Middle-ear barotrauma (MEBT) or “middle ear squeeze” is the most common disorder affecting scuba divers. This is caused by an inability to properly equalize the pressure between the external and middle ear during descent. Affected divers may experience multiple symptoms including ear fullness, decreased hearing, ear pain and possibly tympanic membrane (TM) rupture.
**AMSSM NEWS**

**AMSSM 2022 ANNUAL MEETING**

*Continued from page 1*

Athletes.”

- MSK topics will include a session on peripheral nerve and muscle pain and interventions, the forearm, hand and wrist, thigh and leg, foot and ankle, as well as a session about the overhead athlete outside of your typical throwing sports.
- Non-MSK topics include sessions on the female athlete, mental health, race in sport, trans athletes, concussion, cardiology, pharmacology, youth sports, wilderness medicine, technology use in sports, and infectious disease.
- We are bringing the boot camp, faculty development and WILL to the main stage, and we round out the meeting with a session highlighting the top 10 articles in sports medicine from the last year and two of our new AMSSM policy statements.
- Gathering with colleagues in AMSSM interest groups: Diversity, Emergency Medicine, Internal Medicine, Pediatrics, Physical Medicine and Rehabilitation; and in team physician groups including high school, collegiate/ NCAA, Olympic/Paralympic and professional.

In addition to the above highlights, we have excellent opportunities for further education and participation, such as:
- Fundamental and Advanced Sports Ultrasound Pre-Conferences
- Fellowship Forum
- AMSSM/ACSM CAQ Preparation

**EXECUTIVE SUMMARY: MIDDLE-EAR BAROTRAUMA (MEBT)**

*Continued from page 1*

There are several manual maneuvers divers can try to aid equalization. Some divers utilize over-the-counter products for prevention. Most of these products are not evidence-based, and some may even lead to harm.

**Affected Population/Incidence**

MEBT affects more than 40% of divers at some point in their diving career (Glazer 2016). Risk factors include individuals who dive with colds or active allergic rhinitis causing obstruction of the Eustachian tube.

**Pathophysiology/Etiology**

The external and middle ear are separated into compartments by the tympanic membrane. The middle ear is connected to the Eustachian Tube which, in turn, is connected to the oropharynx. Water in the external ear is non-compressible, and the pressure increases 1 atmosphere (ATM) for every 10 meters (33 feet) descended. The gas that fills the sinuses and middle ear is easily compressible.

According to Boyles Law, the volume of a gas varies inversely to that of pressure at constant temperature. Therefore, for every 33 feet of descent, the ambient pressure in the outer ear increases by 1 ATM, and the volume of gas in the middle ear decreases by one-half. This hydrostatic pressure pushes the TM inward, leading to potential trauma in the middle ear (Tiffany 2016). Middle ear squeeze and impaired equalization are on a continuum (Livingstone 2017). The diver, upon descent, may experience ear discomfort if they have impaired equalization. This can be minimized during the dive by ascending several feet, attempting to equalize again by increasing the volume of gas in the sinus/middle ear, which decreases the pressure inversely (Becker 2001). There are several equalization methods including but not limited to: the Valsalva maneuver, Toynbb maneuver, or Frenzel maneuver. However, if after employing one or more of these techniques, divers are still unable to equalize and continue to descend, they may experience MEBT (Lynch 2014).

**Presentation**

MEBT ranges from transient and reversible discomfort to TM rupture. In this spectrum of illness, divers can also experience TM congestion (Azizi 2011), ear fullness, decreased hearing (conductive hearing loss), and ear pain (Lynch 2014). These complications can result in days to weeks of pain and prevent further diving. If TM rupture occurs, this could lead to sensorineural hearing loss, tinnitus, vertigo, and infection requiring antibiotics and possibly surgery (Battisti 2020).

**Diagnosis**

The diagnosis of MEBT is based on clinical evaluation. The diver should be seen by a medical professional to assess the extent of injury and rule out conditions presenting similar to MEBT but requiring different treatment. Some of these conditions include: inner ear barotrauma, external auditory canal barotrauma, alternobaric vertigo, and inner ear decompression sickness (IEDCS). The physician will take a history and perform an otoscopic examination assessing for middle ear edema, continued on page 3
EXECUTIVE SUMMARY: MIDDLE-EAR BAROTRAUMA (MEBT)
Continued from page 2

hemotympanum and TM rupture. The diver may benefit from evaluation by an otolaryngologist depending on the symptoms present and extent of injuries seen on evaluation. If the diver experiences nystagmus, vertigo, or hearing loss, they should be further evaluated for inner ear barotrauma, alternobaric vertigo and/or IEDCS. If the patient has swelling, erythema and petechiae of the external ear canal, they likely have external ear barotrauma.

Treatment/Management

Education is key in treatment and prevention. If divers experience ear pressure while descending, they should ascend and attempt to equalize. If ultimately unsuccessful, the dive should be aborted. There are several over-the-counter products marketed to divers to prevent middle ear squeeze. Topical nasal decongestants may not provide relief (Carlson 1992). Pseudoephedrine is known to prevent middle ear barotrauma during descent, but its use in prevention is limited because it can lead to a reverse ear squeeze, a painful condition that may prevent the diver from ascending to the surface and can lead to drowning (Brown 1992, Glazer 2016). Unvented ear plugs should never be used as they create a new air-filled space that cannot be equalized leading to MEBT. Vented ear plugs, although marketed to divers to aid equalization, have not been independently studied to assess whether or not they are beneficial in preventing MEBT and may be harmful in some scenarios. Topical nasal steroids and oral antihistamines have also not been studied in prevention. If developing MEBT, topical nasal and systemic steroids can be used to reduce middle ear swelling. If a secondary bacterial infection occurs, antibiotics should be prescribed. If a TM rupture occurs, the diver should be sent to an otolaryngologist for further treatment. Fortunately, most TM ruptures will resolve spontaneously within 1-3 months (Glazer 2016). To resume diving, divers with MEBT should be cleared by a physician.

Future Directions/Research/Special Considerations

In our review of the literature, we were unable to find quality research publications that were focused on preventative products for middle ear squeeze in scuba divers. Further research is needed to determine best preventative treatments for this disorder.

Disclaimer

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References

Tokyo 2020 Summer Olympic Games
Stories from the Tokyo 2020 Summer Olympic Games

Nailah Adams Morancie, MD, MS

‘I am going to be an Olympic doctor.’

I said these words aloud as I was walking with friends across the old tennis court at my alma mater, Bishop Anstey High School in Port of Spain, Trinidad. Unbeknownst to that teenaged me at the time, it was more than a dream but a destiny. The years of patience and effort finally came to fruition when after being a volunteer national Sports Medicine team physician since 2016 with the Trinidad and Tobago Olympic Committee, I was invited to serve on Team TTO at the Tokyo 2020 Games. With just one additional year of waiting due to the COVID-19 pandemic, and with the full support of my Department of Family Medicine at UNC Chapel Hill, I was off to Tokyo to fulfill my dream.

Landing at Narita International Airport was surreal. Our 13-hour flight from Newark, NJ, had allowed me to get the most sleep I had gotten since giving birth to my son in November 2020. The excitement grew despite the 4 hours it took to get through all the immigration protocols, COVID-19 testing, and waiting on results to finally being able to exit the airport. Because Tokyo was still in a State of Emergency during the Olympics, I knew we would not be able to sightsee so I soaked in everything I saw during our transits. I remember thinking during the hour-long bus ride from Narita to the Olympic Village that this city is SO CLEAN. Every blade of grass seemed intentionally planted, every square inch of asphalt seemed meticulously paved. Tokyo is a beautiful city.

The bus parked at the Olympic Village and I sharply inhaled. This is it. This is where I will be spending the next 6 weeks of my life, on 24-7 call for any needs of our team, away from my family. But this was the reality of my dream, and I was filled with gratitude. The Netherlands, by far, won the Make Your Presence Known category with their building-length drapes and energetic nightly medal counts. We set up our medical space and figured out the collection process for daily saliva samples for COVID-19 testing, one that improved throughout our stay as a testament to the adaptability and responsiveness of the hosts. The dining halls and gym were out of this world. There were sanitizing measures within arm’s reach wherever we stood. I was impressed by the efforts made to safely ensure that athletes had the facilities they needed.

Jet lag hit like a ton of bricks on day three, but I powered through. I was up at 4 am daily to have first dibs on the common facilities in our suite and to grab breakfast before opening the med room from 7 am to serve the needs of our team. For practice session or competition events, I would brace for that sweltering heat and go forth with true gratitude because I was doing what I loved and was destined to do. The atmosphere in the Olympic Stadium for events was electric though it was just us taking up the mantle for spectators. Seeing our athletes do their best, many making the finals of their events, was the greatest reward. Their perseverance and success are what I love most about being a team physician.

The Closing Ceremony was a beautiful culmination of my experience in Tokyo. To see the Olympic torch in person is an indescribable feeling that I hope to have 10 Olympics from now. I am so grateful for the opportunity to represent my home country, my team, my institution, and my field of Sports Medicine.

Ellen Casey, MD, Associate Professor, Hospital for Special Surgery
Marcia Faustin, MD, Assistant Clinical Professor, University of California, Davis
Co-Head Team Physicians, USA Gymnastics Women’s National Team

We began our roles as USA Women’s Gymnastics National Team Co-Physicians in January of 2019 without ever having met in person. Despite working together for three years, we have only been in the same place a handful of times. However, our countless FaceTimes, texts, and emails have enabled us to establish a mutually respectful and collaborative partnership that allows us to care for some of the greatest athletes in the world.

Leading up to the Olympics, we participated in numerous Zoom meetings to discuss evolving preparations, particularly COVID-19 protocols, and spent a great deal of time educating our athletes and staff about what to expect. The National Championships and Olympic Trials were crucial competitions that led up to selecting the team, and we were just as nervous and excited as the athletes themselves. We were both present at the competitions, providing medical care and mental health support during these intense and highly publicized events.

Serving as the Co-Team Physicians for the U.S. Women’s Olympic Gymnastics Team in Tokyo was

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indeed a rewarding experience. We made it a priority for both of us to have the opportunity to experience the Olympic games, with Dr. Casey covering the first half and Dr. Faustin the second. The experience offered both of us unique challenges, experiences, and opportunities for growth.

Upon arriving in Japan for the start of the Olympic journey, the first major hurdle for Team USA Women’s gymnastics was having one of the replacement athletes test positive for COVID-19 on our third day. At that time, our team was in a “pre-games” training week in Narita (about an hour from Tokyo), so we had little clarity about how this was going to be handled, as all of our preparation in collaboration with the USOPC was for “in games” situations. Dr. Casey navigated the local health department protocols, facilitated contact tracing, kept the team and staff calm, and communicated with the USOPC, USA Gymnastics leadership, parents, athletes, and coaches. Isolation for the COVID-19 positive athlete and quarantine for the one close contact was challenging, but the team was able to return to training and move on to Tokyo for the competition.

The competition unfolded with one of the most historical moments of the Games when Simone Biles advocated for her safety by pulling out of the team finals due to mental health difficulties (“twisties”). Dr. Faustin worked with the athlete, coaches, parents, USA Gymnastics leadership, the Federation of International Gymnastics, and Olympics officials to safeguard Simone while supporting the rest of Team USA. Her swift action enabled the team to continue competing and earn the team silver medal. Most excitingly, every gymnast returned home with a medal!

While there were moments of difficulty, these were matched with exhilarating experiences, particularly of the athletes demonstrating amazing feats of athleticism and character. Because the athletes did not have parents, friends, or loved ones with them, the medical team and staff worked diligently to make them feel supported throughout the Games, all while we reminded them to spit in their COVID swab tubes, keep their masks on, and Facetime their parents. Dr. Casey and Dr. Faustin both endured different challenges during the games. However, it was the unwavering support we provided each other that led to an incredible Olympics experience.

Our professional collaboration and friendship have grown as we continue in our Co-Team Physician roles. The care we provide our athletes is enhanced by our individual strengths, and we have become better physicians and people through our partnership. We are grateful for the opportunity to be a part of our athletes’ incredible journey and appreciate the trust instilled in us by the USA Gymnastics staff, coaches, parents, and athletes.

GO TEAM USA!

Michael Fredericson, MD
Professor and Director, PM&R Sports Medicine; Fellowship Director, Non-Operative Sports Medicine; Team Physician, Stanford Intercollegiate Athletics; