

NOVEMBER 2011

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AMSSM NEWS

Issues in Sports Medicine: PRO and CON

The Promise of Platelet Rich Plasma Therapy: PRO

By George Pujalte, MD

The use of autologous blood products such as PRP to facilitate early return to sport after musculoskeletal injuries is attracting increasing interest among athletes and sports physicians, based on the premise that endogenous growth factors can be introduced directly to injury sites.¹

Usual treatments for injuries appear not to alter inherent poor healing and often involve long-term palliation.² A meta-analysis of randomized controlled studies on physical therapy for epicondylitis showed that there is insufficient evidence of improved outcomes.³ Studies on commonly-injected corticosteroids suggest adverse side effects and structural changes in tendons.⁴ NSAIDs



commonly used for injuries carry long-term risks such as ulcers and kidney damage.⁵ PRP, as a treatment option, has become an attractive option that works on inherent healing and regeneration abilities.

PRP is believed to synergistically assist the inflammatory cascade and regenerative processes in healing

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AMSSM's Thematic Issue of BJSM

Chad Asplund, MD

Once yearly, AMSSM is invited to edit an issue of the British Journal of Sports Medicine (BJSM) as a way to highlight our members and promote the society. This year's thematic issue, "[Care of the Endurance Athlete](#)" was published in November 2011.

Dr. Chad Asplund of the Publications Committee served as guest editor and was responsible for directing content and layout of the issue. AMSSM president Dr. Cindy Chang co-authored the AMSSM Warm Up editorial,

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Collaborative Conference Regarding Sickle Cell Trait in the Athlete/Warrior

By Tracy L. Zaslów, MD

With greater testing for and identification of athletes/military personnel with Sickle Cell Trait (SCT), there are many new questions regarding training, mitigating risk, and imple-

menting the best treatment strategies for warrior/athletes with sickle cell trait. A joint conference was held on September 26, 2011 to address these

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PRP PRO

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ligament and tendon injuries.⁶

Although evidence is currently lacking, scientists continue to design studies to elucidate the processes that may lead to the relief of pain that patients have received from treatments.

Perhaps, scientific interest is driven by the fact that many high-level athletes have received this treatment and attest to its effectiveness. In February 2009, The New York Times featured the use of PRP to treat an injured Pittsburgh Steelers football player before the Superbowl and contributed to the increasing interest in PRP.⁷ Further athlete stories about PRP use have heightened awareness in medical and lay communities.

There are numerous animal studies, case reports, and case series attesting to the safe and efficacious use of PRP in a wide variety of fields, such as orthopedics, sports medicine, oral and maxillofacial surgery, otolaryngology, plastic surgery, and general surgery.⁸

Healing and increased strength has been shown to result after platelet-derived growth factor application in the early stages of animal acute medial collateral ligament injury.⁹

Porcine ACL suture repairs appeared to have earlier improvement in load to failure, maximum load, and stiffness, with PRP application.¹⁰ Platelet rich plasma applied in the initial stage of an injury has been shown to enhance collagen synthesis and increase the number of fibroblasts in tendon.¹¹ Increased collagen, glycosaminoglycans, and DNA content, improved collagen organization and metabolic activity, and higher load to failure and elastic modulus, have been shown after PRP application in equine studies of injuries 24 weeks out.¹² Growth factor synthesis within cultured human tendon cells has been demonstrated with PRP application, as well as increased angiogenic response and cellular proliferation.^{13,14}

Significantly increased tendon force to failure, stiffness, and ultimate stress has been shown to result after a single PRP injection in rat tendons in the early stages of healing.¹⁵ A case-controlled study of surgically repaired Achilles tendons showed that addition of PRP led to earlier return to normal ankle range of motion, gentle running, and sports.¹⁶

Although human randomized controlled trials have failed to show

benefit from PRP, it must be noted that the existing studies used single-application treatments. Typically in clinics where PRP has been used, it is unusual for only one injection to be given.

Three PRP injections 15 days apart used for tendinopathy have been shown to result in significant improvement of pain and physical function using the SF-36 and EQ-VAS health quality of life scales.¹⁷ Three PRP injections, with a rehabilitation protocol starting after the second and third injections, have been shown to lead to significant improvement in VAS scores and functional Tegner scores after 6 months.¹⁸ PRP delivered in 5 small depots into the tender symptomatic areas of medial or lateral epicondylar regions to treat wrist flexor or extensor tendinopathies resulted in significant improvements in visual analog pain scores at all follow-ups and significant improvement in Mayo elbow scores at 8 weeks and at greater than 12 months.¹⁹ A randomized controlled trial comparing single 1-mL PRP injections in multiple small depots in wrist extensor tendinopathy with

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Use of these images granted by Jim Johnson, MD.

PRP PRO

Continued from page 2

corticosteroid injections showed greater significant decreases in pain and improvement in function at 6 and 12 months in the PRP group.²⁰ A pilot study of PRP application in arthroscopic rotator cuff repair showed decreased VAS scores at 4 and 6 months and improved functional scores at 2-year followup.²¹ A case series in patients with chronic Achilles tendinopathy injected with PRP under ultrasound guidance resulted with improvement in Victorian Institute of Sports Assessment-Achilles and American Orthopaedic Foot and Ankle Society scale scores at 18 months of follow-up.²²

Pooled studies of all human clinical studies on PRP in ligament and tendon injuries show a side effect rate of only about 1.4%, although the rates varied widely between studies. The side effects measured, and how they were measured, also varied widely.²³ In all

of them, however, side effect rates were low which is another one of the “pros” of trying PRP.

Because PRP is prepared from autologous blood, concerns about immunogenic reactions or disease transfer are virtually non-existent.⁵ Hyperplasia, carcinogenesis, or tumor growth has never been shown to result from PRP treatment.²⁴ Stem cells are thought to probably be superior to PRP, but PRP can be prepared at the time of care, simply and relatively inexpensively, whereas gathering stem cells involves a long, expensive, complicated process.⁸

While the correct preparations, sites, and timing for PRP injections continue to be elucidated, the evidence we have at this time indicates that elements of PRP may have clinically useful effects on healing. Its use to specifically target a presumed area of abnormal healing response in chronic ligament and tendon injuries may be more

effective than current more popular nonsurgical treatments.²³ In chronic injuries, it appears that selective growth factors could potentially enhance healing or alter pain perception.¹

PRP injections/applications remain a promising form of treatment. While needing further investigation with regard to effective volume, preparation, technique, timing, and number of applications, the potential benefits, along with possibly lesser risks and costs, makes PRP a promising treatment alternative.⁵

Admittedly, there are few controlled trials. However, the fact that more studies need to be done need not dissuade sports physicians from considering PRP as an option for their patients. Instead it should encourage them perhaps to try to contribute more to the existing body of knowledge regarding this treatment option. □

[PRP: PRO/CON REFERENCES](#)

Issues in Sports Medicine: PRO and CON

The Promise of Platelet Rich Plasma: CON

By Thad Barkdull, MD

I'd like to begin by pointing out that while fascinated by the potential for accelerating healing in non-surgical orthopedic injuries, I am a relative novice to the application of prolotherapy and use of platelet-rich plasma (PRP). I chose to write this perspective because I find that by playing the devil's advocate, I'm often able to better appreciate the merits of a perspective. So with that in mind, I'd like to discuss why we should be skeptical about the true benefit of these therapies in treating our patients.

First of all, it is important to understand at least the basic concept of why these therapies are theorized to provide benefit. Platelets, derived from megakaryocytes, contain an abundance of an organelle called an

α -granule. These granules contain an abundance of chemical factors, including growth factors, and thus are surmised to be at least one of the major contributors to the “healing” factors contained in PRP therapy.¹

By concentrating platelets and the contained healing factors within at the site of injury, researchers have hypothesized that an accelerated healing process should occur. One initially is intrigued by the notion that where a little is good, a lot must be even better. Yet we have little understanding of what occurs at the cellular level in this process and whether massing a concentrated bolus of PRP actually results in an accelerated healing event. For example, Milovanovich and colleagues² noted that p-selectin, a

marker for α -granule concentration, was found in higher concentration in low-density platelets. This suggests that concentrating platelets may actually diminish the overall concentration of the very factors we are attempting to mass at the site of injury.

