AMSSM NEWS

Responding to a Mental Health Crisis in Your Athletic Department

Sunday Henry, MD

Shortly after the 2017-2018 football season, a member of the Washington State University football team died by suicide. This event created a mental health crisis among student-athletes, staff, and faculty. Dr. Sunday Henry, Director of Athletic Medicine, has been asked to share what she learned as she cared for those affected.

It’s hard to find a starting point after going through such a tragedy. I remember it like it was yesterday and nearly a year has passed. I’m sure it is the same for all of us in our athletic department. January 16th will forever be the day we lost a student athlete by suicide. Our work to assist with the recovery process began immediately and will continue into the foreseeable future.

Several years ago, I listened to a colleague at AMSSM give a very nice talk after a student-athlete died while exercising at another Pac-12 university. I remember thinking it was a very nice presentation and taking a few notes. I thought how awful it would be to lose a student-athlete. At that time in my career, it was hard to think or imagine that this could happen to me or at my university. After all, it had been years since any athlete had died at WSU, longer than anybody could remember.

Second Generation of Sports Medicine Introduction

By Jake Miller, MD

At its roots, AMSSM is a tight-knit organization, striving to provide a home for the sports medicine community. Many members forge lifelong friendships through their respective programs and shared interests.

But some of these connections run much deeper. They don’t just feel like family. They are family.

In a two-part series titled “The Second Generation of Sports Medicine,” we will highlight five AMSSM members whose children have followed them into the field of sports medicine. This issue features the stories of Stephen and Peter Carek, Doug and Ian McKeag, and Jack and Adam Pinney. The next issue will focus on William Roberts and Jessie Fudge, along with Kris and Luke Stowers.

The stories are told in their own words and explore the special connections — both personal and professional — between these parents and their children.

Thank you to each of these families for sharing their thoughts. If you know of any other AMSSM members who share a similar connection, please contact Jacob Miller, MD, so that we can highlight them in an upcoming newsletter.
Two Generations of Sports Medicine — Stephen and Peter Carek

Stephen Carek, MD – “Do what makes you happy.” These words resonate with me now more than ever as I begin my career as a Primary Care Sports Medicine Physician. I vividly recall spending Friday nights with my dad at high school football games at a young age, awestruck by the size of these athletes and trying not to get in the way of anyone. We would go to basketball games and every so often, a player would get injured. “I’ll be right back, stay here,” and I would patiently watch my dad evaluate a player and walk him back to the locker room. I always knew that my dad did something with athletes and was a “Sports Medicine Doctor,” but I never really understood what that meant. For me, it meant we could go to College of Charleston basketball games every year, professional tennis tournaments, and that he would not be around on the Saturday of the Cooper River Bridge Run. I never even considered why we had these opportunities. As I went through high school and college, I had my own athletic success but always sought something more, something with more fulfillment and a sense of purpose, somewhere that I could make a difference. I changed majors a few times during college, trying to find my place in the world. Any time I sought guidance, my dad would always say, “Do what makes you happy.” I was very overwhelmed in medical school by the number of specialties available. My career choice changed about once a month, and I never even considered Family Medicine or Primary Care Sports Medicine out of my own ambivalence. Lost and confused, I came back to my dad. “Do what makes you happy.” Then it hit me. Why should I push away the experiences that brought me the most joy? Why should I neglect something that I was passionate about? My best experiences in medical school were with Family Physicians, volunteering in medical tents at local races, Friday nights on the sidelines of high school football games, and caring for the injured. These experiences brought me the most happiness. In residency, I had my own opportunities to be a team physician. I loved the experience of caring for the athlete, helping the injured recover to achieve their personal goals, combating chronic disease with exercise and lifestyle changes. These were my passions and solidified what was evident all along, that being a Primary Care Sports Medicine Physician was where my professional happiness was. I love being able to share in the same career as my dad and hope that I can help my own children find their passion with the same grace and honesty.

Peter Carek, MD – My wife and children have been active participants and supporters of my journey to becoming and serving as a sports medicine physician. I owe them a debt of gratitude. They have been by my side through residency, fellowship, then another fellowship and, ultimately, serving as a team physician for local high school sports and a college athletic department for over 20 years.

Throughout this time, I probably gave both direct and indirect career counseling to my son. I think the best career counseling I did offer him during this time was to simply serve as a role-model and demonstrate the overall joy and fulfillment that accompanies having the ability and opportunity to serve as a primary care physician for patients, whether a member of the community or the college basketball team. The most direct advice I offered was to do something he enjoyed and to do it as well as he could.

Another facet of being a sports medicine physician is the significant influence this career has on your family. As would be expected, we attended many more sporting events than we otherwise would if I had chosen another profession. During these events and in my role as a team physician, we met and developed long-lasting relationships with a number of wonderful people. Maybe even more influential on my family, we have become involved in our local community to a greater degree as providing coverage for schools and events created opportunities to be a member of various committees and work on numerous charitable activities. As most of these activities and the coverage for many sports events were done on a volunteer basis, I hope my children learned the value of giving back to the community.

Looking at my children today and thinking of my grandchildren in the future, I want them to do something they truly enjoy. If that work includes being a sports medicine physician, they will have my encouragement and unconditional support.
Two Generations of Sports Medicine — Doug and Ian McKeag

Doug McKeag, MD – The idea of writing about my son’s and my experience in the professional calling of sports medicine is intriguing. Questions such as, “Is this really interesting to anyone?” or “Is there anything surprising or unexpected about this story?” or “Is it at all relevant?” instantly come to mind. Ian and I have a relationship that I am proud of and cherish. But, honestly, like most father-son relationships, there have been hills and valleys. As a father, I knew better than to push him into anything. His love of medicine and, subsequently, sports medicine came naturally. He had early-in-life exposure to what I did, accompanying me to training rooms, meeting athletes and trainers, having the ‘run’ of locker rooms and athletic facilities. His exposure to sports was always there. With the support of his family, he played all kinds of sports. As he grew older, his interest became more sophisticated. He asked questions, watched procedures, and helped out when appropriate. At home, the convoluted, drawn-out pathway to medicine was discussed. This resulted in a simple response: “OK, then, that’s what I’m going to do.” He never let go of that dream, despite many opportunities to do so. He did not make becoming a doctor look easy, yet he never wavered. I am and always will be extremely proud of what he has done and how he has done it. Being a “legacy” certainly has positives, but it also has negatives. He remains steadfast in the need to do this on his own terms, in his own way. There will be no ‘drafting’ on my reputation. I never talked him into Sports Medicine; if anything, I tried to talk him out of it. It can certainly be a tedious, time-consuming profession, but he seemed to see through that and realize how immensely satisfying and personally rewarding it was for me. I have always said that the career I have had is more about people – colleagues I have worked and played with; trainers who are close friends; fellows I have had the pleasure of training; athletes and patients I have helped along the way. I have been blessed with high quality people that have come into my life as a result of Sports Medicine. My son knows this because he has seen this. I wish for him what I have had.

Ian McKeag, MD – From day one, my father has been my hero. Stereotypical and eye-roll inducing as it may be, it’s the truth. I have some great memories as a young child, spending the better part of my Saturday in the training room watching him work. Because of this training room classroom, the influences guiding me to my current career path could be similarly credited to Dr. David Hough, Jeff Monroe (ATC), Sally Nogle (ATC), or the countless fellows who were a regular part of our family’s daily conversation and activities. By kindergarten, I was telling my teachers I would one day be a head team physician. That goal hasn’t changed. My father is modest when it comes to the impact he has made on his three children, usually giving my mom all the credit. But even he will admit I got my mule-like stubbornness from him, and I decided early on that sports medicine was going to be my future. He refused to push medicine on any of his kids, which surprises most people, as his parenting resulted in two more MDs in the family. It’s not his fault; his influence was a product of osmosis. My parents were always supportive of us carving our own path, encouraging us to look beyond our “comfort zones” toward a life of our own design. My sister (pediatrician) and I completely disregarded this parental advice and forged ahead into the world of medicine. As I walk this path, I look to my father for guidance at every fork in the road. He received an excited debriefing call after my first sideline spine-boarding experience. Last year, he and I sat down to discuss various fellowship opportunities; three years before that, it was residencies. Currently, we are discussing where my first job may land me, and more importantly the impact I want to make. I am abundantly aware of the resource he is, as both physician and mentor, not to mention the shadow he casts within sports medicine. It would be absurd to not take full advantage of his expertise as I begin my sports medicine career. Despite all that he has taught me as my professional mentor, I am most appreciative for his role as my father. He has allowed me to make my own choices and mistakes, supporting me without question. He is my best friend, and has made me the man I am today.
Two Generations of Sports Medicine: Jack and Adam Pinney

Jack Pinney, MD – One of the most rewarding compliments that a parent can experience is when his child chooses to pursue a similar career path. Such is the case with my son AJ, a third-year family practice resident who will be entering a primary care sports medicine fellowship program in 2019.

My sports medicine career began in the early 1980s as a family physician, initially providing field sideline and courtside coverage for various sporting events, seeking further academic training by attending Dr. James Puffer’s annual sports medicine course, courses in various Colorado/Utah ski resorts, and teaching sports medicine in the family practice residency program. I later joined the ranks of CAQ-certified Primary Care Physicians of Sports Medicine, joined AMSSM early in its formation and have continued to practice as the Medical Director of WellSport, MidMichigan Health’s multidisciplinary, community-based sports medicine program.

Adam Pinney, MD – Ever since I was in 2nd grade, I knew I wanted to become a physician. I was immersed in a household of physicians with my father being a primary care sports medicine physician and mother a gynecologist. Growing up as a three-sport athlete, I was fascinated with my father’s ability to care for patients. I have seen his versatile sideline skills in action during Friday Night Lights, laceration repair on a boat, neurologic exam at the airport after a witnessed syncopal event, in line for a ride at Disney World, and even firsthand when removing sutures over my sternum on the kitchen dinner table; the sutures happened to be due to an injury that I sustained prior to a football game in high school. 46 stitches and a homemade thermoplastic sternal pad later, I was able to play in the playoff game as a running back. Despite my parents’ attempts to allow my sister and I to choose our own pathway, I knew early that sports medicine was my future.

Jack Pinney – Growing up in a household where both parents were physicians, my wife and I were experts in bouncing through opposite call schedules, assisting with homework and school projects, and coaching our children in various sports. Our two children gained a realistic insight into the life of the physician. Although my wife and I encouraged our children to explore a variety of work experience unrelated to medical practice, my daughter chose to pursue the legal aspects of medicine as an attorney while AJ chose a career in family practice/sports medicine. AJ witnessed and exemplified in our household the value of maintaining our own personal health, fitness, and work/life balance in order to be an effective example for our sports medicine patients.

Adam Pinney – I always found it fascinating how our neighbors would see my father and I jogging around the neighborhood and would comment that they too needed to follow suit since Dr. Pinney and his son were exercising. 20 years later, I was able to rotate side-by-side my father at WellSport. Although this was not an “easy rotation” having an attending physician as my father, working next to him diagnosing injury and promoting wellness was an awe-inspiring experience. One of my father’s long-lasting family practice patients even did a double-take when I walked into the patient encounter room introducing myself as Dr. Pinney.

Jack Pinney – My son and I believe that as primary care physicians of sports medicine, we are dedicated to the care of athletes of all ages and skill levels, guiding them in optimizing their overall health and performance and minimizing the effects of injury, illness, and chronic disease. We assume that “everyone is an athlete” or at least has the capability to be.
RESPONDING TO A MENTAL HEALTH CRISIS

Continued from page 1

Lesson #1: It can happen. Prepare yourself and your team for a student-athlete death or crisis of any kind.

Know that your training in primary care has prepared you in many ways to handle difficult and challenging situations. During medical school, residency, and in practice, you’ve had countless difficult conversations with patients in physical and emotional distress. You have also been trained to respond quickly to medical emergencies, assess the situation, and identify how to help those in distress. In addition, anyone who has worked in medicine has also learned how to manage several situations all at once.

Lesson #2: It’s death by suicide.

Our first instinct once we learned of our student-athlete death was to gather the football team as quickly as possible to deliver the news in person. As you can imagine, this is literally a race against the clock today due to social media. We had the football team gathered in just over an hour. We quickly mobilized our internal team which included a clinical psychologist, a licensed mental health counselor and me. We contacted the Director of WSU Counseling and Psychological Services, a psychologist, for additional assistance. This was a great move as she was a calming and supportive addition to our athletics-based group. She helped remind our group to use the correct verbiage: died by suicide, not committed suicide.

Lesson #3: A little early is better than a lot late.

Early, middle and late suicide postvention is all about support and counseling. We gathered the football team and broke the sad news. We had two psychologists, two primary care physicians and a mental health counselor available, but no one was ready to meet. Immediately, most are shocked and trying to process the news. Within 24 hours, the student-athletes were requesting counseling and in need of crisis support. This need went on for at least 8 weeks. Our goal was to provide as much counseling and psychological support right away to all student-athletes. Within 48 hours, a mental health professional and a family physician met individually with all our sport teams except men’s basketball, who were on a road trip. Each meeting was similar: we discussed the grieving process and the difficulty of trying to understand a death by suicide. We reviewed coping skills and provided a crisis card and a handout with information on how to access mental health and medical services within the athletic department and on campus routinely or in a crisis.

