standardizing the evaluation, treatment and return to duty (or play) criteria of heat-injured U.S. Army Soldiers. At the marathon the following day, he observed the medical care team and provided consultation on exertional heat stroke cases.

In an e-mail message to Dr. O'Connor following the marathon, Dr. Thomas Riley from Homerton University Hospital, who worked in the Finish Line Medical Tent, stated, "I wanted to thank you again for your excellent talk and thought you would like to know how much our seven heat stroke casualties had benefited from the treatment you advocated. It certainly had the greatest return in terms of benefit to practice in the shortest time of any lecture I have ever attended."

Dr. O'Connor's talk covered in detail the priority of rapid cooling with partial immersion ice baths for heat stressed athletes who have mental status changes and core temperature approaching or exceeding 40° Celsius (104°F.). Dr. O'Connor preached the importance of rapid cooling as a first step to the subsequent steps of intravenous fluid placement and cardiac monitoring.



Dr. O'Connor stated he enjoyed the opportunity. "It was an honor to participate in this international event as a representative of the AMSSM. With our presentation here, and our member's presentations at the International Olympic Committee's Advanced Team Physician Course and the IOC World Conference on Prevention of Injury and Illness in Sport, we are pursuing both our mission and vision of becoming a worldwide leader in sports medicine at an incredible pace. It's an exciting time to be a member of the AMSSM."

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Founder's Award | 2011

FOUNDER'S AWARD WINNER SPEAKS ON SERVICE, DIRECTION AND FOCUS OF THE FUTURE FOR AMSSM

BY CHRIS MADDEN, MD

Editor's Note: During the 2011 Annual Meeting, Dr. Chris Madden was awarded this year's Founder's Award for his significant contributions to our organization. Unfortunately, he was unable to make any comments after receiving this prestigious award, so we have given him the opportunity now to express his thoughts.

I'm humbled and thankful for the recognition of our efforts with the Founder's Award. I feel honored and undeserving. I'm also thankful for simply having been in the right place at the right time, surrounded by the right, wonderful people. Hopefully we have established something that will offer our profession solid ground as we move forward.

The Economics Committee members that worked on this deserve equal thanks, and I wish they could have accompanied me to receive the reward - they all deserve it. Special thanks to Drs. Steve Collina and Jim Bryan who were equally at my side throughout the entire process, to Dr. Leslie Cooper who guided us through all of our data collection, and to Drs. Jeff Brown, Chad Carlson and the other members who all developed sections of the proposal.

But this was never about me or the committee. This was about you - our members, our Society and our profession. I tell folks the reason I attend AMSSM meetings extends far beyond the lifelong friendships I have made there and far beyond the integrity and enthusiasm

prevalent among members. The meeting and the Society make me want to be a better physician, a better person. That's huge. I don't offer it lightly, and we should never take it for granted.

Our highest calling in life is **service**. Service, as Dr. Stan Herring pointed out, not "to" our patients, but "for" them. Service in our relationships, as Dr. Lee Rice alluded to, that extend far beyond our office walls and into our homes to our families and to everyone we touch in life. This service orientation, plotted against our values - what is important to us - helps guide our choices, and as Dr. John Lombardo wisely mentioned, helps us choose how we should live our lives and where we want to focus our actions. Act with ever-present awareness, ever-absent ego and selfless unattachment to outcome or reward. Love unconditionally, strive for broad understanding, practice compassion and always, no matter what, try to be kind.

One of my favorite quotes is from Gandhi. "Be the change you wish to see in the world." What does this have to do with a little code or number? Everything. Maybe the code will be the little engine that thought it could. But that is up to all of you now and the change you wish to see and to be. As you all think about the possibilities, please embrace the words I offer, and move forward in a way that honors our Society and our profession. I invite and challenge

FOUNDER'S AWARD | A8

IOC World Conference | April 7-9, 2011

AMSSM MEMBERS PARTICIPATE IN INTERNATIONAL OLYMPIC COMMITTEE WORLD CONFERENCE

BY DAN CONSTANCE, MD

Jonathan Drezner, MD was the invited keynote speaker for the International Olympic Committee's World Conference on "Prevention of Injury and Illness in Sport", held April 7-9, 2011 in Monte-Carlo, Monaco. The conference had over 1,000 attendees from 76 countries. Dr. Drezner, along with fellow keynote speaker and cardiologist Antonio Pelliccia, presented their Conference Keynote Lecture titled, "Sudden Cardiac Death in Athletes: Transforming Uncertainty into Effective Models for Prevention." Dr. Drezner said, "It was a wonderful opportunity to showcase, share and network with the world's leaders in sports medicine." Other AMSSM member presenters included Drs. Kimberly Harmon, Andrew Gregory, Thomas Best, William Roberts, Elizabeth Joy, Stuart Willick, Dan Garza, Alex Diamond, Jim Macintyre, Aurelia Nattiv, Priscilla Tu, Constance Lebrun and David Webner.

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WISDOM OF OUR FOUNDERS

FROM A1

the unforeseen price of family sacrifices made along the way. If there was a common theme, the “Biggest Screw-Up” was a life out of balance. Others reflected on the birth of the organization and the impressive growth and positioning of the AMSSM as a leader in the field of sports medicine.

During the Founder’s Session, John Bergfeld, MD was conferred honorary membership in the AMSSM. Dr. Bergfeld was instrumental in the early recognition of the emerging field of primary care sports medicine. Although at the time sports medicine was dominated by orthopedic surgeons, Dr. Bergfeld recognized that there was a need for medically trained physicians in sports medicine. He encouraged the development of this

nascent organization of primary care sports medicine physicians and helped arrange the inaugural meeting in conjunction with the American Orthopedic Society for Sports Medicine Annual Meeting in San Diego 20 years ago. A standout in the field of orthopedic sports medicine, Dr. Bergfeld respected the Founders as colleagues, and his support lent credibility to an emerging specialty.

Many of the Founders spoke of the impressive contributions that our members have made to the health and safety of athletes and the amazing growth of the AMSSM as an organization. The session ended with a rousing, touching ovation from the membership. Remarked Founder Jeff Tanji, MD, “It was remarkable professional validation, not (just) fun to see old friends.”

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(From left) Drs. John Lombardo and John Bergfeld.

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Leading Sports Medicine into the Future

4000 West 114th Street, Suite 100
Leawood, KS 66211
(913) 327-1415
(913) 327-1491 (Fax)
office@amssm.org
www.amssm.org

20th Annual Meeting

FROM A1

overcame to create and develop AMSSM. The meeting was held at The Grand America Hotel and was attended by many sports professionals, from physicians to athletic trainers, and from recent graduates to those nearing retirement. Overall, it was a great time for education as well as socialization.

Verle Valentine, MD, the Annual Meeting Program Chair, and his Program Planning Committee, developed a well-rounded meeting that covered many topics of interest to practicing sports medicine professionals. Some of these meeting sessions included courses on “Optimizing the Athlete’s Return After ACL Injury”, “Osteoarthritis of the Knee in the Athlete”, “Diagnostic and Interventional Radiology in Sports Medicine”, “Gait Assessment in Active Patients”, “Evaluating the Athlete with Exercise Intolerance”, “Emergency Sideline Management and Return to Play Concerns”, “Performance Enhancing Drugs”, “Providing Care in Extreme Environments,” and “Concussion Management”.

The pre-conference educational workshops were highly sought after and well attended. The topics included “Basic and Advanced Musculoskeletal Ultrasound” and “Sports Medicine Economics”, as well as the ever-popular “Fellowship Forum”. In addition, separate early morning sessions provided additional topics of interest, including “Utilizing ATCs as Physician Extenders”, “Volunteering to Be a Race Medical Director”, and “Gait Analysis”.

This year’s Annual Meeting provided the opportunity to attend sessions that focused on research presentations as unopposed sessions. This allowed attendees to become up-to-date on the latest research going on in the field of sports medicine, as well as to appreciate the wide array of research interests.

New this year was the “Faculty Development Session”, held on Monday afternoon. This was an excellent opportunity for junior faculty members to gain insight and knowledge regarding how to negotiate the academic world and find their way to success. Each speaker during this session has had great career success, and it was time well spent for each attendee to learn from these mentors.

A session on “Healthcare Quality and the Future of PCSM” allowed practitioners to hear what is new regarding these issues. This session was beneficial to all during this time of change in the administration of healthcare within the U.S. As usual, this year’s meeting was a wonderful opportunity to catch up with old friends, meet new acquaintances from across the country, network and build relationships for career development and collaboration. Socializing was always apparent during lunch breaks, between sessions or at conference receptions.

One of the top highlights of this meeting was the session on the AMSSM Founders titled, “My Biggest Screw-Up”. While this was likely a difficult task for these great men and women to present before a national audience, those in attendance were given many wonderful pearls of wisdom. Despite the wide variety of backgrounds for the Founders, one theme came through again and again. Nearly every Founder that spoke emphasized the importance of maintaining balance in our personal and professional lives. Overall, this meeting lived up to the quality we have come to expect from the AMSSM Annual Meeting.

We look forward to meeting next year in Atlanta, Georgia.

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POINT/COUNTERPOINT:

SHOULD CHILDREN AND ADOLESCENTS PARTICIPATE IN AMATEUR BOXING?

FROM A1

POINT (Continued)

BY BECCA CARL, MD

literature relating to professional boxing that clearly demonstrates the significant risk of traumatic brain injury. Additionally, many physicians are at odds with the philosophy of boxing; they argue that inflicting injury to the head and trunk are the sole purpose of the sport. However, many individuals who disagree with youth participation ignore the differences between amateur and professional boxing.

While amateur boxing is very popular in Europe, Asia, and Central and South America, the youth boxing community in the United States is relatively small. However, over 14,000 minors are registered members of USA Boxing, the governing organization for amateur boxing in the United States; additionally, many young boxers who are not experienced enough to participate in official matches are not yet registered with the organization.²

USA Boxing sanctions amateur boxing events and enforces rules aimed at keeping the sports safe. These rules include strict requirements for the use of protective equipment, allows referees to temporarily stop or “pause” the

match to assess participants who seem to be outclassed (a pause is referred to as a ‘standing eight-count’) and encourages early stoppage of matches where one boxer is over-matched. In amateur boxing, matches are shorter, and the emphasis is on scoring points with clean blows. Boxers are not rewarded for especially forceful blows; judges award one point for each blow where the white stripe across the knuckle of the gloves lands cleanly in the target zone. The designation TKO (technical knock-out) does not apply to amateur boxing. A loss due to a referee stopping the match is given the notation RSC (referee stops contest), or RSC-H if a referee is concerned about the possibility of too many blows to the head or concussion.

Amateur boxing has historically been very progressive about limiting participation when there is a concern about concussion. A boxer who sustains a head injury is restricted from competition and training for a period of at least 30 days; this restriction may be longer if the boxer has a history of prior head injuries and at the discretion of the match physician.³

BOXING | A5



Youth Boxing

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COUNTERPOINT

BY JEFFREY KREHER, MD

Unfortunately, because the face-off between Drs. Osric King and Andrew Gregory at this year’s 20th Annual AMSSM Meeting in Salt Lake City may have been missed by some, I welcome the opportunity to continue the debate and toe the line with a formidable colleague. My colleague writes a very persuasive piece and nearly sent me to the mat with that list of references; however, I will collect myself from the standing eight and proceed . . .

While I could start and end my counterpoint with Dr. Gregory’s contention – “Would you let your adolescent child participate in boxing?” – I would end up a couple rounds short.