Additionally, there is still little understanding of the physiological cascade which occurs during the healing of soft tissues. We do not know for sure what impact a large influx of growth factors has on an injury site and whether this will instigate a regenerative or fibrotic process.³ As an analogy, we may theorize that having more workers at a construction site will accelerate the process of completing the project. However, an over-

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PRP CON

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abundance of bricklayers at a time when the focus is the installation of the electrical wiring will only succeed in congesting the workplace or causing an extra chimney to be installed where one had hoped to have a circuit breaker. It may be more complicated than just bringing to bear a higher concentration of growth factors, and in some cases, research suggests that higher concentrations may even reverse the desired effects.⁴

At this time, there is a paucity of well-designed, double blinded prospective trials that show a demonstrable efficacy in the use of PRP.⁵ While the potential benefits of accelerating

the healing process are extensive, there are many questions left to be answered before advocating PRP as an acceptable therapy. What is the ideal concentration of growth factors? Is there a need to remove leukocytes that might have a cytotoxic effect? Should anesthesia or other medications that may affect the pH of the healing environment be used in conjunction with these medications? Is there a time window after injury when PRP will be efficacious or better yet, a time limit when it won't be effective and could be deleterious? Are different protocols appropriate for different soft tissues (tendon vs. ligament, large structure vs. small, severity of injury)?

The future for PRP is bright. There

is early research, though not of ideal design, which suggests this will be a useful modality for practitioners and their patients. However, caution and restraint should continue to be maintained. Funding should be directed at studies that provide reproducible precision in the concentration of PRP, standardized instruments which diagnose the severity of injury and quantitatively assess therapeutic response, and accurate assessment of the physiologic effect of PRP at the site of injury, as well as continued observation for potential adverse effects. Until then, PRP still represents an unproven therapy and should be approached with that in consideration. □

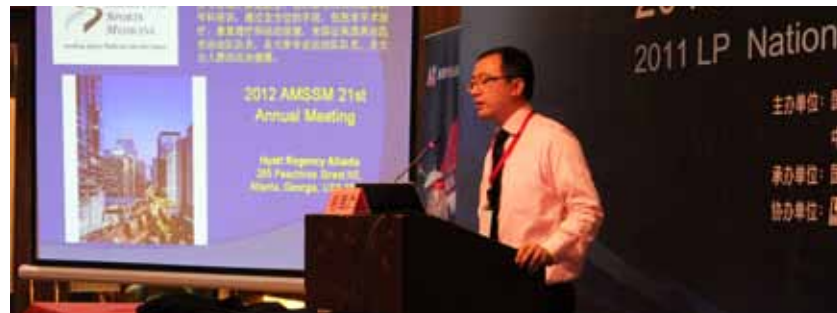
[PRP: PRO/CON REFERENCES](#)

AMSSM Member, Dr. Henry Mao, Speaks at Chinese Sports Medicine Conference

By Adam Perrin, MD

Henry Mao, MD, a sports medicine physician with Indiana University Health Physicians and an Assistant Clinical Professor of Family Medicine at Indiana University, was invited to speak at the 3rd Annual Chinese National Sports Medicine and Arthroscopy Conference, held in Xi'an, China September 22-25.

This was the first time an AMSSM member has presented a talk at a national sports medicine meeting in China. Dr. Mao's presentation was on Sideline Management, with his target audience being Chinese National Team physicians. His talk was a key component of the National Team Physician Training Course segment of the Conference. According to Dr. Mao, there were approximately 500 attendees, comprised of national and local sports medicine physicians, orthopedic surgeons, physiatrists and basic science researchers. The international panel of guest lecturers included Dr. Freddie Fu, Chairman, Department of Orthopaedic Surgery,



University of Pittsburgh, who spoke on "Anatomic ACL Reconstruction: A Changing Paradigm" and Dr. Fabio Pigozzi, President, International Federation of Sports Medicine (FIMS), who spoke on "Current Developments in Sports Medicine: An Insight from FIMS".

Dr. Mao had the following insights to offer at Meeting's conclusion: "Currently Chinese arthroscopic surgeon's techniques and mindset are very up-to-date. Many of them trained in the U.S. over the past 10 years. However, not many attendees knew much about the primary care sports medicine specialty. In the near future, a lot of effort will be focused

on injury prevention, diagnosis, nonsurgical treatment of sports injuries and sideline management training. The president of the Chinese Sports Medicine Society, Dr. Guopin Li, told me that he would like to have more collaboration with AMSSM and invite more physicians from the U.S. to come to China to help train Chinese team physicians." Of note is that aside from the above effort Dr. Mao works with the NFL office in China.

Overall Dr. Mao reports having a great experience and hopes to be part of future collaborative projects between AMSSM and other international sports medicine organizations. □

Team Physician and Travel

Lauren Simon MD, MPH

Do you ever wonder how your colleagues are addressing issues about malpractice coverage, medication and equipment transport, and contingency planning when traveling with teams across state or country borders?

This new section of the newsletter will explore issues related to traveling with teams, identifying and discussing issues that may affect all teams and some that are specific to certain age groups or sport levels. Some of the topics to be covered include Drug Enforcement Agency (DEA) issues, malpractice coverage, traveling with minors, contingency planning for morbidity and mortality, nutrition and hydration, infection control, and ethical issues about scope of practice when traveling.

Sports Medicine Physicians and the DEA

By Suraj Achar, MD

In July 2010, the DEA started an investigation of a number of sports medical doctors in San Diego, CA. The investigation was started after the DEA learned several sports doctors caring for professional athletes in San Diego, CA, were writing controlled drug prescriptions to themselves or to their business. The investigators admitted that the doctors were not attempting to write controlled medications for themselves, but were instead filling their travel medical bags for use for their players when traveling to other states or in one case other countries.

Unlike most physicians, sports doctors travel with their players to states and countries outside where they are licensed to practice medicine. Their players, coaches, and team members may suffer injuries and require treatment for travel related insomnia and anxiety, which may require treatment with controlled medications.

Are there limitations to the prescribing, dispensing, and administering controlled medications outside of the state of license? Are there limitations of traveling outside of the state with controlled medications in the medical bag? What consequence can occur for physicians who care for athletes and want to use controlled medications outside of their state of license?

The office of Diversion Control at the U.S. Department of Justice Drug Enforcement has some answers to these questions.

In the section 1300 (35), the term “prescription means an order for medication which is dispensed to or for an ultimate user”. Thus, sports physicians are precluded from prescribing to themselves to obtain controlled medications to dispense or administer to their athletes. Outside of the office(s) of record where the physician is registered with the DEA, no controlled medication can be dispensed. Section 1301.12 notes that physicians must maintain a separate registration at each professional place where controlled substances are dispensed.

Sports physicians are not just regulated by the DEA but also by laws specific to their states. In California health and safety code 11352, transporting a controlled substance across state lines is a crime punishable by up to 5 years in prison. Patients can transport medications as prescribed by their physicians. Physicians who transport medications across state lines to administer and/or dispense to athletes, coaches, and trainers may be violating numerous state and federal laws.

Physicians who travel outside of the country are specifically regulated by title 21 of the Food and Drug Act, part 1312: Importation and exportation of

controlled substances. This law specifically prohibits carrying any narcotics or non-narcotic controlled substances out of the country without separate authorization or permit. The FDA can prosecute physicians and remove their DEA registrations in Federal court if they import or export controlled substances without a permit. Permits are generally given to manufactures of controlled substances, not physicians.

Ultimately sports physicians in the United States do not have legal authority to prescribe controlled substances outside of their states of licensure. Outside the address recorded in the DEA registration(s), they cannot administer or dispense controlled medications. They also should not carry controlled medications across state lines or international boundaries. Team physicians thus are in a bind. Owners, coaches and players do not want the opposing team physician to diagnose and treat them when they have their own physicians traveling with them. They may be worried that the doctor patient relationship may be compromised. They also may have a personal relationship with the traveling team physician who knows their history. However, when it comes to controlled medications their team physicians are very limited when they are away from their home state and facilities. □

Celebrating 20 Years of AMSSM: Honoring Our Founders In Memoriam

Elizabeth Gallup, MD, JD, MBA

1956 - 2010

By Sandeep Johar, MD



Dr. Gallup was born on October 9, 1956, in Ft. Leavenworth, KS. She graduated Magna Cum Laude from University of Toledo with a degree in

biology and then completed medical school at The Ohio State University. She then went on to complete law school from the University of Toledo School of Law in August of 1986 while continuously practicing family medicine in northwest Ohio. Dr. Gallup then moved to Kansas City and started Community Health Partners in 1997, a physician-owned, physician-governed organization. She then went on to

earn her MBA degree at the University of South Florida in 1997.

Dr. Gallup completed her internship at Medical College of Ohio and then went on to complete a residency in family medicine at Flower Hospital in Sylvania, OH in 1984. She was the Medical Director of the Glenwood Nursing Home and Northwestern Ohio Family Planning Center in Defiance, OH from 1984-1989. During the same time she was a family practitioner at the Defiance Clinic. From 2000 onwards she was the Associate Medical Director at Radiant Research in Overland Park, KS.

Dr. Gallup served on multiple medical committees and advisory boards during her time. She was involved in

numerous research studies and has been an editor and author of multiple textbooks, chapters, columns, and articles. She was awarded "Outstanding Young Women in America and Defiance" in 1984 and "The Emerging Leader in Healthcare" by Korn/Ferry International at the Healthcare Forum in 1995.

During Hurricane Katrina she went to Mississippi and spent months in the area giving free health care and doing everything she could, at great physical, financial, and emotional cost to herself. Dr. Gallup died on February 6, 2010. The screensaver on her computer summarizes her wish for everyone, "May your heart be full of love, may your life be full of space, may your time be full of peace."

David Hough, MD

1946 - 1996

By Chad Asplund, MD



David Hough, MD died in 1996, but left a legacy as a pioneer of sports medicine. Together with Doug McKeag he started the Michigan State University Sports Medicine Program in 1976, which included one of the first fellowship programs to

advance primary care sports medicine education. Along with Drs. McKeag, Lombardo, Puffer and Rice, Dr. Hough was one of the "founding five" members of the AMSSM whose vision and forward thinking resulted in our Society.

During his tenure at MSU, he served as Clinical Family Practice Director, MSU team physician, and professor for many courses in the College of Human Medicine. According to his wife Jill, Dave absolutely loved working with the athletic trainers and

medical staffs, especially watching young physicians grow into confident doctors and student athletic trainers develop expertise in the care and prevention of injuries.

His pioneering application of the principles of family medicine to the field of sports medicine was nationally recognized for its creativity and innovation. He is remembered as an excellent clinician, a true friend to the sports medicine community and a visionary of primary care sports medicine.

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IN MEMORIAM*Continued from page 6***Robert “Bob” Murphy, MD**

1923 - 2003

By Jeff Kreher, MD

Dr. Bob Murphy, an internist and World War II Army veteran at Walter Reed Hospital, also served as Head Team Physician for the Ohio State Department of Athletics from 1951 to 1989. Dr. Bob was a pioneer in the sports medicine field and was nationally recognized for his work with fluid replacement in the treatment of heat-related fatigue. He published leading articles during his life within JAMA in 1965 and AJSM in 1984. Ohio State became a pioneer in heat ailment prevention in the 1950s

and '60s under the leadership of Dr. Murphy, then-Chief Physician for the OSU Athletic Department. He served on the Big Ten Physicians Committee from 1960 to 1993 and was a recipient of the “Alumni Achievement Award” from OSU in 1971.

During his 41 years, Dr. Bob was a friend and confidant to countless Ohio State athletes. He was well-known for his energy, enthusiasm, love of family and esteem for friendship. Among his many awards, he received “The Woody Hayes Award” from the



Touchdown Club of Columbus, Honorary Varsity “O” membership, inducted into The Ohio State University Sports Hall of Fame and received the “President’s Challenge Award” from the National Athletic Trainers Association. Dr. Murphy died on August 23, 2003.

Richard Strauss, MD

1938 - 2005

Christopher Gee, MD

Dr. Strauss had a deep love for the ocean and found ways to enjoy it in his personal and professional life. He graduated from medical school in

1964 and subsequently served in the US Navy for four years as a Diving Medical Officer on a nuclear submarine. Following his military service, he completed postgraduate work in pulmonary physiology and then joined the Hyperbaric Research Team at the University of Pennsylvania School of Medicine. He completed his residency in Internal Medicine at Rutgers

University in 1975. While working as a pulmonary fellow in Boston in the late 1970’s, he served as team physician for Harvard University and completed a sports medicine fellowship with Dr. Lyle Micheli, an orthopedic surgeon.

Dr. Strauss served as Editor-in-Chief for *The Physician and Sports Medicine* from 1986 to 1998. During that time he was a faculty member in the Department of Preventative Medicine and Internal Medicine at The Ohio State University. Over the course of his career, he also served as Vice-President of ACSM, team physician for Ohio State University, US Wrestling Team physician and as a member of the medical commission of the Inter-

national Olympic Committee.

He wrote several articles and books, and his professional interests included decompression sickness, exercise-induced asthma, drug use in sports, and weight loss in wrestlers. Although he retired in 1998, he continued to volunteer at a medical clinic near Hermosa Beach that treated an underserved population.

Throughout his life and career, Dr. Strauss encouraged the involvement of internists in sports medicine and loved to teach young physicians in sports medicine. Dr. Strauss died on August 17, 2005 near his home in Venice Beach, CA, but his influence on sports medicine continues.

BJSM

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highlighting the issue and promoting the AMSSM annual meeting.

AMSSM member Dr. Michael Ross, also a professional photographer, provided the cover art, while members Drs. Scott Marr, Tony Islas, and George Wortley provided invited editorials describing the unique aspects of ultra-endurance athletes and triathletes. Dr. Asplund and AMSSM past-president Dr. Fran O'Connor, as well as Dr. Timothy Noakes, wrote an evidence-based review on exercise associated collapse, better defining the mechanism of collapse in endurance

athletes with an evidence-based management algorithm. The other articles in the issue challenged the myth that dehydration is the cause of collapse and or decreased performance in endurance athletes and demonstrated that drinking “ad libitum” during exercise is sufficient.

Drs. Chang and Asplund, along with BJSM editor (and friend of AMSSM) Dr. Karim Khan, recorded a pod-cast, which highlights the issue, AMSSM's achievements, and promotes the 2012 annual meeting in Atlanta. We encourage all members to check out the pod-cast and the issue on BJSM's web site accessed through the AMSSM member's area. □

**SICKLE CELL TRAIT**

Continued from page 1

issues. Dr. Francis O'Connor, one of the conference coordinators, shared his enthusiasm about the collaboration: “We were extremely fortunate to have some of the leading thought leaders in the world on SCT at our meeting....a virtual dream team.” The conference involved representatives from the Uniformed Services University Consortium for Health and Military Performance (CHAMP), American College of Sports Medicine (ACSM) and American Medical Society for Sports Medicine (AMSSM) who reviewed:

- Recent military/athletic training fatalities in warrior/athletes with SCT.
- Current military and civilian policies regarding screening and training relating to warrior/athletes with SCT.

“I think the broad representation of specialties really helped move our understanding forward” commented Dr. Kim Harmon, a conference leader, regarding success of this collaboration. Attendees worked to develop new clinical guidelines to improve the care of SCT positive warrior/athletes which included:

- Identifying signs and emergent treatment strategies for a warrior/athlete suspected to have sickle cell collapse.
- Return-to-duty/play guidelines for SCT positive warrior/athletes who sustain an exertional heat injury or rhabdomyolysis event.

In addition, to better improve the understanding of the best diagnosis, management, and prevention strategies; short- and long-term field and

laboratory research priorities and related funding strategies were discussed. Another goal for this research is to help determine whether SCT is an independent risk factor for injury during high-intensity physical activity and/or exercise in the heat.

Overall, Dr. Harmon considered “the conference to be extremely productive, with input from a heterogeneous group of people.” “There clearly are more questions than answers when it comes to exertional collapse associated with sickle trait,” said Dr. O'Connor. But, Dr. O'Connor and the collaborators “look forward to sharing many of the lessons learned on this “tricky area” at the upcoming AMSSM meeting in Atlanta.” □

Drawing the Line | Litigation

Medicine vs. The Practice of Medicine

By Michael Pitzer, MD

In this era, few people are surprised by judicious injunctions in medicine, sports medicine included. One interesting case between the FDA and Regenerative Sciences LLC in Colorado involves the FDA's scrutiny of Regenerative's novel stem cell and tissue procedures and the compliance of these novel procedures with the Food, Drug, and Cosmetic Act (FDCA) and the Public Health Service Act (PHSA). This case will likely have a major impact on the future of innovation in sports medicine. The point of contention centers around the exhaustive approval requirements set forth by the FDCA and Section 351 of the PHSA for drug and biologic products. Which therapies fall under the jurisdiction of these far-reaching regulations? The FDA contends that the Regenerative procedures do. Regenerative Sciences LLC contends that their product simply manipulates human cells from a patient under treatment, which falls under the less cumbersome requirements set forth in Section 361 of the PHSA. It might even be outside the realm of FDA regulation, if they can show that they are "simply practicing medicine," which is something that State Boards regulate, not the FDA.

The controversy started in July 2008 for a procedure called Regenexx™. In the procedure, physicians from Regenerative take bone marrow or synovial fluid and blood from a patient. At a nearby lab, mesenchymal stem cells are isolated from the bone marrow or synovial fluid and are expanded in culture using growth factors from the patient's blood. The cells are combined with drug products, such as doxycycline, and are then injected back into the patient. Regenerative has used this treatment on orthopedic

conditions including osteoarthritis, non-healing bone fractures, avascular necrosis, and bulging lumbar discs.

The FDA argues that the Regenerative therapy involves a drug or biologic product that must comply with approval requirements set forth by the FDCA and Section 351 of the PHSA. Regenerative contends that they are working with a human cell, tissue, and cellular- or tissue-based product (HCT/P) that is subject to the less cumbersome requirements set regulated by Section 361 of the PHSA. Regenerative also contends that its activities fall within the "practice of medicine" and are thus outside the scope of the FDA's regulatory authority, as already mentioned. In essence, both sides are trying to draw the line at where a medical procedure becomes the manufacturing of a drug or biologic product regulated by the FDA. If the product is regulated by the FDA, how much jurisdiction does the FDA have?

The issue has gone to court, with both the FDA and Regenerative Sciences LLC bringing litigation against the other. Currently, the process is hung on the definitions of "drug," "biologic product," "device," and "HCT/Ps." Moreover, the court is concerned with the degree of cell manipulation, whether the product is intended for homologous function, combination of the product with non-cellular or non-tissue components, and the overall effect of the product and how it works with the body's metabolic function. A complicated task for the court, to say the least.

This short article does not intend to cover all the issues involved in the case or leading up to the case — there are too many. Regardless of

the outcome, this case will have a huge impact on the large number of innovators involved in developing these novel therapies. The burden of compliance with approval requirements set forth by the FDCA and Section 351 of the PHSA may discourage future development. On the other hand, there will be opportunities in the stem cell industry for those who are prepared to work in the resulting environment. □

Information for this article was taken from:

Onel, S., Hinckle, M.H., Nobert, K.M. Legal Insight. Cultured Stem Cells for Autologous Use: Practice of Medicine or FDA Regulated Drug and Biologic Product? Sept 14, 2011. www.klgates.com

Landmon, C., Rahemba, T. Law360. Innovation v. Premarketing Approval. www.law360.com

2011 AMSSM Publications

- **5 Minute Sports Medicine Consult, Second Edition:**

Bracker, Mark D; Achar, Suraj A; Pana, Andrea L; Taylor, Kenneth S. et al. 2011. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins

- **ADHD Position Paper:**

- Attention Deficit Hyperactivity Disorder and the Athlete: An American Medical Society for Sports Medicine Position Statement, Putukian, Margot, Kreher, Jeffrey B, Coppel, David B, Glazer, James L, McKeag, Douglas B, White, Russell D, *Clinical Journal of Sports Medicine*. 21(5):392-400, September 2011.

- **AFP:**

- Exercise-induced Bronchoconstriction: Diagnosis and Management, August 15, 2011, Krafczyk, Mike and Asplund, Chad.

- **BJSM:**

- Care of the Endurance Athlete: Promotion, Perception, Performance and Professionalism, Nov 2011; 45: 1083-1084, Asplund, Chad and Chang, Cindy J.

- The Problem with Ultraendurance Athletes, Nov 2011; 45: 1085, Wortley, George and Islas, Arthur A

- Care of the Multisport Athlete: Lessons from Goldilocks, Nov 2011; 45: 1086-1087, Marr, David Scott

-Exercise Associated Collapse: An Evidence-based Review and Primer for Clinicians, Nov 2011; 45: 1157-1162, Asplund, Chad, O'Connor, Francis G, Noakes, Tim D.

- **IJATT:**

- Evolution of Soccer Shoe Design, May 2011, 16(3), Hilgers, Marc P. and Walther, Markus

- Fungal Lung Infection in a Collegiate Football Player, July 2011, 16(4), McCloskey, Carie and Hosey, Robert G.

Note from the Editor

As we end the 20th Anniversary year of AMSSM, we have included the bios of four of our Founders in who are no longer with us but continue to live through those in the organization they inspired as well as in the values and ideology of our organization. For this issue's "Founder in the Spotlight", Dr. Lee Rice is our subject; he was one of the "gang of five" that dreamed up the idea of AMSSM.

In the AMSSM News section we are continuing with the inclusion of a "Pro" and "Con" article on a current sports medicine topic with this edition's topic being PRP. In addition to this, we are also starting a series on Travel and the Team Physician with our first segment on the DEA and the Team Physician. In the February Sideline Report, we plan to continue this series as well as start a series on Common Billing and Coding Questions in Sports Medicine.

The articles of the Sideline Report are written by Publications Committee members, but we are open to guest writers. Please feel free to contact us if you have ideas for any section of the newsletter or would like to contribute by writing an article.

Members can email ideas or feedback to publications@amssm.org
Andrea L. Pana, MD, MPH

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A quarterly publication published by AMSSM

Submission Dates

January 1

April 30

July 1

October 1

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

Delivering Value Critical to AMSSM's Success



AMSSM was formed in 1991 to fill a void that existed in sports medicine from its earliest beginnings. The Founders sought to fill a gap that existed

for primary care non-surgical sports medicine physicians. Twenty years later, with a membership of more than 2,000, AMSSM has succeeded at meeting this important need.

As we begin to chart the course for the next 20 years, we realize that delivering value will be critical to AMSSM's future success.

Current and future programs, activities and initiatives must be carefully evaluated to ensure that they are delivering value. This fall, members were invited to provide feedback via a Membership Needs Survey. The results of this survey will help guide the Board's planning efforts this fall. The Board and staff will be able to objectively look at the importance and value members place on AMSSM's programs compared to how we are doing at delivering on them. The survey and planning session will be key to help better assess value and adjust programs/services to meet member needs.

AMSSM has grown exponentially in recent years. It will be important that we consider each segment of the membership as new programs and activities are evaluated. Among the new initiatives underway or soon to be rolled out:

- **Bookstore and Intellectual Property** – AMSSM has partnered with Healthy Learning to provide an online

bookstore, onsite bookstore at Annual Meetings, an expanded line of wearable products and video recordings of content during our Annual Meetings. This partnership will also enable AMSSM to expand our reach, providing a more visible outlet for enhancing the AMSSM brand. We envision future book projects, monographs, videos and more to come from this partnership.

- **Tracking Legislation** – AMSSM has contracted with a service that will help the Practice and Policy Committee better track state-by-state legislation impacting our membership. It will allow AMSSM to be more proactive in efforts to affect legislation, determine where testimony is needed and help our committee leaders identify opportunities where AMSSM can serve as a resource for legislators and their staffs.