Lesson #4: Athletic Trainers are in the know.

All of us in collegiate athletics know the amazing role athletic trainers play in athletic departments. Our experience in the hours, days and weeks following the death exemplified this in our athletic department. The athletic trainers know their student-athletes and the team dynamics intimately which uniquely positions them to identify student-athletes who may be more likely to be affected or struggle after a crisis. In so many cases, the athletic trainer was the first point of contact for a struggling student-athlete. We touched base with each athletic trainer on a daily basis to review his or her student-athletes and make sure each student-athlete was receiving needed support and services.

Lesson #5: Don’t forget the Athletic Department staff

Early on we realized in order to support and care for our grieving student-athletes, it would be important to provide support and care for the athletic department staff. Just as we gathered the football team together to deliver the sad news, we gathered our entire athletic department staff the following morning. We discussed the normal grieving process and the plan to support the student-athletes and staff. Our staff were encouraged to take time to themselves as needed to grieve.

At Washington State University, we have an Employee Assistance Program (EAP). We were in contact with the University’s human resources personnel and the EAP liaison within the early hours of our crisis response. We decided to have a mental health counselor onsite the following day for staff. We found no one was ready to talk the first day as most were in a state of intense grief and shock. On day #2, many were ready and in need of a one-on-one session with the on-site counselor. We found our initial plan of allowing staff to reach out and schedule a session with the on-site mental health professional left him sitting alone in a room. We then decided to strategically walk through the department with the counselor, entering offices and asking how staff were doing. As the conversation became more personal, I would exit the office and meet up with him later and repeat. This led to countless individual sessions for staff who were struggling. We were also lucky enough to have the same EAP counselor available to our staff for many repeat visits. This continuity led to a deeper understanding of our crisis and connection of the counselor to our staff.

Lesson #6: There is power in numbers

Washington State University immediately mobilized a central campus Crisis Response Team. This team met with key athletic department members daily for the first 7-10 days to assist with all facets of our crisis response. In addition, an internal athletic department team met at the end of each day for 7-10 days then with decreasing frequency for the next 1-2 weeks. Our mental health

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health team also met each night to review and identify high risk cases and make sure we were addressing the needs of the student-athletes and athletic department. Each of these meetings show the wide scope of our crisis response and ensured we were addressing the crisis from the inside out: football student-athletes and staff, all other student-athletes, the athletic department staff and the entire university community.

Lesson #7: Strength is Asking for Help

Good things can happen after a tragedy. Our Student-Athlete Advisory Committee created the phrase “Strength is Asking for Help.” This delightful phrase speaks to many, and plans for use across campus are in place. This same group took advantage of a mental health training, Behind Happy Faces by Ross Szabo and the Step UP! Program, generously paid for by Hilinski’s Hope, and will be providing peer-to-peer mental health training to student-athletes in the upcoming months. The athletic department and student affairs will be partnering this spring to present GameDay for Mental Health which aims to provide information surrounding suicide prevention and mental health awareness to the WSU campus and Pullman community.

Please feel free to contact me at sunday.henry@wsu.edu with questions or if I can help you or your program in any way.

RESPONDING TO A MENTAL HEALTH CRISIS
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The Sports Medicine Licensure Clarity Act was signed into law Friday, Oct. 5, by President Donald Trump. The bill represents a bipartisan solution that protects team physicians, athletic trainers and other sports medicine professionals when they travel across state lines with their teams to treat the athletes under their care.

The passage of this legislation has been a years-long effort, involving thousands of AMSSM members and would not have been possible without their collective advocacy efforts. AMSSM also worked over the past several years with the National Athletic Trainers’ Association, the American Academy of Orthopaedic Surgeons, the American Orthopaedic Society for Sports Medicine, the American Physical Therapy Association and other healthcare and sports organizations to gain support for the bill.

AMSSM President Chad Asplund, MD, MPH testified in support of the bill before the Health Subcommittee of the House Energy and Commerce Committee in 2015, and said he was proud for this important legislation to become law.

“The passage of this bill is the culmination of many years of work and is a testament to the collaboration between AMSSM, NATA and AAOS,” Dr. Asplund said. “This bill will provide protection, both legal and malpractice, for those sports medicine physicians that travel with their teams, which will ultimately make participation safer for those athletes that travel as part of their competitions.”

AMSSM First Vice President Chad Carlson, MD was instrumental in the development and passage of the Sports Medicine Licensure Clarity Act. He helped write the bill that was originally introduced to Congress in December 2013. It passed the U.S. House of Representatives in 2015 and again in January 2017. A slightly modified version of the bill advanced through the U.S. Senate HELP Committee in June 2018 and recently passed the U.S. Senate. The Senate version moved back to the House for consideration, before the bill was merged with the larger FAA Reauthorization Act spending bill that was signed into law on Oct. 5, 2018.

AMSSM thanks our advocacy partners, NATA, AAOS, AOSSM and others, for their efforts in helping get this bill passed. We also want to recognize our many members who took the time to reach out their Member of Congress on our behalf. This bill would not have passed without AMSSM’s members’ support.
Update from the AMSSM SMRC
A Sports Medicine Resident Council Led by AMSSM Resident Members

AMSSM Resident Members Elect the 2019 SMRC Officers

The two-week Election of Officers concluded in early December with 48 candidates running for leadership positions within the AMSSM SMRC. All of the candidates were exemplary. Over the next several weeks the outgoing and incoming SMRC Officers will transition in their leadership roles. The newly elected SMRC Officers are honored to represent residents of their respective primary specialty and excited to take a leadership role within AMSSM. The SMRC Officers are posted on the Resident page of the AMSSM website.

Thoughts on Year Serving as the Inaugural AMSSM SMRC President
By Aditya Raghunandan, MD (PGY3); President, 2018 Calendar Year

It has been an honor and pleasure to serve as the inaugural President for the Sports Medicine Resident Council (SMRC) and it is hard to believe that the first year has already come to a close. I am proud to say that our council hit the ground running and launched multiple initiatives that we hope will continue to enhance every resident’s experience on their path to pursuing a career in sports medicine.