As my colleague points out, many believe boxing’s sole purpose is to “inflict injury to the head and trunk”. And, I will concede that amateur boxing’s purpose is different. Amateur boxing’s sole purpose is to “score points” by “inflicting injury to the head and trunk.” Additionally, whether you believe football helmets can decrease the risk of concussion or not, I highly doubt a piece of wrestling mat wrapped around the head will decrease the risk of concussion. Is that what we would like for our developing adolescent brain?

One should consider both short and long term consequences of boxing when discussing adolescence and boxing. Currently, both the World Medical Association and the British Medical Association have petitioned to ban both professional and amateur boxing. Even the American Academy of Pediatrics has come out strongly against boxing in youth.¹

Acutely, there is concern to the vision, hearing and developing bones of an adolescent. While we will have to wait many years to learn more about chronic traumatic encephalopathy and the

role of amateur boxing, we only have to look at a couple of recent studies to heighten our immediate concerns. A recent analysis³ by Vent et al found decreased olfactory function in boxers, and they go on to conclude that “boxing can serve as a model for central regeneration after trauma”. In addition, there is new evidence that repetitive head trauma in amateur boxers might lead to hypopituitarism through autoimmunity.² Developmentally, children cannot understand the health risks which may be delayed decades such as traumatic encephalopathy, hearing loss, vision loss or olfactory loss.

Everyone should stand and give USA Boxing a standing ovation for being proactive in rule modification. However, is someone in the gyms keeping these adolescents out from training for the 30 days after their concussion? The rule is no competition for 30 days. How about clearance from someone specialized in concussion management?

Finally, if our justification for promoting boxing to our susceptible youth is ease of implementation, maybe we should consider allowing them to run or swim at our schools’ gyms and pools. What about the competition of boxing is required to make an adolescent athlete feel fulfilled? Perhaps they can box the bags and still get the benefits of exercise without the repetitive trauma to their developing brains and senses. Let us not allow the desires of an impetuous, inexperienced, risk-taking adolescent brain influence us to allow repeated blows to the head and body.

As a parting homage . . . “Would you allow your adolescent son or daughter to box?”

COUNTERPOINT REFERENCES

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BOXING

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POINT (Continued)

The incidence of acute head injuries in amateur boxers is not well established. However, injury rates in amateur boxing appear to be similar to those seen in other contact sports. An examination of data from the National Electronic Injury Surveillance System (NEISS) looked at athletes injured as a result of boxing who presented to the emergency department. In athletes younger than age 18 years, 8.9% presented due to closed head injuries, and 1% of all injured athletes were hospitalized.⁴ When the same authors looked at hockey athletes younger than 18, they found that 14% presented due to closed head injuries and 1.2% were hospitalized.

Unlike professional boxing matches, amateur matches are rarely ended due to head injuries.⁵ During the Amateur World Boxing Championships in 1999, 0.3% of matches were stopped because a boxer was unable to rise from the mat and continue, 1.5% of matches were stopped because a concern about too many blows to the head, and 0.3% were stopped for other acute injuries.⁶ Opponents of youth participation in amateur boxing often reference reports of catastrophic head injuries leading to death and permanent sequelae predominantly in professional boxing, but also in amateur boxing.⁷ However, these tragic injuries have also been reported as a result of participation in cycling, football, cheerleading and track events without prominent national health organizations calling for the sports being banned.⁸⁻¹⁴

The psychosocial benefits of youth sports participation are well documented. For example, children and teenagers who participate in sports report healthier eating habits, decreased use of tobacco, alcohol and other drugs of abuse, have decreased rates of suicidal ideation, and are less likely to carry

a weapon when compared to their non-athlete peers. Youth boxing programs are inexpensive to run, require a relatively small space and can be conducted year-round. Therefore, these programs are available to many athletes who do not have access to sports such as hockey and football that require specific resources (e.g. a football field or an ice rink) and expensive equipment. Additionally, amateur boxers are matched by size and experience; this allows athletes of many different body types to have the opportunity to compete.

Amateur boxing offers many benefits to young athletes. Head injury rates for amateur boxing do not appear to be higher than for other contact sports that are well supported by sports medicine providers. By taking a stand against this sport, health care providers create a wall between the medical community and the boxing community, to the detriment of young boxers. The medical community supports the participation of young athletes who chose wrestling as their sport and recognizes the distinction between scholastic wrestling and the style practiced by the World Wrestling Federation (WWF). Likewise, sports medicine physicians should be able to distinguish between amateur and professional boxing and encourage and care for amateur boxers in the same manner we support all contact sport athletes.

POINT REFERENCES

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EDITOR'S NOTE

BY CHRISTOPHER MEYERING, DO

For the sake of allowing our authors the opportunity to debate freely about this controversial topic, we published both sides of the commentary with grammatical edits only. However, in all fairness to the sport of Amateur Boxing, we have elected to write a counterpoint to the counterpoint to ensure a clear understanding of the regulations for concussion and the purpose of headgear.

Regarding concussions, a 30 day restriction applies for any boxer who does not lose consciousness but is not responding correctly; a boxer who had three standing eight-counts in a round or four in a single bout; or a boxer who received a stunning blow to the head and was knocked down but did not lose consciousness. The boxer's card is annotated with an RSC(H) 30 which means Referee stopped contest, head injury, 30 day restriction. If a boxer loses consciousness for less than two minutes, there is a 90 day restriction. If a boxer loses consciousness for two minutes or more, there is a 180 day restriction.

If there is a second RSC within 90 days after the restriction is lifted then further restrictions apply. What would normally result in a 30 day restriction becomes a 90 day, a 90 day becomes 180 day, and a 180 day becomes 365 day.

The coach of any boxer who is placed on restriction is given a Restriction Affidavit, which must be signed by the physician, referee, boxer's coach and the holder of the event. To be cleared to return to competition, the boxer must bring a clearance from a personal physician (defined as MD or DO) which is on the back

of the Affidavit. Once that is complete, it is mailed to USA Boxing.

Clearance is by a physician although not someone specializing in concussion. Much like a football player with a concussion is not cleared by a physician specializing in concussion. Additionally, the restriction applies to sparring and competition only but does not limit any other type of training to maintain weight class status.

All amateur boxers have a boxer passport which is maintained throughout their career, and no boxer is allowed to compete without this boxing passport. This is important because any boxer who has been restricted due to injury from a previous bout will be "flagged" until cleared as mentioned. No boxer is allowed to compete without this documentation or their boxer card.

Although the common assumption is that boxing headgear protects from concussion, it actually serves multiple purposes such as protection from cuts over the eyes, forehead, and cheek; to help reduce the impact of a blow or from a fall (not specifically to prevent concussion); to reduce the incidence of cauliflower ear; or to reduce perforated eardrum incidence. During the ringside physician course, physicians are informed specifically that the headgear is not designed to prevent concussion.

These previous items were derived from the Official USA Boxing Rulebook. Recent updates to the Rulebook can be found at <http://usaboxing.org> [USA BOXING RULEBOOK UPDATES TO THE RULEBOOK](#)

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CELEBRATING 20 YEARS OF AMSSM: HONORING OUR FOUNDERS

BY CHAD ASPLUND, MD; THAD BARKDULL, MD; AND JEFFREY KREHER, MD

E. RANDY EICHNER, MD



Dr. Eichner is an internist that obtained his medical degree from John Hopkins University and completed a Hematology fellowship at the University of Washington. In addition to being a Co-Founder of AMSSM, he is a fellow and trustee of ACSM (emeritus). He is Professor Emeritus of Medicine at the University of Oklahoma Health Sciences Center and team Internist for OU Sooner football and other varsity athletics (1996-2009).

While having over 230 articles or chapters published, he also is on the Editorial Board of *Current Sports Medicine Reports* and formerly *Physician and Sportsmedicine*. He has regularly written for *Current Sports Medicine Reports* since 2007 and formerly had a weekly health/fitness news column in the Daily Oklahoman for 18 years. The NCAA, ACSM, USADA, CDC and NIH have used his service and leadership on multiple committees and workshops. This June, he will receive the "2011 President Challenge Award" from the NATA during their Annual Meeting.



BRIAN HALPERN, MD



Brian Halpern, MD was raised in Lakewood, NJ, the son of an obstetrician-gynecologist father and a mother who was an assistant prosecutor. He graduated from Middlebury College in Vermont and Cornell University Medical School in New York City. He became interested in sports medicine while a resident at the University of Maryland in Baltimore and was attracted by progressive family physicians, expanding the scope of sports medicine, with a non-operative focus on education, research and clinical application to their athletes and exercising patients. Brian became the first sports medicine fellow trained at the Hughston Clinic in 1984 through 1985. After fellowship, he initially stayed on at the Hughston Clinic, but eventually returned to his roots in the Northeast starting his own practice in New Jersey. He has served as a Fellowship Director from 1991-2000 at UMDNJ New Brunswick and has been at the Hospital for Special Surgery for the past ten years.

In 1998, Dr. Halpern won an Emmy Award for the documentary *Vietnam: Long Time Coming*. He has authored *The Knee Crisis Handbook* in 2003, and the *Men's Health Sports Injury Handbook* in 2005.



Brian served as President of both AMSSM and the AMSSM Foundation, but he may best be remembered as the one who "wrote the check" for the very first AMSSM meeting in San Diego. He is married with three daughters.

JOHN HENDERSON SR, DO



Dr. Henderson was born in 1951 in Oil City, PA to a large Catholic family. He attended the Duquesne University in Pittsburgh, PA earning a Bachelors of Science degree in Biology in 1973. He went on the Physician Assistant Program at Hahnemann Medical College in Philadelphia, PA and joined the Army in 1976, matriculating to the West Virginia School of Osteopathic Medicine. He then completed a flexible rotating internship at the Tripler Army Medical Center in Honolulu, HI and a family practice residency at Fort Bragg, NC.

In 1983, he was assigned to the family practice residency in Fort Benning, GA and in 1985, completed a sports medicine fellowship at the Hughston Orthopaedic Clinic, Columbus, GA. He returned to the Army, completing his active military obligation as the regimental surgeon for the Airborne School. He began his civilian career with the Hughston Clinic but was called back to military service for Operation Desert Shield/Desert Storm, receiving several combat medals and a battlefield promotion.

John has authored several sports medicine publications and presentations, covered NCAA and Olympic events, directed the Hughston Clinic Fellowship and acted as team physician for hockey, baseball and boxing teams at various levels. He is in his 28th year as the team physician for Pacelli Catholic High School in Columbus, GA and precepts medical students at the local hospitals where he holds senior leadership positions. When he isn't busy with his medical practice he is either repairing his old house or learning how to use his cell phone.



GREGORY L. LANDRY, MD



Gregory L. Landry, MD graduated from Butler University where he played football. He graduated from Indiana School of Medicine in 1980 and completed his residency in pediatrics in 1983 at the University of Wisconsin-Madison. Following a fellowship in ambulatory pediatrics, Dr. Landry joined the faculty of the UW Medical School in 1984, and developed a sports medicine program in the Department of Pediatrics. In 1988, he created a fellowship in adolescent and sports medicine, the first sports medicine fellowship offered through a pediatric department in the country.

Dr. Landry served as a member of the American Academy of Pediatrics (AAP) Committee on Sports Medicine from 1988-1994. He was a Founder of the AAP Section on Sports Medicine and served on its Executive Committee from 1994-1996. He was one of twenty founding members for the AMSSM, serving as their Secretary-Treasurer from 1991-1995, and their President from 1997-1998.

As a volunteer physician for the U.S. Olympic Committee (USOC), he served as team physician for the Olympic Sports Festival in Minneapolis in July 1990, and served as a physician for cross-country skiing and the biathlon for the 1992 Winter Olympic Games in Albertville, France. Currently he serves as Head Team Physician for the University of Wisconsin's Athletic Teams and a staff physician for the UW Hospital Sports Medicine and Fitness Center. In addition to teaching general pediatrics and sports medicine to pediatric residents and students, he served as Head of the Division of General Pediatrics and Adolescent Medicine in the UW Medical School from 1994-2000 and 2005-09. In the fall of 2001, the AAP Section on Sports Medicine awarded him the "Thomas Shaffer Pediatric Sports Medicine Award" for lifetime achievement in sports medicine.





Salt Lake Temple, Salt Lake City, Utah.

Use of image granted by photographer Andrea L. Pana, MD, MPH

Awards | 20th Annual Meeting

AMSSM 20th Annual Meeting Award Recipients

BY LAUREN M. SIMON, MD, MPH

Salt Lake City provided a wonderful backdrop for the 20th Annual Meeting for the American Medical Society for Sports Medicine. Every year our members submit high-quality research to further advance our knowledge, and this year was no exception. Leading the way through research and service are the award recipients recognized at the meeting listed below:

- Best Clinical Case Award winners were Dr. Brian Bales, from the University of Cincinnati, with his case entitled, "A Stinger" and Dr. Rachel Biber Brewer, from Vanderbilt University, for her case entitled, "Hit Off Balance"
- Dr. Kevin Waninger from St. Luke's Hospital and Health Network, Bethlehem, PA, made us think about the potential for disease transmission through athletic equipment, winning the NCAA Research Award for "CA-MRSA Does Not Penetrate Wrestling Mats with Applied Force".
- The Harry Galanty Young Investigator Award recipient was Dr. Irfan Asif from the University of Washington, for his project, "Accuracy of ECG Interpretation in Competitive Athletes".

- The Best Overall Research Award was awarded to Dr. Alison Brooks, from the University of Wisconsin for her work "The Effect of Lace-Up Ankle Braces on Acute Ankle Injury in High School Basketball Players".
- Dr. Chris Madden from Sports Medicine at Longs Peak Family Practice in Longmont, CO, received the Founders' Award for his guidance, enthusiasm and perseverance in successfully having sports medicine recognized with its own CMS code.

Congratulations to all our award winners. We express our sincere thanks to the Education and Research Committees for fostering research and encouraging our membership to contribute to the field of sports medicine.

We look forward to receiving your case or research abstract for next year's AMSSM 21st Annual Meeting in Atlanta, Georgia.

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Editorial Board: The Sideline Report

Editor-in-Chief

Andrea L. Pana, MD, MPH

Section Editors

A What's Going on in AMSSM?

Kelsey Logan, MD

kelseylogan@hotmail.com

Christopher Meyering, DO

christopher.meyering@us.army.mil

B The World of Sports Medicine

Marjorie Delo, MD

sportsdoc@alum.mit.edu

Verle Valentine, MD

verle.valentine@sanfordhealth.org

C News From the Board

Andrea L. Pana, MD, MPH

andrea.pana@athletics.utexas.edu

D Member in the Spotlight

Chad Asplund, MD

chad.asplund@gmail.com

E Odds and Ends

Jeffrey Kreher, MD

j_kreher@yahoo.com

Production Editor:

Joan Brown

joanb@amssm.org

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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. Puffer who was one of the original "gang of five" that dreamed up the idea of AMSSM.

In Section A, we are planning on continuing an article presenting the "Pro" and "Con" side of a current sports medicine topic. The Publications Committee members are writing these articles, but we are open to the idea of guest writers. We welcome ideas on topics for this section or articles for the other newsletter sections. Members can email ideas or feedback to publications@amssm.org.

Andrea L. Pana, MD, MPH

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Q&A with Jim Griffith | AMSSM Executive Director

Q & A

with Executive Director

Jim Griffith, MBA, CAE

What attracted you to AMSSM?

This position represented the ideal convergence of my past experiences - tying together my past three years of work with AAFP, 10 years of experience as Executive Director of FarmHouse Fraternity's International Headquarters, and three years as a sports journalist. The chance to return to a role leading such a vibrant, young association was very appealing.

Where did you grow up?

On a small farm in mid-Missouri, outside Nelson, MO. My undergraduate degree in journalism was from Missouri in 1994, and I earned my MBA from Baker University in 2003.

Tell us about that experience as a sports journalist.

As a boy I was a sports stats freak and dreamed of covering sporting events and getting paid for it. When that dream materialized, it was incredible - covering Missouri football and the Tigers in the NCAA tournament, getting chewed out by legendary coaches, and interviewing the likes of athletes such as Joe Montana.

What does CAE stand for?

Certified Association Executive, a designation in the association management world that requires association leadership experience, continuing education and passing a certification exam.

Family background?

My wife Barbara and I live in Liberty, Mo., and have two kids, Alyssa and Kyle, both now 8 (11 months apart). They participate in football, basketball, baseball, softball, soccer, gymnastics and swim team, so we're always on the run.

Favorite family memories?

Over the past seven years Barb, the kids and I have attended games at all 30 major league stadiums.



(From back left) Barbara, Kyle, Jim and Alyssa at the Los Angeles Dodgers Stadium.

Where do you see AMSSM in five years?

Much of that will be driven by the strategic focuses that we will identify later this year. After five months with AMSSM, I see policy, research and public relations being three critical areas of focus in the coming years to help add value.

What can AMSSM do in terms of advocacy?

I believe that AMSSM can have a stronger voice in the policy arena, without allocating significant resources to legislative efforts. I believe the phrase "if you're not at the table, you're on the menu" rings true with concussion legislation and other issues impacting our members and the public.

Tell us about your first AMSSM Annual Meeting.

It couldn't have been a better orientation --- meeting most of the Founders and gaining insight into the creation of the Society; seeing first-hand the passion that our members have for AMSSM and the work that they do; and having conversations all hours of the day and night with energetic members, fellows and residents.

FOUNDER'S AWARD WINNER

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everyone to turn this into something really good. Point your actions in the right direction.

It is beyond my intention and insight at this point to tell you what that direction may be, but I'll plant a few seeds for you all to water. At the Annual Meeting Dr. Puffer talked about establishing quality reporting measures (PQRS), collaborative learning, and data registries, which is a good starting point. But I couldn't agree with him more that we need to reach beyond that - to focus on outcomes data, and the pathways that get us there. Pieces of data do nothing for us until we integrate them into our practices, carry out trials, establish new processes, and assess whether there are gaps (gap analysis) that cause us to fall short of intended outcomes. Then we reassess, reapply, and do it again until we get it right - until our patient outcomes are superior and our model is efficient. Knowledge alone is nothing. Applied knowledge - action - is wisdom. We need to be very wise **now**.

There is a lot of hype about meaningful use for electronic health records, the patient centered medical home (PCMH), accountable care organizations (ACOs), and how they will affect us. A panel at the Annual Meeting shared its insights about future directions involving these overlapping models (think of COPD circles). Dr. Puffer's points are perhaps the most valuable message to carry away from that session, but I was far from agreeing with various issues that were otherwise presented. I am skeptical of anyone who speaks in a definitive language regarding the future of primary care medicine. Ideas drive theories, and current theories are outpacing the infrastructure and technology that supports them. And there are so many unknowns....

We have an election coming up.

Rural areas are underserved. Fewer physicians are going into primary care while others retire. Costs in health care are up. Hospitals are in trouble financially in some areas and are buying practices in others. More and more patients don't carry insurance. Medicare is financially challenged. The country is broke. Primary care physicians are scrambling, some struggling to meet established administrative demands while caring for their patients. Sports medicine has not carved a place in the proposed models, and the potential for sports-specific practices to become medical homes may be limited to those with a strong primary care base, particularly because of the chronic disease and hospital care coordination requirements. ACOs are trying to figure out what they want to be when they grow up, yet will probably offer sports medicine-only providers a more likely arena to bring their services to the table. I could go on.

Focus on Quality; Cost; Outcomes; but always **Patients**. Be open to change, be careful, and be wise. It is up to all of you now - the AMSSM membership. I wish you all a safe and fruitful journey.

Thanks, and cheers,
Chris Madden, MD
Past Chair,
AMSSM Economics Committee



Presentation of Founder's Award. (From left) Fran O'Connor, MD, MPH, AMSSM President 2010-11; Kim Harmon, MD, Immediate Past President; Chris Madden, MD and Cindy Chang, MD, AMSSM President 2011-12.

Use of image granted by photographer Ashwin Rao, MD

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The World of Sports Medicine

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

AAPSM | Position Statement

AAPSM RELEASES POSITION STATEMENT ON BAREFOOT RUNNING

AAPSM commented on several benefits, however barefoot running also carries risks.

BY VERLE VALENTINE, MD

The American Academy of Podiatric Sports Medicine recently released a statement on the topic of Barefoot Running. In the statement, AAPSM commented that barefoot running has been touted as having numerous benefits, however it can also carry risks that include puncture wounds, lack of protection from hard objects, and increased strain to the lower extremity. AAPSM subsequently commented on the current lack of well-designed studies regarding the benefits and/or risks of barefoot running. The public is encouraged to work with a qualified sports medicine professional to make an informed decision on whether or not to incorporate barefoot running into their training program. More information can be found at [AAPSM Barefoot Running Position Statement](#).

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ACSM | 2011 Version of the American Fitness Index™

MINNEAPOLIS/ST. PAUL: AMERICA'S HEALTHIEST, FITTEST METRO AREA

Where does your metro area land?

BY VERLE VALENTINE, MD

The American College of Sports Medicine recently released the 2011 version of the American Fitness Index™ (AFI). Minneapolis/St. Paul unseated the Washington, D.C. metro area to take the top spot on the list. Both locations improved their scores from 2010. Several reasons were cited for Minneapolis/St. Paul gaining the top spot. These included a relatively low smoking rate and an above average number of residents who exercised. The data examined falls into two categories: 1) personal health indicators; and 2) community and environmental indicators. Walter Thompson, PhD, FACSM who is the chair of the ACSM AFI Advisory Board stated that "A regular, scientific evaluation of the infrastructure, community assets, policies and opportunities which encourage healthy and fit lifestyles is imperative for cities wishing to provide a high quality of life for residents". Where does your metro area land? Is there anything you can do to help your area make improvements? Visit the website [American Fitness Index](#). This website includes a "Community Action Guide" which serves as an overview of the critical factors related to effective community action with suggested practical tools and resources.

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NATA | March 2011

NATA RELEASES POSITION STATEMENT ON OVERUSE INJURIES

Published in the March 2011 edition of the *Journal of Athletic Training*.

BY VERLE VALENTINE, MD

The National Athletic Trainers' Association recently published a position statement titled, "*Prevention of Pediatric Overuse Injuries*". The statement was published in the March 2011 edition of the *Journal of Athletic Training*, and cites the fact that overuse or repetitive trauma represents half of all pediatric sports injuries in the U.S. "Repetitive stress can result in chronic or overuse injuries in athletes of any age," said athletic trainer Tamara McLeod, PhD, ATC, lead author of the position statement. "This situation in children is complicated by the growth process, which can result in a unique set of injuries among pediatric athletes." The authors recommend a six step approach to try to reduce the sports injuries caused by repetitive stress. For more information on the six step approach, the entire article in the *Journal of Athletic Training* can be found at [Prevention of Pediatric Overuse Injuries](#).

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WADA | Memorandum of Understanding

ADVANCING PARTNERSHIPS TO STOP DOPING IN SPORT

A concerted effort in the fight against doping in sport.

BY VERLE VALENTINE, MD AND MARJORIE DELO, MD

The Executive Committee and Foundation Board of the World Anti-Doping Association (WADA) recently released a document titled, "Coordinating Investigations and Sharing Anti-Doping Information and Evidence". This document outlines plans for a more concerted effort in the fight against doping in sport by enhancing the cooperation between Anti-Doping Organizations (ADOs) and law enforcement agencies. "For some time now we have been saying that testing alone is not enough to lead the fight against doping in sport, and that ADOs need to develop relationships with law enforcement agencies across the world," said WADA President John Fahey. "This guidance document is not a model of best practice, nor is it proposed to be a formal part of the world anti-doping program, but it is designed to indicate how each agency might be approached by an ADO, and how sensible relationships can be formed – it is a guideline in that direction."

The IOC and the UN Office on Drugs and Crime have been cooperating on a case-by-case basis to fight doping in sport since the mid-1990's. This May, Jacques Rogge, the President of the IOC, and Yury Fedotov, the Executive Director of the UNODC, met and formalized the "Memorandum of Understanding". This statement sets the foundation for a strong partnership aimed at using the power of sport for youth education and to fight cheating in sports.

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Leading Sports Medicine into the Future

News From the Board

Section Editor: Andrea L. Pana, MD, MPH

OFFICERS

Cindy J. Chang, MD

President

president@amssm.org

Jonathan A. Drezner, MD

First Vice President

1stvicepresident@amssm.org

John P. DiFiori, MD

Second Vice President

2ndvicepresident@amssm.org

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Secretary/Treasurer

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immediatepastpresident@amssm.org

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Matthew Gammons, MD

mgammons@rrmc.org

Andrew J.M. Gregory, MD

membership@amssm.org

Suzanne Hecht, MD

research@amssm.org

Andrea L. Pana, MD, MPH

publications@amssm.org

Amy P. Powell, MD

publicrelations@amssm.org

Mark Stovak, MD

fellowship@amssm.org

Thomas Trojian, MD

international@amssm.org

L. Tyler Wadsworth, MD

pronouncement@amssm.org

PRESIDENTIAL CORNER



CINDY J. CHANG, MD
AMSSM PRESIDENT

(An excerpt from my Presidential Address on May 3, 2011)

It is an immense privilege for me to be standing before you today to give my Presidential address, and a great honor to be part of our 20th Annual Meeting, "From the Roots of our Founders", celebrating AMSSM's 20 years of growth in sports medicine.

So what are my roots? My parents are immigrants from China; both fled to Taiwan during the Cultural Revolution and later moved to the United States for graduate school. We were a stereotypical Chinese family growing up in the Midwest. I was the youngest of four kids, and yes, all four of us kids wore glasses. My dad, and in fact all of us, always had cameras around our necks. Have you ever seen the website, "Awkward Family Photos?" Many of our humorous, creative and occasionally odd family photos would easily qualify to be on this site!

Was I raised by a Tiger Mom? Well, my sister and I were assigned to play the piano, my oldest sister the violin, and my brother the clarinet. We were allowed to watch some TV, but only shows like the Lawrence Welk Show (where I learned my early dance moves in our living room). But my parents also let me play sports and sing in ensemble and even be a cheerleader for a year, as long as I still got straight As. They definitely stressed academic success above everything else.

Well, what about my sports medicine roots? Two seminal events led me down the path of sports medicine. First, I tore my ACL during my first year of med school. The head orthopedic team physician for Ohio State told me that because I was no longer a competitive athlete and now just in med school, I didn't need an ACL repair, and I would be fine just biking and running. So I kept playing hoops and volleyball, and found out that I was a pretty good "coper" (although 26 years ago that expression had not yet been coined). I started wondering, why could I keep playing these sports without an ACL but others couldn't? I later stopped coping as well during my busy internship, and went on to have a total of six knee surgeries. The second event was a vacation to Key West with my best friend from medical school, Sharon. One week prior to our scheduled vacation during our internships, UCLA had called, inviting me to transfer into their family medicine residency as a PGY2. After 12 weeks of cloudy and rainy Cincinnati weather, followed by one week of warm and sunny Key West weather, we returned our rental car in Miami where I then made that spontaneous "yes I am coming!" phone booth call to UCLA. Once at UCLA, I met Drs. Jim Puffer and Gary Green and fellows Drs. Paul Stricker, Bryan Smith and John McShane. My senior resident was Dr. Craig Young. (Craig and Sharon would later meet at my wedding and fall in love!) Being trained by those leaders in sports medicine during my residency encouraged me to pursue a fellowship in sports medicine, and in 1992 I became one of Dr. John Lombardo's first fellows at the Ohio State University. I was also exposed to more sports medicine leaders at OSU, including our Founders Drs. Dick Strauss and Bob Murphy as well as AMSSM

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COMMITTEE REPORT

EDUCATION COMMITTEE

- Salt Lake City Highlights
- Annual Meeting Evaluation Subcommittee
- Pediatric Musculoskeletal and Sports Medicine Subcommittee
- Online Clinical Cases Subcommittee
- Musculoskeletal Ultrasound Subcommittee
- Education for High School Coaches Subcommittee

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RESEARCH COMMITTEE

- Research Committee Restructuring
- Foundation Research Grant Awards 2011
- Annual Meeting Research Abstracts
- Research Workshop for Sports Medicine Fellows

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charter member Dr. Delphis Richardson.

Now, growing up in Ohio, I think I was called Connie more than Cindy! At that time, Connie Chung, a national correspondent for the CBS Evening News with Walter Cronkite, was the only Asian that people saw on TV. She became a role model for me and I even took some journalism classes early in my college career. But then fast forward to 1993, my first AMSSM meeting in Sun Valley, when I discovered that there were many other strong, like-minded women in our organization. Talk about a bonanza of role models! I had found a profession - and a home - where I felt I truly belonged.

After a couple years on faculty at OSU, I became the Head Team Physician at the University of California, Berkeley (aka "Cal") in 1995 at the age of 32. I was one of the first female head team physicians covering a Division I football program. I was responsible for the medical care of almost 900 student-athletes in 27 sports. We recruited exceptional staff to our sports medicine program and attracted some of the brightest sports medicine fellows. I was back on the football sidelines one week after the birth of my first child. My husband was a Cal grad, and between the both of us, my two kids were brainwashed at an early age to love anything and everything about Cal. It was a heady time for me. On top of that, I was one of the fortunate ones to be selected for a USOC rotation at Colorado Springs, and in 1998 and 2002, I became part of the USA medical teams providing care to our athletes at the Nagano and Salt Lake City Winter Paralympic Games. By 2007, I was serving as Chief Medical Officer of the Para Pan Am Games in Rio, and was asked to be CMO that following year for the Beijing Paralympic Games. The venues were amazing, the athlete population inspiring, and what an honor it was to represent my country!

Then one night, I was finally forced to address the elephant in the room (the obvious truth or problem that no one wanted to discuss). After getting home from the training room around 9 pm, which was typical during the fall football season, I went to say good night to my pre-teen daughter. She was still awake because she had something really important to share with me, and as she began her story, my cell phone rang. I looked at the screen and sighed heavily, and she quickly asked who it was. When I responded that it was the head football coach, she said, "That's okay, mom. He's more important than me." And you know what? I still left her bedroom and took that phone call. But soon after that I began to really scrutinize my life and realized that I was way out of balance. I was neglecting my family and placing my career first. Yet making the decision to change this wasn't that easy. Many told me that I couldn't leave my position, as I was a role model for young women in sports medicine. And yes, I had two children who were growing up too quickly, yet didn't I also have 900 student-athletes who needed me to care for them too? After agonizing about this for over a year, I resigned as Cal's Head Team Physician in 2008. And now I have the free time to coach, watch my kids participate in their sporting and musical activities, travel back to Ohio to visit my parents more frequently, and finally help my husband throw his long awaited "East Coast 50's Christmas Cocktail Party" which has now become an annual event. The other thing that happened in 2008? By resigning, and ending the 70-hour work weeks, I finally accepted the nomination to run for Second Vice President of AMSSM. At last I would now have the time and energy to devote to leading AMSSM.

So now here I am, standing before you, ready to start my presidency. What exactly makes me qualified to be your President? Well, I do have a copy of my birth certificate, just in case I needed it, but then I was reminded that this isn't stated in our AMSSM Bylaws (which, by the way, is posted on our website for all of our members to review).

I am a Virgo, which defines me as being meticulous and reliable, practical and diligent, and intelligent and analytical. All good things to be as

President. On the other hand, here are some more characteristics of a Virgo: fussy and a worrier, overcritical and harsh, perfectionist and conservative. Maybe not so good.

If I instead refer to the Chinese Horoscope, I am a Rabbit, and that means I...

- Am friendly, outgoing and prefer the company of others
- Prefer to avoid conflict; in confrontational situations, a Rabbit will approach calmly with consideration for the other party
- Believe strongly in friends and family
- Overall conservative and do not take risks
- Enjoy learning about cultural issues and learning about people from other countries

Okay, so now that I am embarking on the start of this presidency, let me warn you that I can put my foot in my mouth at times. I can't promise that I won't make a mistake, but I can promise you that I will admit and then learn from my mistakes. Some of you may recall one of my more notable comments from a few years ago, "Size doesn't matter". Well, I was wrong. Clearly, size does indeed matter, as depicted by the growth of our organization over these last 20 years, from 20 to now over 1800 members. So, now, after defining my strengths and faults, what is my vision for our organization?

You have seen or heard our Mission Statement before, but it is important enough to bear repeating. *The American Medical Society for Sports Medicine provides a forum to **foster professional relationships among sports medicine physicians to advance the discipline of sports medicine through Education, Research, Advocacy and Excellence in patient care.*** My responsibility as your President is to continue to guide our society by following this mission statement, and focusing our efforts and goals on these four pillars.

AMSSM is a society, a group of individuals having friendly interaction with each other in a voluntary association who work together, and/or periodically meet, because of common interests or profession. **AMSSM is able to provide a forum to foster these professional relationships among our members.** Our strength lies in our growing number of members, and in our diversity of members and of the varied populations that we serve. Yet despite the growth of AMSSM, we still value the intimacy that we can provide at our Annual Meeting, along with various opportunities to network and socialize to build new relationships and strengthen old ones. Without fail, I meet new people every year at our Annual Meeting. This year we spiced up the Welcome Reception with our very own AMSSM Band, so that our members could continue to socialize (and dance!), re-connect with old friends, and hopefully make new ones. Other opportunities to mingle during the meeting included the Exhibitor Breaks, Poster Sessions and the Foundation Reception, as well as the multiple spontaneous informal evening get-togethers!

Our goal is also to continue to do our best to meet your needs. We value the educational content that we provide at our meetings, and one of the most important ways to ensure this excellence is for you to fill out your Annual Meeting evaluation form (It is still not too late!). For example, based on your comments from last year's meeting, we offered different topics for our morning workshops. And though it may seem minor, we negotiated with our conference hotel to make the Fitness Center complimentary to our members, and also extend its normal hours of use. Free wireless in the hotel rooms was also a priority. An immediate goal of ours will be to send out a membership survey this year, so that we can find out if our society is meeting our members' needs, and in what areas we need to improve. Please complete this membership survey when you receive it.

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A prediction for 2011, which is the Year of the Rabbit, is that “shrewd and creative new partnerships will form to the benefit of all”. In early April, I had the tremendous opportunity to attend the International Olympic Committee’s Advanced Team Physician Course in Corsica, followed by the IOC World Conference on the Prevention of Illness & Injury in Sport. It was a momentous occasion to see our Vice-President, Dr. Jon Drezner, giving the opening keynote lecture at the World Conference before 1000 of our international sports medicine colleagues. Some of our international colleagues are just starting to learn about AMSSM, and showing great interest in attending our annual meetings because of their strong educational content. One of my goals this year is to continue to develop and grow strong relationships with our international colleagues. These partnerships will contribute greatly to future collaboration of our educational and research efforts, which can further contribute to maintaining our excellence in patient care. We will also investigate the creation of an international membership category, and possible reciprocal memberships with other international sports medicine groups.