- **Career Center** – AMSSM has also contracted with Boxwood Technologies to develop a robust online AMSSM Career Center. The job bank/resume center will be connected to a national health care network and a sports network that will be anchored by the NCAA. The Career Center will provide the framework to help increase the number of jobs being posted through AMSSM and expand the number of views members' resumes receive from relevant employers.

- **Fellowship Fair** – Based on feedback from residents in Salt Lake City and feedback from residency directors, AMSSM will host a Fellowship Fair for the first time during the 2012

Annual Meeting in Atlanta, GA. The Fellowship Fair will provide students and residents a chance to interact with fellowship programs on Tuesday, April 24.

- **CME Certificate Tracking** – A new function has been added to the website that will enable you to print certificates from CME received through AMSSM. This members-only feature will maintain a record of the AMSSM meetings that you attend (including attendance at Annual Meetings, MSK Ultrasound courses and future courses that will be offered by AMSSM).

- **ECG Interpretation in Athletes** – This exciting new initiative will provide an online training program for sports medicine physicians around the world, broadening AMSSM's global reach. AMSSM was highlighted, along with the planned program, in the Aug. 22 issue of the [Wall Street Journal](#) (see [PRESIDENTIAL CORNER](#) for more information).

Undoubtedly more initiatives, programs and activities will be considered as the Board reviews the results of the 2011 Membership Needs Survey and develops goals and objectives geared towards better meeting member needs.

I welcome your feedback and suggestions regarding how we can best deliver value as a Society. Feel free to contact me anytime at jgriffith@amssm.org. □

The World of Sports Medicine

ACSM and Sanford Health: National Youth Sports Health & Safety Institute Launched in Washington, D.C.

Verle Valentine, MD

On September 15, The American College of Sports Medicine and Sanford Health announced their partnership to establish the National Youth Sports Health & Safety Institute (NYSHSI). The Institute aims to be a recognized national leader and advocate for developing, advancing, and disseminating comprehensive research, education, recommendations, guidelines, and policy regarding youth sports. "This new institute will support youth athletics while also creating guidelines to protect their health and safety," said Michael F. Bergeron, PhD, who will serve as executive director of the new NYSHSI. The Institute will initially focus on four key areas in youth sports:

- Mild traumatic brain injury/concussion
- Heat illness and injury
- Overuse/overload and injury risk
- Unique clinical conditions in youth athletes (e.g. Type 1 diabetes, eating disorders, sickle cell trait, etc.)

Visit www.nyshsi.org to learn more about this initiative.

The Canadian Academy of Sport and Exercise Medicine Releases Position Statement on Abuse, Harassment, and Bullying in Sport

Michael Krafczyk, MD

In the September 2011 issue of the Clinical Journal of Sport Medicine, the Canadian Academy of Sport and Exercise Medicine published their position on Abuse, Harassment, and Bullying in Sport. The position statement discusses the recent emergence of reported cases in Canadian sports. The organization felt the need to support safe and healthy environments for sports participation.

The position statement reviews the definitions of abuse, harassment, and bullying. In addition, it reviews prior research on these issues, identifies risk factors, and discusses common signs and symptoms. The recommendations are for sports medicine professionals to play an increased role in prevention and intervention in suspected cases. Information from previously published suggestions and expert opinion were used to guide the sports medicine professional in this role. Points on how to protect athletes from abuse, harassment and bullying are given as well as what to do if a case is suspected or disclosed. More information can be found at:

[CASEM Position Paper: Abuse, Harassment, and Bullying in Sport](#)

ARDMS to Offer a Musculoskeletal Sonography Credentialing Exam in 2012

Marjorie Delo, MD

The American Registry for Diagnostic Medical Sonography is a certifying body which administers examinations towards sonography credentialing. ARDMS is credentialed by the American National Standards Institute (ANSI). Due to the expansion of musculoskeletal ultrasound, the ARDMS performed a Needs Analysis Study, which confirmed the need for credentialing in this area of sonography. A pilot exam is scheduled for early 2012, with the final new exam scheduled for late 2012. The content outline of the exam has been released, including the topics covered as well as the anatomical areas represented. Topics include anatomy and physiology, pathology, protocols, physics, and patient care. Anatomic areas include joint as well as soft tissue. The certification will be entitled "RMSK: Registered in Musculoskeletal Sonography." Further information can be found on the website www.ardms.org.

[ARDMS: RMSK™ Credential Information](#)

CDC Releases Online Training Tool to Educate Healthcare Providers about Concussion in Sports

Kevin E. Burroughs, MD

Three AMSSM leaders were involved in the development of the "Heads Up to Clinicians: Addressing Concussion in Sports Among Kids and Teens," a free online training program released October 6, 2011 by the Centers for Disease Control and Prevention (CDC). The program was supported by the National Football League (NFL) and the CDC Foundation. The training tool will provide healthcare professionals with information they need to assist in the recognition and management of concussions in young athletes. AMSSM Members who played a role in the development of the program were Andrew Gregory, MD; Margot Putukian, MD; and Stan Herring, MD.

Visit www.preventingconcussions.org to review the release.

News from the Board



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PRESIDENTIAL CORNER



To the AMSSM Membership:

I hope that all of you are enjoying the fall season, whether that means you've been bundling up for chilly football game coverage, raking up the beautiful autumn leaves, or preparing for the onslaught of Halloween trick o' treaters!

Your Board of Directors has been busy this fall as well; Executive Director Jim Griffith has outlined many exciting new initiatives that will not only benefit our members, but our colleagues and the public as well. Please don't miss his column!

I would like to share some additional important updates:

AMSSM Board Meeting

The Board is preparing for our upcoming Board meeting at our AMSSM headquarters in Kansas City on November 18th. On part of that day, we will also be holding a Strategic Planning meeting, where we will identify and prioritize our upcoming goals for AMSSM. Our facilitator will be Dave Fellers, who has served as CEO of several large physician associations, and is currently a consultant for several organizations, including STFM. We are also fortunate that additional insight and perspective will be shared at our meeting by Dr. James Puffer, Founder and Past President of AMSSM, and current President and CEO of ABFM, and Dr. Kim Harmon, a Past President of AMSSM, and Fellowship Director and Team Physician at the University of Washington.

Task Force on Sports Medicine Quality Measures

The AMSSM Task Force on Sports Medicine Quality Measures, led by Dr. Jim Bryan, is busy reviewing almost 2000 HEDIS (Healthcare Effectiveness Data and Information Set) and PQRI (Physician Quality Reporting Initiative) quality measures for applicability, and for any holes that sports medicine quality measures can fill. Dr. Bryan, Vice-Chair of the Practice and Policy Committee, and Dr. Sean Bryan, Chair of the Education Committee and a member of the Task Force, represented AMSSM at the Musculoskeletal Summit on the Value of Musculoskeletal Care in Washington, DC October 12-13.

21st Annual AMSSM Meeting

Our 21st Annual AMSSM Meeting, to be held in Atlanta, Georgia April 21-25th, will highlight an impressive group of international sports medicine physicians including Drs. Roald Bahr, Martin Schwellnus, Jon Patricios, Per Holmich and Karim Khan. Program Chair Dr. Gene Hong has done an exceptional job leading the Program Planning Committee. With the establishment of an International Membership Category, we are also promoting our annual meeting to colleagues around the world. My attendance last spring at the IOC Advanced Team Physician Course and IOC World Conference on Prevention of Injury & Illness in Sport showed me that AMSSM is slowly becoming

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PRESIDENTIAL CORNER

Continued from page 13

ing an influential society of physicians who are recognized for our expertise and leadership in sports medicine. It is time to promote our society and invite our international colleagues to join us in Atlanta! (By the way, Jody has negotiated wonderful perks for our conference attendees at the Hyatt Regency Atlanta, including low room rates, free internet, complimentary 24 hr Fitness Center--and did you know they have a 24 hr coffee shop?!)

British Journal of Sports Medicine

The newest issue of the British Journal of Sports Medicine (November 2011) is our dedicated AMSSM edition: [Care of the Endurance Athlete](#). Our AMSSM Guest Editor Dr. Chad Asplund was exemplary in his important role, and many AMSSM members were contributors to this issue. Please check it out!