Over the past year, of the many endeavors our team has taken on, the most notable include: streamlining resources on the AMSSM website to increase access to resident members, revising and updating the fellowship database and most recently entering the social media realm via the launch of our new Facebook page. We are also pleased at the overwhelming interest from our resident members, whether it be through contribution of content to the Rookie Report newsletter or running for an officer position to represent other residents.

I eagerly look forward to the growth of the SMRC as the projects our council started bear fruition and fresh ideas from the recently elected officers develop. Thank you again for this opportunity and I am fortunate to be passing on the reigns to a strong group of incoming SMRC Officers. On behalf of the SMRC 2018 Officers, we hope that all of you continue your involvement in AMSSM and wish you the very best in your future endeavors!

Very Respectfully,
Aditya Raghunandan, MD
Chief Resident, PGY-4
Icahn School of Medicine at Mount Sinai
President, AMSSM SMRC 2018
Update from the AMSSM MSIG
A Medical Student Interest Group Led by AMSSM Student Members

AMSSM Student Members Elect the 2019 MSIG Officers

Twelve AMSSM Student members ran for leadership positions within the AMSSM MSIG (Medical Student Interest Group) and the two-week Election of Officers concluded in early December. The month of December will give the outgoing and incoming MSIG Officers time for transitioning in their leadership roles. All of the “newly elected” MSIG Officers are excited to serve and become more involved in AMSSM. The MSIG Officers are posted on the Student page of the AMSSM website.

Thoughts on Year Serving as AMSSM MSIG President
By Charlie Price, BS (MS4); President, 2018 Calendar Year

As we move into the holiday season and begin to once again transition leadership roles in the MSIG, I would like to take a minute to reflect on my role this past year as the AMSSM MSIG President. As with any leadership position, there was an immense learning curve in order to get up to speed on the current goals and directions the previous MSIG officers had installed. The Immediate Past President, Jeff Fleming, and coordinator Joan Brown were my guides through this transition, as my fellow officers and I became accustomed to our new roles.

The enthusiasm was high as we set our own goals to expand our social media presence, add to our charter medical schools, and continue to reach out to medical students across the country. I remember our first meeting with all the newly elected officers and faculty members in January on Google Hangouts and realizing during that meeting how much potential we had this year. While our biggest goal was creating a Facebook account for MSIG, continued on page 9

Officers of the AMSSM MSIG for 2019

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<th>Name</th>
<th>Position</th>
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<tr>
<td>Luke Roberts, BS</td>
<td>President</td>
<td>West Virginia University School of Medicine</td>
<td>Class of 2020</td>
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<tr>
<td>Madison Eichstadt, BSN</td>
<td>Vice President</td>
<td>West Virginia University School of Medicine</td>
<td>Class of 2020</td>
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<tr>
<td>David Embers, BS</td>
<td>Secretary</td>
<td>University of Kansas School of Medicine</td>
<td>Class of 2020</td>
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<td>Chris Cornell, MS, ATC</td>
<td>At-Large Member (MS2)</td>
<td>Touro University Nevada</td>
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<tr>
<td>Emily DeMaio, BSN</td>
<td>At-Large Member (MS2)</td>
<td>Emory University School of Medicine</td>
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<tr>
<td>Melissa Jackels, BS, PSM</td>
<td>At-Large Member (MS1)</td>
<td>University of Hawaii – John A. Burns School of Medicine</td>
<td>Class of 2022</td>
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<tr>
<td>Matthew Margol, BS</td>
<td>At-Large Member (MS1)</td>
<td>Emory University School of Medicine</td>
<td>Class of 2022</td>
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<td>Charlie Price, BS</td>
<td>Immediate Past President</td>
<td>Western University of Health Sciences, COMP-NW</td>
<td>Class of 2019</td>
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AMSSM NEWS

UPDATE FROM THE AMSSM MSIG
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everything seemed to be building towards our Annual Meeting in Orlando, Florida in April.

The Annual Meeting is our biggest event of the year and is our best opportunity to meet with other medical students interested in sports medicine and all gather in one location. It was both challenging and exciting to coordinate the day-to-day planning of events but seeing the biggest names in sports medicine and all the cutting-edge research being done with athletes across the country was motivating. We were lucky enough to have five of our MSIG officers make it out to the conference, including two members who presented research. It was a blast and meeting in person gave us the ability to sit down together and work on some of our projects, including the Facebook proposal.

It took some time, but we finally got our Facebook page up and running this last September! It was a huge step forward towards reaching out to local sports medicine clubs at each medical school and expanding our medical student base. Though it has been challenging at times balancing rotations, residency interviews, life, and the MSIG I would do it all over again in a heartbeat. The most rewarding parts were not only planning the webinars and creating a social media presence, but meeting and collaborating with other medical students across the country and furthering our interest and goal to become sports medicine physicians. I look forward to working with our newly elected officers of 2019 on our previous goals and creating new goals for the future.

AMSSM Jason Davenport Memorial Scholarship Application

The AMSSM Diversity Interest Group is proud to announce the Jason Davenport Memorial Scholarship. This scholarship is available to AMSSM members who represent an underrepresented minority group and presenting a case and/or research abstract (either poster or podium) at the 2019 AMSSM 28th Annual Meeting.

One scholarship award will be awarded for 2019 and the scholarship recipient will receive $500.00 cash award to help defray expenses towards attending the 2019 AMSSM Annual Meeting.

Online Scholarship Application Submission Deadline: By 9:00 a.m. CT on February 4, 2019

Click here to be directed to the page to access the scholarship application link (Must be logged in to access link).

Eligibility: Scholarship applicant must meet all of the following criteria:
• Applicant must be an AMSSM member in good standing for the 2019 calendar year
• Applicant must have submitted a case and/or research abstract for the 2019 AMSSM 28th Annual Meeting*
• The abstract of the scholarship award recipient must be accepted for presentation (podium or poster) for the 2019 AMSSM 28th Annual Meeting.
• Award recipient will be responsible for registration fees for the Annual Meeting and must register to attend the meeting in 2019.
• Applicant must meet the definition of underrepresented minority

NIH Criteria Defining Underrepresented Populations Shall Be Used as a Determinant:

• Individuals from disadvantaged backgrounds, defined as:
  - Individuals who come from a family with an annual income below established low-income thresholds. These thresholds are based on family size, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs.
  - Individuals who come from an educational environment such as that found in certain rural or inner-city environments that has demonstrably and directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.
  - Women have been shown to be underrepresented in doctorate-granting research institutions at senior faculty levels in most biomedical-relevant disciplines, and may also be underrepresented at other faculty levels in some scientific disciplines.

Questions: Please contact Joan Brown at the AMSSM Office.
Note from the Editor

Happy Holidays and Season’s Greetings to all! I am thrilled to address you as we near the end of a very busy year in sports medicine. The turning of the calendar should inspire us to reflect on what we have accomplished and how we hope to improve, both individually and professionally. This is a time to recommit and refocus, and in this issue of The Sideline Report, we hope to provide topics for discussion that can make us better providers and people in the coming year.

The holiday season brings us closer to those most important to us: our families, patients, and colleagues. In a series of articles, AMSSM members share their feelings about having a parent or child who practices sports medicine. Also included in this issue is a report on the passage of the Sports Medicine Licensure Clarity Act, which allows us to better serve our patients when we are far afield. In addition, you will learn about the many comings and goings of AMSSM members, committee actions, and advancements in the World of Sports Medicine.

This year has brought concerns about athlete mental health into the media spotlight. In her article “Responding to a Mental Health Crisis in Your Athletic Department,” Dr. Sunday Henry from Washington State University shares insights she gained while responding to a tragic and traumatic event among her football team. Her words reveal how to provide optimal care for patients feeling emotionally and psychologically overburdened. I strongly encourage you to study and review her recommendations; I have added them to my reference file!

As always, if you have suggestions for future discussions, please feel free to contact me or the Communications Committee. I invite you to kick back under a soft blanket as the snow gently falls outside, sip on some hot cocoa, and enjoy this edition of The Sideline Report!

Jacob Miller, MD

AMSSM Legislative Update

Most state legislatures will start their 2019 sessions in just a few weeks -- and many of those sessions will be over by the end of March or April. Please make it a habit to look at the Advocacy map to see what your state legislators are interested in and if any bills would affect you and your practice.

On the federal level, the 116th Session of Congress begins January 3, 2019 with many new members. President Trump is entering the second half of his current term in the White House and Congress is split with Republicans controlling the Senate and Democrats the House of Representatives. Regardless of who controls the White House or Congress, it’s important for sports medicine physicians to get to know their representatives at all levels and to make their voices heard. While we raised the profile of sports medicine with active participation in passage of the Sports Medicine Licensure Clarity Act in 2018, continued efforts to educate both new and incumbent members of Congress are essential.

If you’d like to participate in AMSSM’s advocacy program, please reach out to our legislative consultant, Judy Pulice at legislation@amssm.org.
Higher Omega-3 Levels Linked to Healthier Aging

Recently, Heidi Lai, PhD, and colleagues from Friedman School of Nutrition Science and Policy at Tufts University in Boston released exciting results from their study, which demonstrated a link between higher levels of omega-3 and healthier aging. They defined healthier aging as survival without chronic disease, such as cardiovascular disease, cancer, lung disease, or severe chronic kidney disease. They tested cumulative levels of plasma phospholipid n-3 PUFAs in 2,600 older adults at three time points over a 13-year period and found that higher levels of long-chain n-3 PUFAs were associated with an 18% (95% CI, 3% - 30%; P =.001) lower risk of unhealthy aging. These findings were reported in the British Medical Journal. Dr. Lai explained, “We found that higher blood levels of omega-3s from seafood were associated with a higher likelihood of healthy aging and also saw that people with the highest blood levels of omega-3s self-reported fish intake of about two servings per week.” Of note, they did not examine supplements but rather omega-3s from seafood. These potential benefits require further investigation.

Comparing the Long-term Treatment Outcomes of Conservative Management vs. Surgical Treatment of ACL Ruptures in High Level Athletes

A recent study from the American Journal of Sports Medicine found that approximately 20 years after an ACL rupture, no significant difference existed between operatively and nonoperatively treated patients regarding the rate of osteoarthritis, the presence of meniscectomy, and functional outcomes. It also showed that only objectively measured knee stability was significantly better in operatively treated patients. This retrospective pair-matched study presented the 20-year follow up outcomes of patients with ACL ruptures treated operatively or nonoperatively. The patients were pair-matched with the operatively treated patients with respect to age, sex, and Tegner activity score before the initial injury. A total of 25 participants were included in either group. All were high-level athletes and had a ruptured ACL.

The findings allow more insight into the long-term effects of an ACL rupture in athletes and suggest rehabilitation should be considered as a primary treatment for ACL ruptures in athletes.

Tennis Elbow Treatments Found to Have More Risk Without Benefit Over Placebo

A recent study published in the American Journal of Sports Medicine performed a meta-analysis of over 2,700 patients in 36 randomized controlled trials concerning treatment of tennis elbow. The researchers from Beth Israel Deaconess Medical Center found that none of the treatment modalities performed better than placebo in treating a patient’s pain, but all of them increased the risk of adverse effects. The treatments included such things as physical therapy, acupuncture, NSAIDs, botulinum toxin injections, ultrasound, laser therapy and more. Dr. Ara Nazarian stated, “All 11 treatment options provided only small pain relief, while increasing the odds of adverse events. More than 90 percent of the patients given placebo experienced pain resolution after four weeks.”

Disclaimer: The information provided in this section does not necessarily represent the official view of AMSSM but is nonetheless available for consumption and consideration of the membership.
AMSSM members,

I would like to thank you again for the privilege of serving as your President. The first eight months have been very busy! During my incoming address at the Annual Meeting, I spoke about our strategic marketing and branding efforts and our work with Springboard Brand and Creative Strategy on the development of new nomenclature, messaging and logo. Thank you to the members who participated in the survey on the future of our brand, message and look. I am pleased to report that we have new nomenclature, “sports medicine physicians”, a new marketing message, “We Understand You” and a new logo! I hope that this will help us moving forward in our communications about who we are and what we do.

Another exciting update to report is the final passage of the Sports Medicine Licensure Clarity Act. This legislation will protect traveling team physicians from medical and legal liability when practicing across state lines with your team. This has been many years in the works, and special thanks to current AMSSM First Vice President Chad Carlson, MD for his work on drafting the original bill and the work of Practice and Policy Chair Jennifer Koontz, MD, MPH and Vice-Chair Jason Matuszak, MD, as well as our legislative consultant, Judy Pulice, in continuing to work hard on this bill.

Given the focus on quality, value and outcomes, we have a task force, chaired by Andy Peterson, MD looking at different Patient-Reported Outcomes systems. Another task force, which will be chaired by Second Vice President Tracy Ray, MD, will focus on the education process to produce a sports medicine physician. Do we need to re-think our fellowship and/or residency training model to produce sports medicine physicians that are ready for the changing face of sports medicine and health care?

Drs. Carlson and Matuszak continue their hard work on the Annual Meeting, and it looks like it will be a great venue, and with more and better content than ever before. The Foundation Contributors’ Party at the Johnson Space Center, should entice you to donate to the Foundation, so that you have an opportunity to enjoy this once-in-a-lifetime venue.

Lastly, I would like to thank the members of AMSSM for their energy, enthusiasm and contributions to the organization at large. There is a reason we continue to grow and evolve as the best sports medicine organization, and it is our members! Keep reaching out to make new connections, reaching up for mentorship and guidance, and keep progressing so we may reach ahead as an organization.

Hoping each of you have a great holiday season!

Chad Asplund, MD, MPH
President, AMSSM
International and Inter-Organizational Committee Short

By Carly Day, MD

The IIOR Committee has had a great year. The International Traveling Fellowship had a large number of applicants and we selected Dr. Aaron Gray, Dr. Kyle Smoot, and Dr. Kentaro Onishi as our Junior Fellows for Japan in 2019. Dr. Brian Halperin will be the Senior Traveling Fellow and Dr. Yuka Tsukahara will be the International Traveling Fellow from Japan. This program has been an excellent opportunity for young AMSSM members to learn from our colleagues around the world.

We continue to use the Liaison Program to keep up to date with other societies and organizations in the field of sports medicine as we look for opportunities to collaborate. We will once again serve the local community with a project prior to the Annual Meeting in Houston. Please consider coming early to serve!

We hope to see anyone who may be interested in serving on our committee at the Annual Meeting, but feel free to contact us if you want to be involved with any service projects, international relations or improving our relationships with other sports medicine and athletic organizations. You can email us at international@amssm.org.

News from the Board

Membership Committee Short

By Marci Goolsby, MD

At year-end for 2018, AMSSM membership continues to have significant growth over the past year. It is exciting to be a member in such a thriving organization that works on initiatives advocating for its physician membership. We continue to see steady increases in our student, resident, fellow and active membership categories. Members continue to display their energy and enthusiasm towards serving the organization and we want to thank our fellowship class liaisons and class representative, MSIG and SMRC Officers, committee members, affiliate mentors and leaders.

The Membership Committee oversees:

- **Scholarship Review**: Resident Scholarship (led by Dr. E. James Swenson Jr.), Student Scholarship (led by Nate Jones) and Davenport Memorial Scholarship (co-led by Drs. Shelley Street Callender and Nailah Coleman and Diversity Special Interest Group).

- **Annual Survey**: Dr. Steve Poon, MD is at the helm leading a subcommittee to review and implement the survey.

- **Fellow Liaison**: Dr. Eldra Daniels is our 2018-2019 Fellowship Class Liaison for the Membership Committee. He has been working closely with the SMRC and MSIG on various projects.

- **Medical Student Interest Group (MSIG)**: Live webinars presented to our student members during the year included Dr. Gary Green presenting on “The Effect of an Anti-Doping Program on Professional Baseball and the Effect of Research and Rule Changes on Concussions in Baseball” and Dr. Douglas Hoffman presented on an “Introduction to Sports Ultrasound”. Links to these webinars and all of the past webinars are posted on the “Student” page of the AMSSM website for members to view (must be logged in). In August, the MSIG Facebook page was launched with the intent to engage current student members and expose medical students all over the country to AMSSM and the field of sports medicine. Congratulations to the newly elected 2019 MSIG Officers.

- **Rookie Report**: This is an e-newsletter for Student and Resident members that began in September 2017 with short articles of interest. The Editorial Board is led by the SMRC Communications Representative and four editors serving (two from the MSIG and two resident members).

- **Mentor Projects**: The “Ask-a-Fellow” (led by Dr. Isaac Syrop; 2018 Fellowship Class Representative) and the “Resources for Residents” (led by Dr. Aditya Raghunandan; 2018 SMRC President) along with the Annual Meeting Mentor Project (led by Drs. Carly Day and Jonathan Napolitano and Joan Brown) were successful at the 2018 AMSSM Annual Meeting and will be continued during the 2019 Annual Meeting. Plans are being finalized to expand the Mentor Project in 2019 to be a year-round program. continued on page 14
• **Special Interest Groups.** A few highlights of discussions below:

  - **Academics** (Dr. Kim Harmon). Discussion took place on:
    - Supporting members in academic career pursuits
    - How to navigate the different academic advancement processes
    - Raising awareness of the interest group and addressing needs of the members
  - **Diversity** (Dr. Shelley Street Callender):
    - The Jason Davenport Scholarship, created in memory of one of our sports medicine colleagues, has reached the necessary level to award one $500 scholarship to support an underrepresented minority member to participate in the 2019 AMSSM Annual Meeting. An online application is now available on the website for eligible members to apply for the scholarship.
    - The group also discussed opportunities for increasing diversity through mentorship, AMSSM involvement, Annual Meeting Program Planning and lecture opportunities.
  - **Emergency Medicine** (Dr. Christopher Guyer):
    - Discussed EM listserv and update on work on Emergency Medicine Musculoskeletal Curriculum
    - Members broke into work groups and developed action plans for each area (education, Annual Meeting/ICL topic development, fellowship, research, practice development).
  - **Internal Medicine** (Drs. Claudia Dal Molin and Selina Shah):
    - Announced MOC Credit is now available at 2018 AMSSM Annual Meeting.
    - Discussed modules for ABIM credit, Internal Medicine MSK Curriculum as well as update from the ACP.
  - **Pediatrics** (Dr. Mark Halstead):
    - Discussed AAP statements in progress – sports-related concussion (revision); strength training; organized sports for children; injuries in youth Soccer; physical activity; and promoting participation of children with disabilities in sports.
    - Announced USOC is looking for physicians to offer PPE’s free of charge to National Team Athletes.
    - PPE 5th edition is moving along with goal of publication by early summer 2019 and currently looking at ways to increase accessibility and ‘uptake’ by the medical community, particularly non-sports docs.
    - AMSSM will be holding a pre conference on sports specialization prior to 2019 annual meeting in Houston.
  - **PM&R** (Dr. Carly Day): Discussed the following topics
    - AMSSM-AAPMR Partnership
    - Applying to fellowships
    - Maintenance of Board Certification/CAQ
  - **Private Practice** (Dr. Michael Swartzon): Concerns voiced and consensus on issues
    1) members starting private practice after completing fellowship and felt not prepared for their new practice environment and recommending additional practice development and economics programming at the Annual Meeting to gain knowledge
    2) members would like AMSSM to promote PCSM to patients and general medical community
    3) physician assistants role
  - **Resident/Student** (Dr. David A. Ross): Had great turnout (mostly PGY2s but all primary specialties). Panel answered a plethora of questions on applying and preparing for fellowship.