Likewise, AMSSM will continue to maintain and develop even stronger relationships with our colleagues here in the US. We continue our partnerships with ACSM and AOSSM for the Advanced Team Physician course, our annual meeting exchange lectures, and other ventures. We continue to collaborate with additional sports medicine organizations, including the NATA, for joint position statements, and public health and research initiatives. Our close working relationships with sports organizations have led to their improved understanding of AMSSM and the training and experience of primary care sports medicine physicians. For example, it has been proposed that in January 2012, all new hires as NFL medical team physicians will need to be CAQ certified in Sports Medicine. AMSSM has also been a partner with the USOC in the dissemination of accurate information regarding the volunteer application process, and the USOC’s presence at our recent annual meetings has been extremely useful for both parties involved.

As AMSSM enters its 20th year of existence, it is vital that we now move to the next tier as an organization - that we become well known in both the public and professional arenas as the “go-to” organization for sports medicine patient care information, education, research and advocacy. Much of this hard work needed to accomplish this goal has already begun through our committees. Through the tireless efforts of our Economics Committee, previously led by Dr. Chris Madden (the well-deserved 2011 Founders Award Winner), the Centers for Medicare & Medicaid Services (CMS) established a new physician specialty code for Sports Medicine (23) on April 1, 2011. This distinction has established AMSSM as a leader in **Advocacy**, as we look to support our members in a particular cause or policy, or recommend and assist on language for state or federal legislation pertinent to sports medicine. The name change from Economics Committee to the Practice and Policy Committee reflects our emphasis on Advocacy, one of the four pillars of our Mission Statement. Led by Board Member, Dr. Chad Carlson, this committee is looking for AMSSM members from each state to help track legislation. For AMSSM to become even more respected nationally and internationally, our members need to produce more high quality **Research** that will advance the field of sports medicine. This year in Salt Lake City, the two Research Sessions were held unopposed, highlighting the importance of the original research presentations. This year the AMSSM Foundation has again generously awarded \$50,000 to fund our members’ research projects, but we need to do more, and the Research Committee will continue to pursue the development of a Collaborative Research Network to foster larger projects with improved funding. Our Public Relations Committee has been sending out press releases to multiple media outlets promoting the activities

of AMSSM and our members, such as Past President Dr. Fran O’Connor speaking at the London Marathon. The increasing use of social media, including Facebook and Twitter, will also be beneficial in reaching not only our members, but also other physicians and the general public. Our Education and Fellowship Committees continue to explore creative ways of providing the needed **Education** to our members, whether a medical student or fellow or practicing physician, to attain **Excellence in Patient Care**.

I have only named a few of our committees above. All of them will be actively engaged in tasks and projects that will further the goals and ideals of our organization. Each of them needs passionate and hard-working members to join. If you would like to make a tangible contribution to our organization’s continued growth and success, please come to a committee meeting, or contact the Chair of that committee (e-mails can be found on our website).

So, as I start my presidency of this incredibly inspiring society, I know that I will be consulting with the wisdom from the past: our Founders, our Past Presidents, and previous Board members whom have all contributed to the vision and growth of AMSSM. I will also be consulting with the wisdom of the future. I am fortunate to be able to continue working with a great group of Board members, and three new Board members, Drs. Amy Powell, Tom Trojjan and Ty Wadsworth will be joining the Board for their first two-year term. Our Executive Committee will be joined this year by Dr. John DiFiori, Second Vice President, and Dr. Katherine Dec, Secretary-Treasurer. Dr. Fran O’Connor, to whom I owe a debt of gratitude for his leadership and guidance, will become our Immediate Past President, and Dr. Jon Drezner our First Vice President. Dr. Kim Harmon rolls off the Executive Committee, although she has agreed to stay on as my informal advisor, aka “the queen”! Thank you Kim! And, who knows, the wisdom of the future could be...you!

(By the way, it is critical that you know that our Board members, along with the Executive Committee, are volunteers—we all pay conference registration fees and annual dues. The benefits that we receive from being a part of the leadership of AMSSM are far greater than any monetary compensation that we could earn.)

I can always count on my mom and dad for their wisdom as well. They have taught me some important life lessons and helped me get to where I am today. I spoke to my mom right before I left for this meeting, and to paraphrase, she said that they were very proud of me, but that I better keep doing my best and not do anything to shame them!

What are my challenges to you? Give to the AMSSM Foundation. I know you are passionate about AMSSM because you are here in Salt Lake City. I know you care about this organization. For us to continue to grow and support our mission, we need the continued support of the AMSSM Foundation. Our current and potential corporate partners, who give unrestricted educational grants to the AMSSM Foundation, need to see that our members indeed support our mission and also financially support our Foundation. Currently, only about 10% of our members give to our Foundation. I would like to set a “**50/50 Challenge**”—if **50%** of our membership, or about 1000 members, can donate at least **\$50** each, that is an additional \$50,000 that will be used by the Foundation to help us - AMSSM members!

Secondly, don’t forget your roots. We went into primary care sports medicine for a reason. If we wanted to get rich we wouldn’t have chosen this field. Rather, I believe we chose this field to help our patients achieve their competitive goals and live a healthy, active lifestyle. While making more money by adding a myriad of procedures can be tempting, don’t let this singularly make you lose sight of the bigger picture. None

of our roots are exactly the same, so of course we will have our different interests and abilities. Respect each other's individualism. Our unifying theme is doing what is best for our patients, using evidence-based medicine whenever possible, and good judgment at all times.

Lastly, a slew of heartfelt thanks are in order. Thanks to our 20 Founders who gave their sweat and tears, and courage and cash to start AMSSM 20 years ago. Thanks to the AMSSM staff, Jody, Michele and Joan, for their commitment to AMSSM and their personal vested interest in helping our society flourish. Special thanks to Jody, our Director of Operations, for letting AMSSM use her basement as our national office rent-free for so many years. Jody has truly been the heart and soul of AMSSM, and I so appreciate her loyalty and love for our organization. And a huge thanks to Jim Griffith, our Executive Director, who since his hiring in January of this year has already accomplished some pretty amazing things! Thank you Jim for believing in us and climbing on board to help us soar to even greater heights!

I owe a gigantic thanks to this year's awesome Program Planning Committee (PPC). I wish I could say it was I alone who picked a great group, but honestly, many of my members I didn't know personally. I first knew that I wanted to have a PPC that represented the diversity of our organization. Secondly, I also wanted to choose members who were deserving of this opportunity to contribute to our Annual Meeting. Therefore, I asked our committee chairs to nominate their committee members who were hard workers and solid contributors to committee work. Teamwork was also key. I would also like to give special thanks to my Program Chair, Dr. Verle Valentine, the only non-family

member (besides the AMSSM office) on my I-Phone favorites list! He did a great job, and I think the meeting thus far, speaks for itself. I also didn't know Verle personally when I selected him as Program Chair, but he came highly recommended by others who had worked with him on various committees. (Once again, note the common theme: the first step to getting more involved in AMSSM is serving on a committee.) And lastly, thanks to Dr. Mandy (Weiss) Kelly, our Moderator of Moderators (MOM), and her infant son Andrew. She was able to perform her duties as MOM and mom, through the teamwork of other members who helped watch Andrew while Mandy worked with our speakers. Go AMSSM!

I also would like to thank my AMSSM family; my mentors, my colleagues, my close friends and hotel roomies, and my new friends that I have yet to meet. I hope you all know how special you are to me, and how much fun it is to work with you and spend time with you every year at our annual meetings. Thanks to my crazy Cal colleagues who make it fun for me to go to work. And lastly, I would like to thank my family for the brutal honesty and unconditional love, for helping me realize whenever I am out of balance, and for making me laugh every day! Thanks for letting me follow my dreams!

(And, after receiving a standing ovation...)

I hope that I am worthy of a standing ovation when I give my Immediate Past President address next year in Atlanta!

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Leading Sports Medicine into the Future



Cindy Chang, MD, giving Presidential Address during the AMSSM Business Meeting at the 20th Annual Meeting on May 3, 2011 at the Grand America Hotel in Salt Lake City.

Use of image granted by photographer Ashwin Rao, MD

AMSSM – The 2010-11 Year in Review

Francis G. O'Connor, MD, MPH Immediate Past President



I want to begin by first thanking Dr. Verle Valentine, our meeting Program Chair, and Dr. Cindy Chang, our First Vice President, for their leadership in providing us with a fantastic meeting in Salt Lake City. The CME with the Founders was both appropriate and unforgettable. The session with the Founders relating life lessons was one for the memory books. I would like to focus my Presidential Address comments on events that have shaped AMSSM post-Cancun.

Executing the Strategic Plan

The actions of the Board of Directors for this past year largely were the result of initiatives that occurred nearly two years ago. In November 2008, the Board met in Chicago for our annual mid-year meeting. The Board of Directors meeting, however, was preceded by a strategic planning meeting that was called by then President, Dr. Bob Dimeff. During that session we developed a strategic plan and vision (figure 1), and created a five year forward thinking plan of action. Specific “due outs” from this meeting were: 1.) development of a Policy Leadership Manual; 2.) development of a Committee Manual; 3.) the acquisition of office space; and 4.) the hiring of an Executive Director.

Dr. Bob Dimeff used the remainder of his Presidency, and Dr. Kim Harmon followed, to set events in motion to realize the completion of the key elements of the five year plan in three years. I was very fortunate to assist the Executive Committee in seeing these events to completion. Policy and Committee Manuals were drafted and re-drafted over a two year period; both documents are now published with our Bylaws and Strategic Plan in the Members Only section of our website. We aggressively sought out office space, and this past Fall, signed a lease agreement with a beautiful piece of real estate in a complex called the Timberlands, which is a stone’s throw from the headquarters of the American Academy of Family Physicians. As all this was occurring, we executed the vote of our organization last year in Cancun and re-incorporated our organization from Wisconsin to Kansas.

The most important piece of the five year plan, however, was to hire a new Executive Director. We formulated a committee, under the direction of Dr. Kim Harmon, to solicit candidates, interview finalists, and then make a recommendation to the Board of Directors. This process was completed over a course of months, and we began the process of hiring Jim Griffith this past November. Jim became part of our team in January; Jody Gold moved to become our Director of Operations. With the hiring of Jim Griffith we essentially executed the majority of our five year plan. Accordingly, Dr. Cindy Chang and Jim Griffith are currently making plans for our next strategic planning meeting.



Figure 1

Financial Update

With the hiring of Jim Griffith, one of our principal focus areas has been to improve our financial oversight as a Board of Directors, and take steps to improve our financial infrastructure. At our Board meeting in Salt Lake City, Jim Griffith and Dr. Brent Rich, our Treasurer, outlined a number of steps to accomplish both. This coming year the Board will review monthly updates, and we are currently soliciting proposals for an appropriate investment advisor for AMSSM. Our goal is for a better return on investments, while maintaining principal, based on the investment policy the Board adopted in the fall of 2010. Our current net assets are illustrated in figure 2.

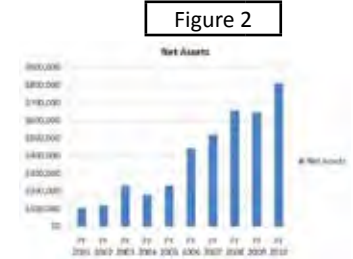


Figure 2

Committee Updates

The hard work of AMSSM is accomplished through the work of the committees. The ten committees work with Executive Committee and AMSSM staff to move the AMSSM strategic plan into action. The committees remain our life blood, and the optimal way for members to become involved with our organization.

Membership

Membership was run this year by Dr. Andrew Gregory. There were three resident scholarship awards issued this year. These awards were selected in February and include free meeting registration, \$1000 towards annual meeting expenses and a free year of membership. A subcommittee led by Dr. Jim Swenson selects the award winners. Dr. David Kruse led the Student/Resident Interest Group Session at this year’s meeting. The Student/Resident website information, regularly updated by Drs. Jason Robertson and David Kruse, is basic information for students and residents interested in sports medicine as a career choice. Ossur Americas has offered the Ossur Grant again to the Fellowship membership for 2011 with the following eligibility: currently enrolled in an accredited sports medicine fellowship program beginning fall 2010 through 2011.



Figure 3

AMSSM Membership Statistics 2011 are illustrated in figure 3. Break-down by Specialty: FM > Peds > IM > PM&R > ED > Other. Membership Type: Active > Residents > Fellow > Student. Retention of Fellowship Members: 60%. Thirty Fellowship Directors are not current AMSSM Members.

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Pronouncements

Pronouncements was run this year by Dr. Dave Bernhardt. This committee reviews documents for the Board that request endorsement. This committee moved the following publications forward this year: the Preparticipation Manual 4; the musculoskeletal ultrasound suggested curriculum; and the ADHD position stand.

Practice and Policy

The Practice and Policy Committee was steered by Dr. Chad Carlson this year, and there were several notable accomplishments. Sports Medicine received approval for specialty designation through Medicare, reflecting work done by Dr. Chris Madden, former Committee Chair; official as of April 4, 2011, with a specialty designation code = 23. Sports Medicine received designation as a “top-line” specialty by United Healthcare in fall 2010. The committee presented another Economics Pre-Conference at this year’s Annual Meeting, as well as establishing a legislative monitoring task force to identify and track state and federal legislation that is relevant to sports medicine.

Publications

This busy committee was led by Dr. Andrea Pana. The **5-Minute Sports Medicine Consult** was published in January 2011, and represents an AMSSM collaborative effort. The **AMSSM ADHD and the Athlete Position Statement** is to be published in mid 2011 (Drs. Margot Putukian and Jeff Kreher were Chair and Assistant Chair). The **AMSSM Concussion Position Statement** is in progress with goal to publish in 2012. AMSSM will lead the November edition of *BJSM*; Dr. Chad Asplund was selected as Guest Editor. The theme is **Care of the Endurance Athlete**. AMSSM article for the *American Family Physician* on **Exercise Induced Bronchospasm** written by Drs. Chad Asplund and Mike Krafczyk is awaiting publication. An AMSSM article was published in November in *Contemporary Pediatrics* on the **Female Athlete Triad in Adolescents** written by Drs. Kelsey Logan and Becca Carl. The *Sideline Report* continues to be published quarterly with articles written and edited by the Publications committee members. AMSSM publications writes a column in the *International Journal of Athletic Training* (coordinated and edited by Dr. Verle Valentine). Members of AMSSM and Publications Committee continue to write monthly for the **Beginner Triathlete** website. This project is coordinated by Drs. Marjie Delo and Andrew Getzin. The **AMSSM Facebook** page has over 900 followers; they publish a **“Sports Medicine Tip of the Day”** (Coordinated by Drs. Dave Carfagno and George Pujalte).

Internet

The Internet Committee was chaired by Dr. Jon Divine. The intent of the committee is to monitor and improve the AMSSM website and listserv. After temporarily suspending the listserv, the committee rewrote the etiquette and disciplinary policy. The listserv resumed in April 2011.

Research

This committee was run this year by Dr. Suzanne Hecht. There were record numbers of submissions for this year’s meeting with Annual Meeting research abstract submissions totaling 74. There were 18 research grant submissions (>\$213,000 funding requests; \$50,000 awarded) this year. More than 40 AMSSM members on the committee made these actions possible. The research committee re-organized into five subcommittees: Research Education, Resources, Website, Abstracts and Grants. The committee established a formal feedback process for abstract and grant submissions. Finally, Research Workshop for Sports Medicine Fellows was held on the west coast for the first time.

Education

The Education Committee was led by Dr. Sean Bryan. Sean reports that 195 cases abstracts were submitted and reviewed by 82 committee members. While there was no 2 Minute Drill in 2011 (the Founders Session replaced its spot); it will return in 2012. The Education Committee has five subcommittees with Chairs approved by AMSSM Board of Directors. **Online Case Studies** (Dr. Mike Henahan, Chair): Goal is to have poster and podium case presenters enter as many cases from AMSSM and AOASM annual meetings as possible to be accessed via AMSSM website as educational tools. **Annual Meeting Review** (Dr. John Turner, Chair): Work begins when annual program review data is available and

proceeds in conjunction with following year’s Annual Meeting Program Planning Committee. **SM Curriculum for Pediatric Residencies** (Dr. Kevin Walter, Chair): Work on SM curriculum for pediatric residencies document continues in conjunction with AAP working group. **National Education Program for High School Coaches** (Dr. Monique Burton, Chair): Plan is to collaborate with AOSSM, NATA and NFHS on creation of a national high school coach’s education program. **Musculoskeletal Ultrasound (MSK US)** (Dr. Fred Brennan, Chair): Link on AMSSM website updated with new MSK US coding information; MSK US survey for potential future credentialing/certification; Intermediate/Advanced course at Maine Medical Center is scheduled June 17-19, 2011; “Core Curriculum” template being developed for all future AMSSM-endorsed MSK US courses.

Fellowship

The Fellowship committee was led this year by Dr. Tracy Ray. The **Code of Ethics subcommittee** successfully monitored its 2nd Sports Medicine Fellowship Match. The **ACGME subcommittee** was instrumental in the development of the new revised Residency Review Committee requirements in Sports Medicine which go into effect July 2011. The **Faculty Development subcommittee** was instrumental in introducing Faculty Development into the curriculum for this meeting in Salt Lake City (SLC). The **Fellows Matters subcommittee** is instrumental in steering the sports medicine fellowships towards using the **Electronic Residency Application System (ERAS)** and for distributing the 2nd New Physician Survey with results presented at this meeting in Salt Lake City and available on the AMSSM website. The **Fellowship Periodic Survey subcommittee** has distributed another survey with the results presented at this Salt Lake City meeting and available on the AMSSM website. And finally, **183 fellows** took the 2011 In-Training Exam (ITE); the test is converting to a new website for the 2012 test.

Public Relations

The Public Relations Committee was led by Dr. Kevin Burroughs. The committee initiated podcasting at the 2010 Annual Meeting in Cancun. Podcasting will also be available from the 2011 Annual Meeting, held in Salt Lake City. The committee was busy identifying State High School Athletic Association liaisons, as well as answering requests from several media markets (inside triathlon, newspapers, ABC news). Press releases for AMSSM members working on regional representation were completed.

International and Inter-Organizational

This committee was led by Dr. Mark Niedfeldt. The committee was very active and added liaisons to the NFL and USA Hockey. Responding to disasters, the committee sent out an e-mail blast regarding the Japan disaster, interacted with relief organizations to find out needs that our membership could fill and established contacts for members to take part in volunteer medical missions. The committee also continued work on a potential international exchange program, as well as work to support minor league professional team physicians.

Thank You

I had a great opportunity both last year and this year to thank many individuals for their support over the years, so I will not reiterate these comments. I want to conclude that it has been a privilege to lead this organization for one year, and for the opportunity, I would like to thank the membership. I am sincere in stating that I believe the Board of Directors was able to move the organization forward this year, largely upon the efforts of those who preceded us. I have every confidence in Dr. Cindy Chang that 2011-12 will be another banner year for AMSSM.

All the best,

Dr. Fran O’Connor

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COMMITTEE REPORTS

EDUCATION COMMITTEE

BY SEAN T. BRYAN, MD, CHAIR

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Chairperson: Sean Bryan, MD

Members: [AMSSM Education Committee](#)Mission: *The mission of the Education Committee is to support the AMSSM as the premier educational resource for sports medicine physicians.*

Hello to all members of AMSSM! The Education Committee is the AMSSM's largest with over 130 members. This update includes some highlights from the 2011 Annual Meeting in Salt Lake City, announces the Education Committee's Subcommittees with Chairs approved by the Board, and describes the important and exciting work the Education Committee's members are doing to support the AMSSM's mission and vision.

- **Salt Lake City Highlights:** There were 195 case abstract submissions resulting in 24 podium presentations and 168 poster presentations. Best clinical case presentation award recipients were Dr. Rachel Brewer for "*Hit Off Balance*" and Dr. Brian Bales for "*A Stinger*" – congratulations! Special thanks go to our Case Session Moderators: Drs. Diana Heiman and Mike Henehan; and our case panelists: Drs. Andrew Gregory, Stephanie Chu, Stephen Paul and Susannah Briskin.
- **Annual Meeting Evaluation Subcommittee:** Chair: Dr. John Turner. This group is responsible for reviewing the annual meeting evaluations each year and working with the annual meeting program planning committee to ensure program evaluations reflect current content with an appropriate assessment of structural changes and comply with Accreditation Council for Continuing Medical Education (ACCME) requirements.
- **Pediatric Musculoskeletal and Sports Medicine Curriculum Subcommittee:** Chair: Dr. Kevin Walter. This group is responsible for developing musculoskeletal and sports medicine curriculum guidelines for pediatric residents. This group's goals are to finalize these curriculum guidelines, to request document endorsement by AMSSM and the American Academy of Pediatrics (AAP), to disseminate the document to pediatric residency programs throughout the U.S., and to begin dialogue with the ACGME's Review Committee for Pediatric Medicine (RC-PM) about the need for high quality musculoskeletal and sports medicine education to occur in all U.S. pediatric residency programs.
- **Online Clinical Cases Subcommittee:** Chair: Dr. Mike Henehan. This group's work is a collaborative effort in conjunction with the American Osteopathic Academy of Sports Medicine (AOASM). Their goal is to provide a readily available resource to AMSSM and AOASM members that can be freely accessed from an internet based library in order to maximize learning from clinical cases submitted and presented at the AMSSM and AOASM Annual Meetings.
- **Musculoskeletal Ultrasound Subcommittee:** Chair: Dr. Fred Brennan. This group is responsible for planning and implementing the musculoskeletal ultrasound pre-conference workshops at AMSSM Annual meetings as well as coordinating with approved regional providers for all musculoskeletal ultrasound CME courses co-sponsored by AMSSM.
- **Education for High School Coaches Subcommittee:** Chair: Dr. Monique Burton. Their goal is to develop educational materials and programs intended to increase the level of comfort and competence of high school coaches in providing first aid level response for student athletes; to improve high school coaches' understanding of how the sports medicine team cares for injured student athletes and prevents injuries; and to enhance coordination of the care of student athletes among high school coaches, athletic trainers and team physicians. It is hoped that educational content development and dissemination will be accomplished in collaboration with like minded organizations such as the American Orthopaedic Society for Sports Medicine (AOSSM) and the National Athletic Trainers' Association (NATA).

This is an open committee and new members are welcome. If you have any questions, comments, suggestions or would like to become an active participant, please contact Dr. Sean Bryan at education@amssm.org.

RESEARCH COMMITTEE

BY SUZANNE HECHT, MD, CHAIR

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Chairperson: Suzanne Hecht, MD

Vice Chair: Matthew Gammons, MD

Members: [AMSSM Research Committee](#)Mission: *The mission of the Research Committee is to stimulate interest in research among the Society's members by offering training in research methods to Fellows and Society members and to secure funding in support of research by Society members.***Research Committee Restructuring:**

On April 29, 2011 the AMSSM Board of Directors approved a recommendation from the Research Committee to organize the Research Committee into the following subcommittees each with an appointed subcommittee chair. Subcommittee chairs to be appointed by the Chair and Vice Chair of the Research Committee.

1. Research Education
2. Research Committee Website
3. Research Resources
4. Research Abstract Process/Scoring
5. Research Foundation Grants

The Research Committee met during the Annual Meeting in Salt Lake City on May 3, 2011 and began working in subcommittees. Subcommittees can further subdivide into working groups as determined by the subcommittee chair and will have conference calls every six to eight weeks with the entire subcommittee. All subcommittee Chairs will have regularly scheduled conference calls with the Chair and Vice Chair of the Research Committee. The Research Committee Chair will have responsibility for the Research Education, Research Committee Website and Research Foundation Grants subcommittees. The Research Committee Vice Chair will have responsibility for the Research Resources and Research Abstract Process/Scoring subcommittees. Subcommittee Chairs once appointed will need approval from the AMSSM Board of Directors.

- **Research Education**
 - o Fellowship education
 - a. Separate session at annual meeting for fellow's only; later deadline
 - b. Separate grant source for fellows from Foundation
 - o Annual Meeting
 - o Fellow's Research Conference
 - o Mentoring
- **Research Committee Website**
 - o Review Research Committee portion of the AMSSM website and improve the content and functionality.
- **Research Resources**
 - o Requests for membership participation in research
 - o Funding
 - o Services for members
 - a. Study design and stats consulting services for members
 - o Content for the website (i.e. update funding sources database, update journal lists, etc.)
- **Research Abstract Process/Scoring**
 - o Review the process
 - a. Submissions
 - b. Review
 - c. Selection
 - d. Notification
 - e. Feedback
 - f. Scoring/awards at Annual Meeting
 - o Develop a presentation with examples of how to score an abstract
 - o Research requests to AMSSM membership
 - a. Process

RESEARCH COMMITTEE

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- **Foundation Research Grants**
~Participation in this subcommittee will be by invitation of the Research Committee Chair.
 - o Submissions
 - o Review/Scoring
 - o Selection
 - o Notification
 - o Feedback
 - o Grant progress reports/grant extensions

Foundation Research Grant Awards 2011

- 18 grants submitted; 3 funded
- Greater than \$213,000 funding requested; \$50,000 awarded
- Winners:
 1. **Anthony Beutler, MD:** *"Randomized Controlled Trial of a Lower-Extremity Injury Prevention Program in U.S. Military Academy Cadets"*
 2. **Neeru Jayanthi, MD:** *"The Risks of Injury Related to Rapid Growth and Sports Specialization in Young Athletes"*
 3. **Ken Barnes, MD, MSc:** *"Influence of Concussion History on Cognitive Performance in College Student Athletes: A Cross-Sectional and Longitudinal Examination"*
- Research Grant Review Committee Members: Drs. Bill Dexter, Jon Drezner, Matthew Gammons, Paul Gubanich, Suzanne Hecht, Bob Kinningham and Jeff Tanji
- Due to increased numbers of grants submitted, the review process was modified, based on NIH review process, to have each grant assigned a primary reviewer and two secondary reviewers. Each grant was reviewed in detail, scored, and a funding recommendation was made by the primary and secondary reviewers prior to the committee's conference call. Grants falling below a threshold were not presented during the conference call. The remaining grants were then presented by the primary and secondary reviewers to the remainder of the committee for further discussion and funding recommendations.
- Formal feedback system instituted to provide the Principle Investigators with the committee's comments/feedback via e-mail using a pre-formatted letter that could be individualized to reflect the committee's feedback for each grant submission.

Annual Meeting Research Abstracts

- 74 submissions (record number!); 1 rejected for no data; 15 podium presentations and remainder posters
- 2 sessions (stand alone) at Annual Meeting: (with record attendance at both sessions)
 - Monday, May 2: 8:00 a.m. - 10:05 a.m.
 - Tuesday, May 3: 10:15 a.m. - 12:15 p.m.
- Research Award Winners
 1. Best Overall Research Award
 - a. **Alison Brooks, MD, MPH:** *"The Effect of Lace-Up Ankle Braces on Acute Ankle Injury in High School Basketball Players"*
 2. Harry Galanty Young Investigators Award
 - a. **Irfan Asif, MD:** *"Accuracy of ECG Interpretation in Competitive Athletes"*
 3. NCAA Research Award
 - a. **Kevin Waninger, MD, MS:** *"CA-MRSA Does Not Penetrate Wrestling Mats with Applied Force"*
- Special thanks to the Moderators and Panelists for the Research Sessions:
 1. Session 1:
 - Moderator: Dr. Suzanne Hecht
 - Panelists: Drs. Jim Puffer, Ashwin Rao and Morteza Khodae
 2. Session 2:
 - Moderator: Dr. Matt Gammons
 - Panelists: Drs. Jeff Tanji, Andy Nichols and Nick Edwards

- Review Committee:
 1. 25 Research Committee Members organized into six groups, each with a group leader. Each abstract was reviewed, scored and ranked by either eight or nine committee members. Groups were arranged to avoid conflicts of interest.
 2. Special thanks to: Drs. Alison Brooks (Group Leader), Dennis Wen, Andy Nichols, John Su, Dan Kraft (Group Leader), Dave Webner, Dave Berkoff, Kelsey Logan, Morteza Khodae (Group Leader), John Wilson, Paul Gubanich, Brent Messick, Ken Barnes (Group Leader), James Glazer, Amanda Weiss Kelly, Ashwin Rao, Nick Edwards, Anthony Beutler (Group Leader), Dave Bernhardt, Daniel Vigil, Dave Weldy, Bob Kinningham (Group Leader), Aaron Lear, Kevin Waninger and Andy Peterson. Also thanks to Dr. Matt Gammons for performing the statistical analysis of the scores and ranks.
 3. Implemented an on-line, real time, database to enter reviewer's scores/ranks and comments. This was done to avoid having to combine the individual reviewer's database entries file into one large spreadsheet thus saving time and minimizing mistakes during the transferring process.
 4. A formal, formatted e-mail feedback system was instituted to provide the authors of the abstracts not awarded a podium presentation slot with the committee's comments/feedback. Group leaders were responsible for sending out feedback.
 5. All abstracts accepted for podium or poster presentation were published in the March 2011 issue of CJSM.

Research Workshop for Sports Medicine Fellows

- July 22-24, 2011: The host site will be in Ann Arbor, Michigan with Dr. Bob Kinningham serving as the Research Workshop Course Director and Dr. Aaron Rubin as the STEM Course Director.
 1. The Research Workshop Faculty and STEM Course Faculty had an organizational meeting in Salt Lake City to finalize the details of the upcoming courses.
 2. Genzyme has renewed support of this conference with an unrestricted educational grant of \$28,000.
 3. DJ Ortho support of the STEM Course is pending.
 4. July 27-29, 2012: Host site is Philadelphia with Dr. Dave Webner serving as the Research Workshop Course Director and Dr. Aaron Rubin as the STEM Course Director.



AMSSM Foundation

The AMSSM Foundation is dedicated to the support and recognition of excellence in sports medicine education, research and scientific activities, while promoting opportunities for humanitarian outreach.

President's Report

Margot Putukian, MD

On behalf of AMSSM and the AMSSM Foundation, I'd like to thank retiring Foundation Board leaders Brian Halpern, MD; Doug McKeag, MD; and John Lombardo, MD, for their tireless service to AMSSM and the AMSSM Foundation. Brian, Doug and John have served on the Foundation Board since its inception, creating an avenue for members and corporate supporters to fund important research and educational initiatives of the Society and our members.



Thank you also to Jeff Rutan from Genzyme for his service as the most recent Corporate representative on the Foundation Board - and for his leadership of the Corporate Advisory Board.

The Foundation is pleased to report that \$196,000 has been raised from corporate supporters for 2011. That funding, coupled with gifts from member contributions and the \$35,000+ raised from the 1st Foundation Auction, will enable the Foundation to fund a number of programs. Some of those programs include:

- \$50,000 in support of AMSSM Foundation Research Grant Awards
- \$40,000 in support of Fellow member starter kits
- \$28,000 in support of the Research Workshop
- \$10,000 in support of the AMSSM Annual Meeting
- \$6,000 in support of research and resident awards and scholarships

We'd also like to announce that a humanitarian focus was added to the AMSSM Mission Statement. This will enable the Foundation to explore new ways for members to contribute financially and serve. More to come on that. . .

For 2010-11, 12% of our members donated to the Foundation. One example of how your support makes a difference is that as our Society grows, so does the quality of research grant applications. This past year, the Research Committee received \$231,000 in requests, but the Foundation was only able to fund \$50,000. By adding your name to the list of donors or stepping up your level of giving, you can help the Foundation increase its level of support to these and other important initiatives. You can make a donation on the AMSSM Foundation website.

Likewise, if you have a contact with a company that should be an AMSSM Foundation corporate sponsor, please forward the lead on to Executive Director, Jim Griffith, who will provide additional administrative support to the AMSSM Foundation (jgriffith@amssm.org).

Goin' Once, Goin' Twice, \$35,000+... SOLD!

Thanks to the generous support from donors and the hundreds of members who participated, the 1st Annual AMSSM Foundation Auction raised more than \$35,000 to support Foundation programs.

Thank you to Bob Dimeff, MD, and Craig Young, MD, who served as Co-Chairs for this inaugural event, held on Sunday, May 1, during the Annual Meeting in Salt Lake City. Thank you also to Tracy Ray, MD, who served as the auctioneer for the live portion of the Auction.

It's not too early to begin thinking about what item or package you, your team, univer-



(From left) Tracy Ray, MD, served as auctioneer, while Bob Dimeff, MD, and Craig Young, MD, co-chaired the 1st AMSSM Foundation Auction.

sity/company might donate for the 2012 Auction. For example, a donated autographed Chicago Bulls Derrick Rose jersey was a top seller this year. See the 2012 Annual Meeting web page for a copy of the [Prospective Donor letter](#) (that you an pass on to your employer, team, league, etc.) and

an [Auction Donation form](#). Top selling items this year included vacation home stays, golf packages, autographed jerseys/memorabilia and course registrations. Other popular items include I-Pads, E-Book readers, wine, jewelry and gift certificates.

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2011 Foundation Auction Donors (and Value of Gift)

Ty Wadsworth, MD	\$7,000	Mark Stovak, MD	\$100	Aaron Lee, DO	\$ 20
Nick Monson, DO	\$5,000	Wendell Becton, MD	\$ 20	Eric Lee, MD	\$ 20
Amy Powell, MD	\$1,200	Holly Benjamin, MD	\$ 20	Rob Miller, MD	\$ 20
Dave Cosca, MD	\$ 744	Sara Brown, MD	\$ 20	Deepak Patel, MD	\$ 20
Matt Gammons, MD	\$ 700	Becca Carl, MD	\$ 20	Cherise Russo, DO	\$ 20
Roger McCoy, MD	\$ 600	Matt Gimre, MD	\$ 20	Bob Strugala, MD	\$ 20
Craig Young, MD	\$ 535	Roy Henderson, MD, MPH	\$ 20	Poonam Thaker, MD	\$ 20
Ann Grooms, MD	\$ 400	Neeru Jayanthi, MD	\$ 20	Lori Turnock, DO	\$ 20
Suzanne Hecht, MD	\$ 135	Sashil Kapur, MD	\$ 20	Stephen Wielgus, MD	\$ 20

Other Auction donors included:

Kansas City Convention and Visitors Association; LA JW Marriott; LA Hollywood Renaissance; LA Westin Bonaventure; Atlanta Hyatt; San Diego Hyatt; Cancun Hilton; Las Vegas Aria; St. Louis Hyatt at Arch and STL CVA; Grand America Hotel, Salt Lake City; Hyatt National Sales; Arterioocyte; Takashi; Fleming's; Naked Fish; US Lacrosse; ImPACT; Salt Lake CVB; South Bend Sports Medicine Fellowship; Houston Hilton; SF Marriott Marquis; Phoenix Sheraton; Phoenix CVB; Nashville CVB; Nat. Procedures Institute; Andrews Institute; AthletiCo Physical Therapy* Occupational Therapy; Jim Griffith; MSKUS; Baltimore CVB; Ultimate Golf, Inc. & Oak Brook Golf Club; Chicago Sports Medicine Physicians; and Alta Lodge.

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NEW FOUNDATION BOARD

President Margot Putukian, MD	Board of Directors Kim Fagan, MD Karl Fields, MD Kim Harmon, MD Osric King, MD Craig Young, MD
Vice President Jeffrey Tanji, MD	Marje Albohm (Corporate)
Secretary/Treasurer Rob Johnson, MD	

2011 Research Grant Recipients

- **Anthony Beutler, MD**, "Randomized Controlled Trial of a Lower-Extremity Injury Prevention Program in U.S. Military Academy Cadets"
- **Neeru Jayanthi, MD**, "The Risks of Injury Related to Rapid Growth and Sports Specialization in Young Athletes"
- **Ken Barnes, MD**, "Effects of Concussions on Cognitive Function in Athletes"

2011 FOUNDATION SUPPORTERS

GOLD LEVEL



SILVER LEVEL



BRONZE LEVEL





FOUNDER IN THE SPOTLIGHT

James C. Puffer, MD

Written by Becca Carl, MD and Edited by Chad Asplund, MD



Dr. James (Jim) Puffer is one of the five founding members of AMSSM. He served as President from 1996 to 1997. Dr. Puffer recalls that the ‘founding five’ felt a need to foster interaction amongst those practicing primary care sports medicine. The Founders had the goal of promoting sports medicine education and research as well as mentoring young physicians interested in the field. Jim notes he is not surprised by the tremendous growth of

AMSSM and the increasing acceptance of the field of primary care sports medicine. He feels this consistent with the Founders’ original vision for the organization. In addition to being a founding member of AMSSM, Dr. Puffer has been very active in the American College of Sports Medicine (ACSM). He was elected Vice President of ACSM in 1998.

Dr. Puffer grew up in the small town of El Segundo, California. The town got its name because it was the site of the second refinery established by Standard Oil. Jim’s family had a special relationship with their family physician. This doctor cared for four generations of the Puffer family and delivered Jim, his father and his siblings. Jim attributes this special connection with his family doctor as a motivating factor for becoming a physician himself.

Dr. Puffer attended the University of California, Los Angeles (UCLA) where he played water polo. During his tenure, the team won two national championships. He continued to play water polo during medical school and residency at UCLA. As a fourth year medical student, Jim had the opportunity to be on the sidelines for the first football game of the season while on rotation with Dr. Todd Grant, the UCLA team orthopedist. Dr. Grant was impressed with Jim’s skill in caring for an athlete with exercise-induced bronchospasm and put him in charge of managing the athlete’s respiratory health for the remainder of the rotation. Dr. Grant subsequently asked Jim to help provide primary care medical coverage for the team. As Jim was getting ready to begin his family medicine residency, he expressed concern that he might not have the time for sports coverage.

Dr. Grant spoke with the family medicine residency director who granted permission for Jim to continue working with the UCLA teams. Dr. Puffer continued to see patients in Dr. Grant’s clinic during residency and remembers this as a “wonderful learning experience”. He became good friends with Dr. Grant and Dr. Gerry Finerman, another sports medicine orthopedist at UCLA. Jim counts these men as two of the physicians who influenced his career the most. They supported his desire to continue providing care to athletes at UCLA even though he didn’t want to be an orthopedic surgeon.

Following his family medicine residency, Dr. Puffer joined the faculty at UCLA and continued working as a team physician. The UCLA Orthopedic Department provided a very supportive environment for Dr. Puffer’s fledging career as a primary care sports medicine physician. There were many orthopedists outside of UCLA who didn’t appreciate all that a primary care physician could offer for the care of athletes.



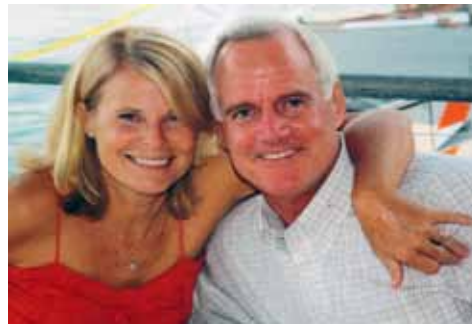
Dr. Puffer recalls within the orthopedic division of UCLA, there “weren’t many obstacles” to practicing primary care sports medicine. As recognition of the contribution by family medicine physicians to the field of sports medicine increased in the 1980’s, a need arose to formally train sports medicine providers. Dr. Puffer started one of the first primary care sports medicine fellowships at UCLA in 1986. As the nascent field of primary care sports medicine developed, Dr. Puffer recognized the need to cultivate young, talented research investigators thereby expanding the UCLA fellowship to offer an optional research year in 1989.

Dr. Puffer recalls there was an incredible demand for training in sports medicine. In order to help nurture the discipline, he and others felt it was important to develop a certification process to offer legitimacy to those trained in primary care sports medicine, to help future program directors develop a fellowship curriculum and to develop criteria and an evaluation tool to assess the soundness of fellowship education.

Along with other leaders in primary care sports medicine, Dr. Puffer contacted the head of the American Board of Family Medicine about developing a Certificate of Added Qualification (CAQ) in Sports Medicine. Dr. Puffer cites Dr. Don Kettlekamp, the head of the American Board of Orthopaedic Surgery, as a tremendous ally and a major driving force behind establishing the sports medicine CAQ.

In 2002, after 25 years, Dr. Puffer left UCLA to become the Executive Director of the American Board of Family Medicine (ABFM) in Lexington, Kentucky. This year, the ABFM and the Institute of Medicine (IOM) created the James Puffer MD/ABFM Fellowship to help develop the careers of future leaders in the field of family medicine. One ABFM Board member was quoted in the AAFP newsletter as follows, "The directors were especially pleased to name the fellowship for Jim Puffer, who shepherded the ABFM into the age of maintenance of certification and who is one of the specialty's strongest advocates for quality improvement."

Jim relates that he enjoys covering all sports. However, he feels a special connection to aquatics athletes. His involvement in water polo led to Jim becoming the physician for the U.S. National Water Polo Team. In 1984, he worked as a physician for the U.S. Olympic Team at the Sarajevo Olympics and was subsequently named the Head Team Physician for the 1988 Seoul Olympics. He also served on the Board of the U.S. Olympics Sports Medicine Society.



Dr. Puffer is appreciative of his incredibly supportive family members who have been a source of inspiration and happiness in his life including his

wife, Sheridan; his daughter, Jennifer; his son, Jon and Jon's wife, Ashley; and his son, Jeff and Jeff's wife, Jill.

He notes that his grandsons, RJ and Carson, have added a wonderful new perspective to their lives.



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FOUNDER IN THE SPOTLIGHT FAVORITES	
Favorite Color	Blue
Number	25
Food	I'll eat anything!
Drink	Gin - has to be Tanqueray and tonic with a lime
Vacation Spot	Catalina Island
Sports Team	UCLA Bruins
Sports	Jogging, skiing, golf and Masters water polo
Car	BMW
Music	Classical



When asked what advice he would give to medical students interested in becoming a primary care sports medicine physician, Jim noted that many doctors-in-training forgo acquiring primary care skills in favor of learning more about musculoskeletal medicine. He counsels trainees as follows:

"The best doctors to provide primary care to athletes are good primary care docs. Be the best primary care doctor you can be - everything else will come from that foundation."

Odds and Ends

Section Editor: Jeffrey Kreher, MD

CAQ RE-CERTIFICATION PRACTICE EXAM

The AMSSM is pleased to announce the CAQ Re-Certification Practice Exam is now available.

- Registration fee: \$100 if you are an AMSSM Member.
- Registration fee: \$500 if you are not an AMSSM Member.

To register, please log into the members area first.

Once you have registered, you will be able to access the test within 2-3 business days. To access the test, log into the members area, then click on "Testing" on the left navbar. Choose "Test Details" link under the Re-Certification Exam Prep and then choose "Take the Test".

The practice exam takes about four hours to complete but it is not timed. After completing the practice exam, you will receive immediate feedback on practice exam results and review questions and answers.

The practice exam will be available throughout the year except for a brief period in March 2012 to update the site.

[CAQ Re-Certification Practice Exam Registration](#)

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HOW TO GET INVOLVED WITH AMSSM

1. ATTEND THE ANNUAL MEETING

Attendance at the meeting can put a face on the names you see in the literature and put a face on your name as well. When in attendance, make a point of introducing yourself to the people around you and to the speakers.

2. JOIN A COMMITTEE

Committees are always looking for new people with energy and initiative to further the committee goals. Committee Chairs are listed on the website with an e-mail link. Also, if you attend the annual meeting, participate in the committee meeting to become known.

[AMSSM Committees](#)

3. JOIN THE LISTSERV

You may have expertise that can assist a colleague. You can reply to email on the listserv or you can contact the colleague directly.

[Sign up for the listserv \(Through Member Log-in\)](#)

4. JOIN US ON FACEBOOK

If you're a member of Facebook, search for AMSSM and join. The AMSSM page includes "Tips of the Day" and is used as an outreach tool to the public.

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UPCOMING CONFERENCES

 	<p>AMSSM/MAINE MEDICAL CENTER INTERMEDIATE/ADVANCED MSK ULTRASOUND JUNE 17-19, 2011 THE EASTLAND PARK HOTEL PORTLAND, MAINE Conference Details</p>
	<p>AMSSM RESEARCH WORKSHOP FOR SPORTS MEDICINE FELLOWS S.T.E.M. PRE-CONFERENCE JULY 22-24, 2011 HOLIDAY INN (Near the University) ANN ARBOR, MICHIGAN Conference Details</p>
 	<p>AMSSM/SPORTS CARE BASIC MUSCULOSKELETAL ULTRASOUND JULY 29-30, 2011 STAYBRIDGE SUITES TOLEDO, OHIO Conference Details</p>
	<p>2011 ADVANCED TEAM PHYSICIAN COURSE DECEMBER 1-4, 2011 WESTIN GASLAMP QUARTER SAN DIEGO, CALIFORNIA</p>
	 <p>AMSSM 21ST ANNUAL MEETING APRIL 21-25, 2012 HYATT REGENCY ATLANTA ATLANTA, GEORGIA</p>
	<p>2012 RESEARCH WORKSHOP FOR SPORTS MEDICINE FELLOWS JULY 27-29, 2012 PHILADELPHIA, PENNSYLVANIA</p>
	<p>AMSSM 22ND ANNUAL MEETING APRIL 17-21, 2013 MANCHESTER GRAND HYATT SAN DIEGO SAN DIEGO, CALIFORNIA</p> 
	<p>AMSSM 23RD ANNUAL MEETING APRIL 5-9, 2014 HYATT REGENCY NEW ORLEANS NEW ORLEANS, LOUISIANA</p> 

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