European Society of Cardiology Partnership

Another example of the increasing influence of AMSSM world-wide, is our partnership with the Sports Cardiology Subsection of the European Society of Cardiology; together we are developing a free comprehensive online

training module for sports physicians to gain expertise in ECG interpretation in athletes. Chaired by AMSSM First Vice-President Jon Drezner, the working group includes sports cardiologists from Europe and the US. Stay tuned for updates regarding this very important project.

We are working hard to represent you and meet your needs. But here's how YOU can really support us!

AMSSM Survey

If you haven't already, please take the brief 5-Minute AMSSM survey to help us better assess the programs, services and benefits that AMSSM offers to members. Your input is critical for the strategic planning session that the Board has planned in conjunction with our upcoming fall meeting.

[AMSSM Member Needs Survey](#)

Membership Renewal Online

Your AMSSM 2012 Membership Renewal is now available online. (AMSSM Membership is based on a calendar year; deadline is Jan 5th). Don't forget and do this now! After you go to "Members Area" to log in, you will see the bullet for "2012 Membership Renewal." And, just below that is the bullet for "Foundation Donation". Please

remember the "50/50 Goal"—where 50% of our members give at least \$50 to the AMSSM Foundation—that's \$50,000 to help support research grants and awards, resident scholarships...and demonstrate your commitment and belief in our mission: To provide 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.

Contact Us!

Let us know how we can better serve you; we represent you (you voted for some of us!) Or, better yet, let us know that you want to join a committee and contribute your brilliant ideas and endless energy! You can find our emails on our AMSSM website. Mine is president@amssm.org.

Enjoy the rest of 2011! Please consider making your New Year's Resolution now to support your society with a donation of your time or money or both!

Cindy J. Chang, MD
AMSSM President

2012 MEMBERSHIP RENEWAL DEADLINE: JANUARY 5, 2012

It's time to renew for 2012!

To renew:

- Online membership renewal submission can be accessed through [Member Log-in](#)
- Or complete and return the 2012 Membership Renewal Statement received through the U.S. Mail.

Committee Reports

INTERNATIONAL/INTER-ORGANIZATIONAL RELATIONS COMMITTEE *By Tom Trojan, MD, Chair*

The International/Inter-organizational Relations Committee supports and fosters the liaison program with other organizations. The committee is currently focused on these main areas:

Working with Membership Committee

We are working with Membership Committee to develop an International Member Category. We are currently reaching out to foreign members to determine how AMSSM International Member Category can benefit them.

Speaking at Meetings in Foreign Countries

We have a number of members who are interested in International Medicine and they perform work in foreign countries. Dr. Henry Mao spoke in China. We

will continue to support these activities. Please contact international@amssm.org if you have lectured at a national meeting in a foreign country.

International Charities

Along with Mark Niedfeldt, MD, we have developed a preliminary list of medical relief groups. Stephanie Chu, DO is the head of this working group. We are interested in people that want to help her develop a list of international charities that you have worked with that other members could participate in.

Linking International Societies

We have a working group, headed by Tanya Hagen, MD, tasked to contact International Societies to link to AMSSM. We are in the starting phases of this project. If you are interested in assisting us please contact international@amssm.org.

Updates

The Publications Committee has asked the IIOR to report updates from the various organizations. We will continue to survey our liaisons for updates. Please contact publications@amssm.org if you have information of AMSSM members activities in other organizations.

Foreign Language Resource List

We are developing a foreign language resource list. If you speak a foreign language fluently enough to translate or give a presentation in another language, please let us know.

Please contact international@amssm.org if you are interested in developing the connection between AMSSM and other foreign or domestic groups. □

INTERNET COMMITTEE

amssm.org update

News about our e-communication capabilities via the website continues to be very encouraging. Similar to a year ago, our website continues to average about 12,000 individual visits per month, however the average number of pages viewed per visit has increased from 2.5 to over 3.5, while the average time on-site has remained about the same as this time last year. This reflects a more efficient visit for our visitors. More important, 50% of visits are from new viewers. The keyword "amssm" continues to be the primary search-term driver to the site, followed closely by "sports medicine fellowship". By improving both the content and organization of content, we hope to also improve upon these "benchmarks" of viewership, as well as broaden our keyword drivers to our site on an annual basis.

Noteworthy Items

Other noteworthy items recently appearing on our website include:

- Expanded links to other international sports medicine organizations
- Added links to the CDC "Head Up to

Clinicians" training tool and "Case and Research" submissions for the annual meeting on to our front page

- Expanded area for service opportunities including medical relief opportunities
- Continuing to bolster our current content on the medical news related to sports medicine on the front page with helpful links.
- At the suggestion of my colleague at the University of Cincinnati, Ken Stephens, we will be posting a members-only link to a recording of the "Concussion to Consequence: Managing Sport-Related Concussion On & Off the Field" webinar originally broadcasted Oct 18, 2011.

Website Re-design

With input from all other committees the Internet committee is responsible for website content updated annually. At our annual meeting in SLC we identified a need to do a larger site overhaul, specifically attempting to improve the accessibility of content by members through a better, more intuitive file organization. Since then, an additional need has been identified to bolster the general public

content of our site through the use of press-release quality content: written by, and about our members for the lay reader. By improving this area of our site we drive more sports medicine content searches to our site, increasing our exposure and better establishing us as "a worldwide leader" in sports medicine information

Under the direction of committee members Drs. Aaron Gray and Nailah Coleman, the update process began by obtaining ideas on appearance, organization and content from other sites. A survey tool was designed, using content marketing techniques, to rate several website designs, including our current site. Fifty AMSSM members were randomly selected. Twelve responded and volunteered as "test-market subjects" providing feedback on the current site and will do the same for each subsequent stage of the re-design. The initial process is nearly completed and we hope to have the first draft of our proposed changes to our vendor, Rich Agnew from "The Computer Geek" by the end of October. □

By Jon Divine, MD, Chair

COMMITTEE REPORTS

Continued from page 15

PRACTICE AND POLICY COMMITTEE

By Chad Carlson, MD, Chair

□ Economics Committee Changes

The AMSSM Economics Committee went through several changes in 2011 which should ensure that the traditional focus on practice economics is maintained while at the same time looking to foster our organization's involvement in issue advocacy.

□ AMSSM registered as Lobby Organization

In April, the Board of Directors voted to register AMSSM with the Federal government as a lobby organization. Federal law allows groups such as AMSSM to participate in issue advocacy within certain defined limits without losing tax exemption status. We also voted to engage the services of a legislative monitoring service that will allow us to continue to update the membership with annual reports of state-by-state legislation on topics germane to our specialty. If you have not seen the 2011 report put out by the committee, it can be found in the members section of our website. In order to reflect these changes, the Economics Committee was re-named the "Practice and Policy Committee," and this year, Dr. Jim Bryan was designated as Vice-chair of Practice and Policy, responsible for the Practice functions of the committee. Jim is a welcome addition.

□ Task Force Created

The focus of Practice and Policy in 2011 is centered on several major initiatives. First, under Dr. Jim Bryan's chairmanship, a task force was appointed to assess the applicability of the Physician Quality Reporting Initiative to Sports Medicine, to determine unique outcome measures specific to Sports Medicine that AMSSM can champion, and to begin the process of using evidence-based medicine to link these outcome measures to the quality of care provided by Sports Medicine clinicians. Select members of this task force have attended a national summit

on identifying quality measures, attended by representatives of other groups such as ACSM, NATA, ACR, AAOS, and AAPMR. The outcome of this summit will be policy proposals provided to Congress, CMS and the NIH. The task force's work will be ongoing, and it will continue to formulate recommendations into the next year.

□ Economics Pre-Conference: Atlanta 2012

Under Dr. Ketan Mody's leadership, the committee will again host an economics pre-conference at the Annual Meeting in Atlanta. Last year's conference was very well-received, and this year's program looks even stronger, with proposed sessions on optimal billing and coding, pitfalls of starting a practice, and other talks guaranteed to save you money. More information about this important session will be forthcoming in late November.

□ Salary Survey

Each year, the committee compiles a salary survey for the membership, which can be found in the member's section of the website. If you have not done so this year, we encourage you to take 15 minutes to fill this out, since it provides members with invaluable data with respect to regional reimbursement patterns, assisting them in areas such as salary negotiation.