**Annual Meeting Registration Fee Changes:** In July, the Board approved reducing the Annual Meeting registration fees effective with the 2019 Annual Meeting for:
- a) Medical Students decreased from $350 to $150
- b) Emeritus Members decreased from $500 to $150

**Membership Statistics**
Total member count now exceeds 3,800 and membership is up compared to 2017.

**AMSSM is:**
77% M.D | 23% D.O.
72% Male | 28% Female
70% Family Medicine

**AMSSM Membership Trends**

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<table>
<thead>
<tr>
<th>Year</th>
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</tr>
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<td>2018</td>
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</tr>
<tr>
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<td>1100</td>
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<tr>
<td>2016</td>
<td>900</td>
</tr>
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<td>2015</td>
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MEMBERSHIP COMMITTEE SHORT

Continued from page 13
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.

2019 FOUNDATION SUPPORTERS

GOLD LEVEL
$50,000 - $99,999

SILVER LEVEL
$25,000 - $49,999

BRONZE LEVEL
$10,000 – $24,999

SIGNATURE SUPPORTERS

$20,000 in Clinical Research Funding Available from AMSSM-ACSM Grant

Deadline: February 8, 2019

The AMSSM Foundation is pleased to partner with ACSM for a 7th year of the AMSSM-ACSM Clinical Research Grant Award. The program continues to foster original scientific investigations with a strong clinical focus among physician members of AMSSM and ACSM. The primary investigator must be a physician and a member of AMSSM and ACSM. The maximum total grant is $20,000 ($10,000 from AMSSM, $10,000 from ACSM), which will be awarded to a single research proposal for the initial maximum time period of a two-year grant cycle.

Completed grant applications must be submitted by the second Friday of February (Feb. 8, 2019).

Past AMSSM-ACSM RESEARCH AWARD Winners include:
2018 Hamish Kerr, MD – Prospective Investigation of Prevention of Concussion in Sports

2017 Andrea Stracciolini, MD – The Pediatric Physical Activity Vital Sign: Screening Children for Exercise Deficit Disorder

2016 M. Alison Brooks, MD, MPH – Parent-Athlete Knowledge of Sport Volume Recommendations, Attitudes and Beliefs towards Sport Specialization

2015 M. Kyle Smoot, MD – The Relationship Between Muscle Damage and Acute Kidney Injury Biomarkers in American Football Players During Preseason Workouts

2014 Daniel Herman, MD, PhD – Assessment of Neuromuscular Performance Deficits and Recovery After Concussion: Implications for Anterior Cruciate Ligament Injury Risk

2013 William Meehan, MD – A Randomized, Double-Blind, Placebo-Controlled Trial of Transcranial Light Emitting Diode Therapy for the Treatment of Chronic Concussive Brain Injury

Visit AMSSM-ACSM Research Grant to apply.

AMSSM Foundation Leadership

OFFICERS
Rob Johnson, MD ............................................. President
Bob Dimeff, MD ............................................ Vice President
Kim Harmon, MD ........................................... Secretary/Treasurer
Jeff Tanji, MD ............................................. Immediate Past President
Marje Albohm, MS, ATC (Corporate)
Mike Pursel, RPh, MBA, CHP (Corporate)

BOARD OF DIRECTORS
John DiFiori, MD  Amy Powell, MD
Susan Joy, MD  Steve Simons, MD
William Meehan, MD  Craig Young, MD
Sourav Poddar, MD
2019 AMSSM Foundation Contributors’ Party (Off-Site)

Beginning at 6:45 p.m., participants will be bussed to Space Center Houston. A Tex-Mex buffet and one drink ticket per person will be provided, along with access to all the exhibits at Space Center Houston - including original shuttle carrier aircraft with a mounted replica of the space shuttle, Rocket Park with a restored Saturn V rocket and Mission Mars exhibit. A DJ, dancing and a cash bar will be available throughout the evening.

Members who make a gift of $100* or more (gifts of $50* or more from Fellowship, Resident and Student members) after the 2018 AMSSM 27th Annual Meeting up until March 29, 2019 are invited to the Foundation Contributors’ Party.

Your donation MUST be received by March 29, 2019 in order to attend. Those making a $250 or more gift to the Foundation are invited to bring a spouse/significant other. Separate minimum donations are required for additional guests.

Sign in through “Member Log-in” and make your gift now to join this memorable event!

ANNUAL GIVING LEVELS

Founders’ Circle*............................$2,000+
Platinum ....................................................$1,000+
Gold .......................................................$500 - $999
Silver .........................................................$250 - $499
Bronze .....................................................$100-$249
Fellows, Residents and Students ....$50-$99

*As part of $10,000 or more commitment made over a five-year period.

2019 Foundation Auction: Call for Items

In its 9th year, the AMSSM Foundation Auction continues to support and benefit AMSSM programs that promote research, education and initiatives developed by AMSSM and funded by the Foundation. For the last eight years, the AMSSM Foundation Auction has collectively raised more than $240,000 providing a substantial source of funding.

Auction items ranging from authentic sports memorabilia and event tickets to scenic vacation stays and course registrations are popular items. Members affiliated with professional and collegiate teams can also consider donating team apparel or memorabilia that will be included in the auction.

During the 2019 Annual Meeting in Houston, TX, we’re asking members to consider what item(s) or package(s) you, your team, university and/or company might donate for the 2019 Foundation Auction. You can view the 2019 Annual Meeting web page for a copy of the Auction Donation Form, and the Prospective Donor letter that you can pass on to your employer, team, league, etc. You can also submit your form online. Donors will receive letters acknowledging their gift for tax purposes. Winning bidders may claim a tax deduction for anything paid above fair market value.

Deadline to submit your items is March 22, 2019.

Submit Nominations for the 2019 AMSSM Founders’ Award

Nominations are being accepted for AMSSM’s top honor - the 2019 AMSSM Founders’ Award. Please consider nominating an individual, group or organization that exemplifies the best aspects of sports medicine. If chosen, they will receive a $500 cash award and a plaque during the 2019 28th AMSSM Annual Meeting in Houston, TX.

The deadline to nominate candidates for the Founders’ Award is Jan. 5, 2019.