□ Legislation

As we move toward the start of the legislative season, the Policy arm of the committee intends to focus on several defined areas. First, we will work with other organizations to assist with passage of appropriate concussion legislation in each of the 20 states still without a law. AMSSM has joined the National Coalition on Youth Sports Concussion to increase our visibility and leverage on this issue. In addition, we will work with these groups to ensure that educational resources for concussion required by these laws are medically sound and relevant to the stu-

dent athlete.

This summer, we assessed state law with respect to reciprocity for team physicians who cross state lines with their teams, into a state where they do not hold licensure. Currently, only 13 states have established legal carve-outs to recognize this practice scenario. AMSSM is committed to helping establish legal protections for team physicians, and will partner with NATA to extend these cross-state protections to certified athletic trainers as well. ACSM is also on-record in support of this approach.

Finally, we would like to identify one or two states to introduce legislation requiring parent and coach education on commotio cordis. We believe that simple, straightforward, revenue-neutral bills can advance healthcare for athletes on two fronts – by increasing public demand for more widespread access to AED's, as well as for on-site services of certified athletic trainers.

The Practice and Policy Committee continues to advocate for members who contact us for help on various issues. We exist, above all, as a resource for the membership. If there are issues germane to your practice that you would like to see addressed, please let us know and we will do our best to assist you. □



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.

2012 Founders Award Nomination Submission (Deadline Jan. 5)

The AMSSM Foundation invites you to submit your nomination for the Founders Award. This award will be presented during the AMSSM 21st Annual Meeting in Atlanta, Georgia. A \$500 cash award and plaque is presented to the individual, group or organization who exemplifies the best we can be or do in sports medicine. Nomination must be submitted by January 5, 2012.

[Founders Award Nomination form](#)

AMSSM Foundation Resident Scholarships (Deadline Jan. 5)

The AMSSM Foundation will again sponsor a scholarship program to provide assistance for Residents to attend the AMSSM 21st Annual Meeting, to be held April 21-25, 2012 in Atlanta, Georgia. This award is given annually to Resident applicants who best demonstrate a commitment to a career in sports medicine.

Recipients will receive complimentary registration to attend the 2012 Annual Meeting, a \$500 scholarship to help cover travel costs to attend the Annual Meeting and a plaque. You must be an AMSSM member to be eligible.

Scholarship recipients will be selected by the Membership Committee.

To apply: [log-in](#) through Members Area and select Resident/Students on the left nav bar. The link will become active at the bottom of the page."

Make the AMSSM Foundation Part of Your Year-End Giving

- Did you know that the AMSSM Foundation provides:
- \$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

Your support of the AMSSM Foundation can have a huge impact on the lives and careers of aspiring sports medicine physicians. Coupled with corporate support received, your 2011-12 gifts will enable the Foundation to be able to fund a growing number of emerging AMSSM initiatives and programs.

As you begin your year-end tax preparations, please consider making a gift to the AMSSM Foundation. Whether \$25 or \$2,500 your gift to the AMSSM Foundation is fully tax deductible and is a great way to support AMSSM education and research. Make your gift today.

[AMSSM Foundation Donation form](#)

2012 Foundation Auction

Our inaugural AMSSM Foundation Auction raised more than \$35,000 in Salt Lake City to support Foundation programs. With fall sports in full swing, please consider what item or package you, your team, university and/or company might donate for the 2012 Auction in Atlanta.

For example, a donated autographed Chicago Bulls Derrick Rose jersey was a top seller in SLC. See the 2012 Annual Meeting web page for a copy of the [Prospective Donor](#) letter that you can pass on to your employer, team, league, etc. and an [Auction Donation form](#).

Top selling items in SLC 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.

Donors will receive letters acknowledging the gift for tax-deduction purposes. Winning bidders may claim a tax-deduction for anything paid above fair market value. Please help support this exciting initiative as we seek to raise additional funds for the AMSSM Foundation.

2011 FOUNDATION SUPPORTERS

GOLD LEVEL



SILVER LEVEL



BRONZE LEVEL



Founder in the Spotlight

E. Lee Rice, DO

Written By Vijay Jotwani, MD

Dr. E. Lee Rice is a primary care sports medicine physician in San Diego, CA and one of AMSSM's original founding members. Dr. Rice grew up in Southern California and completed undergraduate and graduate degrees in genetics and endocrinology at the University of California Santa Barbara. He was always active in sports and enjoyed playing football and rugby while a student in Santa Barbara. One of his most memorable college moments came after an emotional win at the Southern California Rugby Tournament - he proposed to Mary, now his wife of over 42 years.

The newly married Rices spent their honeymoon driving to Kirksville, MO to begin medical school at Kirksville College of Osteopathic Medicine. While at Kirksville, he was able to unite medicine and sports while assisting in covering the football team. In his final year of school, Dr. Rice prepared his paperwork to be turned into the Navy's orthopedic residency match, but due to a mislabeled appli-

cation, he missed the deadline by one day. In what seemed a particularly stressful situation at the time, he was forced to take a position in a brand new residency at the time called family practice. Rather than transfer into the orthopedics program the following year, Dr. Rice found that family practice fit his ideals and he never looked back.

As a resident, he discovered that most of his colleagues didn't know about treating sports injuries and they began to refer the athletes to him. In what turned out to be another fortunate series of circumstances, he was forced to cancel an away rotation he had arranged with the Dallas Cowboys to stay in town and tend to chief resident duties. After looking up the San Diego Chargers in his local phone book, he began "team coverage" with the Chargers training staff in the mornings and the University of California at San Diego in the afternoon.

Upon completion of his Navy obligation, Dr. Rice was offered the opportunity to care for the San Diego Chargers and NBA's San Diego Clippers. Despite his desire to return to the surfing beaches of Santa Barbara, he took this opportunity to start the San Diego Sports Medicine Center, a facility that brought together sports medicine, physical therapy and a wellness center under the same roof. He credits his mentors Drs. Wayne English, Paul Steingard, and Keith Peterson for their selfless and gracious help in guiding him through the beginning of his career. The San Diego Sports Medicine Center attracted many memorable athletes who took advantage of the unique combination of services available including the gold medal winning 1984 USA Men's Volleyball team. Despite his experience in caring for elite athletes, Dr. Rice mentions that there is nothing more rewarding than being on the sideline of a high school homecoming game.

Beginning the San Diego Sports Medicine Center was a dynamic time in Dr. Rice's career but he describes feeling that he was "alone on an island practicing sports medicine." However, in 1981 at an NBA team physicians meeting, he met Dr. John Bergfeld, an Orthopedic Surgeon at the Cleveland Clinic who became a significant ally for primary care sports medicine and introduced Dr. Rice to

[continued on page 19](#)



Founder in the Spotlight Favorites

Color	Yellow
Number	7
Drink	Chai Tea
Food	Strawberry Pie
Vacation Spot	Lanai, Hawaii
Team	San Diego Chargers
Sports	Football, World Cup Rugby
Sports to Play	Masters Rugby
Music	Frank Sinatra, Jazz
Television	NFL Football
Movie	A Thousand Clowns
Book	<u>When All You've Ever Wanted Isn't Enough</u> by Harold Kushner

FOUNDER SPOTLIGHT

Continued from page 18



“It is rewarding to see sports medicine being practiced at the grass roots level by our members and rewarding to see our members add a scientific rigor to the field of primary care sports medicine.”

Drs. John Lombardo and Doug McKeag. It was through these chance meetings of physicians who shared a passion for taking care of athletes that AMSSM was born as an organization.

Also an active teacher, Dr. Rice began a sports medicine training fellowship at the San Diego Sports Medicine Center in 1984. Soon thereafter, he also helped established fellowship programs through the Navy and University of California at San Diego and served as Medical Director of all three.

Ten years ago, Dr. Rice was running a wellness retreat for corporate executives, and one of them asked Dr. Rice to serve as his “chief wellness officer”. That seed reignited Dr. Rice’s interest in preventive medicine. In 2002, he started a new venture called the Life Wellness Institute where he applies the same principles used in primary care sports medicine including nutrition, exercise and behavioral changes to modify risk factors and improve any patient’s quality of life.

Dr. Rice enjoys spending time with his family and being active including hiking and playing rugby. His wife, Mary, continues to battle brain cancer that was diagnosed 3 years ago, and Dr. Rice states that “I appreciate my relationship with her more than ever”. He has two adopted daughters, Kelly, who works as a wellness coach in England, and Katie, who now lives in Spokane, WA. Dr. Rice was recently honored as Father of Year by the American Diabetes Association.

Dr. Rice has loved being a member of AMSSM because of the people in the organization. “I have been overwhelmed with the respect by the younger members in AMSSM and where they have taken it. It is rewarding to see sports medicine being practiced at the grass roots level by our members and rewarding to see our members add a scientific rigor to the field of primary care sports medicine.” □



Odds and Ends

AMSSM Now Accepting Case And Research Abstract Submissions

We invite you to submit an abstract for presentation at the 21st AMSSM Annual Meeting, to be held April 21-25, 2012 in Atlanta, GA. All accepted research abstracts (podium and poster presentation), as well as accepted case abstracts (podium presentations only), will be published by the Clinical Journal of Sports Medicine. All accepted research and case presentations (podium and poster) will be published in the AMSSM 21st Annual Meeting Syllabus.

Criteria for case and research abstract submission:

- Primary author/presenter must be an AMSSM member. Student members can submit an abstract but must have a senior author listed who is a full member.

- You may submit more than one abstract. However, primary author/presenter can only present one podium presentation. Additional abstracts will be accepted for poster presentation.

- Abstracts that have been presented elsewhere can be accepted. However, this work must not be submitted for publication as an abstract or full paper in a journal at the time of abstract submission or have appeared in print elsewhere prior to the AMSSM 21st Annual Meeting.

- All case and research abstracts will receive a blind review. The primary author/presenter will be notified in January 2012 of abstract acceptance/rejection.

If you would like to submit an abstract, please login to the AMSSM Members site and the link to the abstract submission form will be active on the Abstract Submissions page.

Case Abstract Submission Deadline
November 15, 2011 at 11:00 a.m. CST

Research Abstract
Submission Deadline
December 9, 2011 at 11:00 a.m. CST

CASE SUBMISSION INFORMATION
[Tips for Writing, Submitting and Presenting a Case](#)

Please [log-in](#) and access submission forms under "Abstract Submission" on the left nav bar.

Important Dates:

2012 NRMP Match

August 31, 2011
Registration Opens
12:00 pm (Noon) ET

November 2, 2011
Rank Order List (ROL)
Submission Begins
12:00 pm (Noon) ET

November 30, 2011
Quota Change Deadline
11:59 pm ET

December 14, 2011
Deadline for Registration and
ROL Certification
9:00 pm ET

January 4, 2012
Match Day
12:00 pm (Noon) ET

[NRMP website](#)
[Universal Application](#)

2012 AMSSM Founders Award

Submission Deadline: January 5, 2012

The AMSSM Foundation invites you to submit a nomination for the Founders Award. The award will be presented during the AMSSM 21st Annual Meeting in Atlanta, Georgia. A \$500 cash award and plaque will be presented to the individual, group or organization who exemplifies the best we can be or do in sports medicine.

[Founders Award Nomination form](#)

AMSSM Foundation Resident Scholarships

Submission Deadline: January 5, 2012

Attention Resident members: The AMSSM Foundation will again sponsor a scholarship program to provide assistance for AMSSM Resident members to attend the AMSSM 21st Annual Meeting, to be held April 21-25, 2012 in Atlanta, Georgia. This award is given annually to Resident applicants who best demonstrate a commitment to a career in sports medicine.

Recipients will receive complimentary registration to attend the 21st Annual Meeting, a \$500 scholarship to help cover travel expenses and a plaque. You must be an AMSSM Resident member to be eligible. Scholarship recipients will be selected by the Membership Committee.

To apply: [log-in](#) through Members Area and select Resident/Students on the left nav bar. The link will become active at the bottom of the page.

British Journal of Sports Medicine: Blogs and Podcasts

The mission of BMJ is to lead the debate on health and to engage, inform, and stimulate doctors, researchers, and other health professionals in ways that will improve outcomes for patients. The website is updated daily with the BMJ's latest original research, education, news, and comment articles, as well as podcasts and blogs. Blogs:

You don't have to be signed in to read BMJ Group Blogs but you can

register on the blog site to receive updates. Current blogs can be viewed at <http://blogs.bmj.com/bjasm/>

Featuring interviews and debates, BJSJM Podcasts allow you to automatically receive the latest audio or video files from BMJ Group. In order to receive the files you must sign up by subscribing to a podcast "feed". Browse the current podcasts at <http://podcasts.bmj.com/bjasm/> written by AMSSM Members:

- [Musculoskeletal Ultrasound with Kim Harmon and Sean Martin](#)
- [The JUMP-ACL Study with Anthony Beutler](#)
- [Preventing Sudden Cardiac Death with Jon Drezner](#)

New to Podcast?

Visit [Help with BJSJM Podcasting](#)

Clinical Journal of Sport Medicine Blog: Call for Blog Posts

The Clinical Journal of Sport Medicine would like to invite contributions for blog posts from AMSSM members on the CJSM blog.

The CJSM blog offers the opportunity for clinicians with a primary interest in sports medicine practice to discuss issues in the world of sport and exercise medicine, and acts as a community platform for knowledge sharing and promoting and disseminating best practice for our patients.

The blog is freely accessible to both CJSM subscribers and non-subscribers. Comments from both clinicians and non-clinicians may be posted in response to blog posts, subject to moderation by the Web Editor.

Feel free to take a look at the current CJSM blogs at <http://cjsmblog.com> for ideas on the format and content of blog posts.

Please refer to the [Blog Post Guidelines](#).

Please email your blog post contributions to:

cjsmcorrespondence@gmail.com



An easier way to find a job.
A better way to fill a position.

AMSSM Career Center

Launching November 2011 - the AMSSM Career Center is the sport medicine industry's resource for online employment connections.

For Employers: This easy-to-use, targeted job board is designed to help you recruit the most qualified professionals in the industry.

For Job Seekers: Whether you're looking for a new job, or ready to take the next step in your career, we'll help you find the opportunity that's right for you.

To find a job or fill a position, visit www.amssm.org.



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Upcoming Conferences

November 18-20, 2011

**AMSSM/MAINE MEDICAL CENTER
MSK ULTRASOUND BEGINNER LEVEL COURSE
SOLD OUT**

[The Eastland Park Hotel](#)..... Portland, Maine

December 1-4, 2011

**2011 ADVANCED TEAM PHYSICIAN COURSE
[Conference Details](#)**

Westin Gaslamp Quarter San Diego, California

Advance registration deadline: November 3, 2011

[Online Registrar](#)

For Room Reservations, Please Call:
800-WESTIN-1 OR 800-937-8461

(request group rate)

Single/Double Occupancy: \$169/Night*

* Plus applicable taxes

January 20-22, 2012

**AMSSM/SOUTH BEND MSK ULTRASOUND
BEGINNER LEVEL COURSE**

[Conference Details](#)

[Fairfield Inn & Suites South Bend](#)

[at Notre Dame](#).....South Bend, Indiana

April 21-25, 2012

AMSSM 21ST ANNUAL MEETING

Hyatt Regency Atlanta Atlanta, Georgia

July 27-29, 2012

2012 RESEARCH WORKSHOP FOR SPORTS MEDICINE FELLOWS

.....Philadelphia, Pennsylvania

December 6-9, 2012

2012 ADVANCED TEAM PHYSICIAN COURSE

Hyatt Regency New Orleans New Orleans, Louisiana

April 17-21, 2013

AMSSM 22ND ANNUAL MEETING

Manchester Grand Hyatt San Diego .. San Diego, California

April 5-9, 2014

AMSSM 23RD ANNUAL MEETING

Hyatt Regency New Orleans New Orleans, Louisiana

April 15-19, 2015

AMSSM 24TH ANNUAL MEETING

Westin Diplomat Resort and Spa.....Hollywood, Florida