Past Founders Award Recipients:
2018 Aurelia Nattiv, MD
2017 Fran O’Connor, MD, MPH
2016 William Dexter, MD
2015 Bob Kiningham, MD
2014 Margot Putukian, MD
2013 Warren Howe, MD
2012 Craig Young, MD
2011 Chris Madden, MD
2010 Stephen Paul, MD
2009 Connie Lebrun, MD
2007 Jim Moriarity, MD
2006 Randall Dick;
Vito Periello Jr., MD
2005 Elizabeth Arendt, MD
2004 John A. Bergfeld, MD
2003 Cindy Chang, MD
2002 James Whiteside, MD
2001 Karl B. Fields, MD
2000 David Hough, MD

This represents a great opportunity to publicly recognize a special physician or group that has been influential in the sports medicine community.

Click here to view and submit the nomination form.
Member in the Spotlight

David Bazzo, MD

By Lauren M. Simon, MD, MPH

“Buonissimo”, or “delicious” in Italian is how our Member in the Spotlight, Dr. David Bazzo describes the recipes for favorite pizzas he cooks in an outdoor pizza oven in his yard in San Diego, while simultaneously watching sports on a large screen.

On any given day, you can find Dr. Bazzo either playing sports, caring for those who are playing sports, cheering as a huge fan of sports or teaching sports medicine. When not at work, Dr. Bazzo, who loves to cook, may be creating the next great Italian seafood meal or researching fantastic restaurants we can try at our next AMSSM Annual Meeting.

Dr. Bazzo was born in Chicago after his parents emigrated from Italy. At three months old, he officially became a Californian when he moved with his parents from Chicago to Covina, California. He spent summers in his youth in Italy. Dave was raised in Covina and attended South Hills High School, where he was a multisport athlete competing on the football, wrestling and baseball teams. He got his first glimpse of sports medicine watching his high school team physician, Dr. Osborn, care for the athletes. For college, he attended University of California, Irvine (UCI) where he double majored in biology and chemistry. While at UCI (which has a rare mascot, the Anteater), he and his Anteater colleagues were very competitive intramural athletes in football, volleyball, tennis, floor hockey and Ultimate Frisbee.

Outside of classroom hours at Irvine, Dr. Bazzo split time between surfing some of the world’s best waves in Newport Beach and doing plastic surgery research in the burn lab, where he was part of the first site to successfully use cadaver skin allografts with use of cyclosporine on patients with extensive burns. After this work, he thought he would become a reconstructive plastic surgeon. However, during medical school at The University of Health Sciences/The Chicago Medical School he realized he “liked all of his rotations” and decided to become a Family Medicine physician. While on rotation at the Cook County Children’s Hospital of Chicago during his 3rd year of medical school, he met two Family Medicine Residents headed to sports medicine fellowships, and he found that he could combine his “love of everything about sports” and medicine by becoming a Primary Care Sports Medicine Physician.

In medical school, Dr. Bazzo and classmate Catherine Karmel got a lot of cooking practice hosting “themed” holiday meals for students who could not return home for holidays and sports-themed meals for watching the Chicago Cubs, Bears, Bulls and Blackhawks games.

Dave did his Family Medicine Residency and his Primary care Sports Medicine Fellowship at University of California, San Diego (UCSD), where Dr. Mark Bracker was the Fellowship Director and mentor to Dr. Bazzo. In Fellowship, he was team physician at Torrey Pines High School and also honed his love of golf (which he still plays today). His co-fellows were field hockey Olympian Dr. Leslie Milne and Navy Fellow Dr. Greg Hoecksema.

After Fellowship, Dr. Bazzo remained at UCSD as faculty for medical students and residents with the leadership of Dr. Bill Norcross and served as a Clinic Medical Director. His practice consists of two half-days of sports medicine clinic, two half-days of Family Medicine clinic, and four half-days as Director of the Fitness for Duty Program at UCSD’s Physician Assessment and Clinical Education (PACE) Program, which is a program for physicians having competency issues at their work. The remaining part of his work schedule is divided between Co-Directing the UCSD medical student 3rd year Primary Care Clerkship and teaching residents, medical students and sports medicine fellows. 

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DAVID BAZZO, MD  
Continued from page 17

He is a Team Physician for UCSD, San Diego Seals professional Indoor Lacrosse Team and Malashock Professional Dance Company. He also serves as team physician for Mira Mesa High School, which recently competed in the California Interscholastic Federation Division II football championship game. He served as a sports medicine consultant to the former San Diego Chargers prior to their relocation to Los Angeles.

In addition to his work in Sports Medicine, Dr. Bazzo has been a tireless volunteer in organized medicine and advocacy. He is currently Speaker of the House and serves on the Board of Directors for the California Academy of Family Physicians and as President of the San Diego County Medical Society. He was co-developer for the Concussion Screening Program for the San Diego Unified School District (the second largest school district in California behind Los Angeles). He notes that “in the clinic he is helping one patient at a time, but with state legislative advocacy he is potentially helping 33 million people at one time.”

Dr. Bazzo enjoys playing golf, beach volleyball and a host of intramural sports at UCSD, where the faculty compete against the student teams. Outside of work, he enjoys family time at home or traveling with his amazing wife, Sabrina, and daughters, Mara and Eliana.

Dave joined AMSSM as a fellow and serves on the Medical Student Education Committee. At the 2018 Annual Meeting in Orlando, Dr. Bazzo was recognized as a 25 Year member of AMSSM. His advice to AMSSM members is to “take advantage of every day as one does not know what the next day holds; eat well, live as healthy as possible, be nice to others and give lots of love.”

“Grazii mille”, “a thousand thanks” to Dr. Bazzo for being our Member in the Spotlight.

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2017-2018 ANNUAL REPORT

CLICK HERE TO VIEW THE REPORT ONLINE.
ODDS AND ENDS

AMSSM STORE
amssmstore.com

30% OFF* wearables

Use promotion code AMSSM30 when checking out.

Offer expires: Dec. 31, 2018
*Excludes brokered items and gift cards.

Upcoming Conferences/Events

1/4/19
AMSSM Resident and Student Scholarship Deadlines

1/5/19
Founders’ Award Nominations Deadline

1/11/19-1/13/19
AMSSM/South Bend
Sports Ultrasound; Including Injections
Beginning Level Course
South Bend, IN

2/4/19 by 9 a.m. CT
Jason Davenport Memorial Scholarship Deadline

2/8/19
AMSSM-ACSM Clinical Research Grant Deadline

3/15/19-3/16/19
AMSSM/Cayuga Medical Center
Sports Ultrasound Cadaver/Injection
Beginner Course
Ithaca, NY

4/12/19-4/17/19
2019 AMSSM 28th Annual Meeting
Houston, TX

The AMSSM Career Center
Post. Interview. Connect.

The easy-to-use and highly targeted resources at the AMSSM Career Center can bring your job or candidate search to the next level.

Visit the AMSSM Career Center today to learn more!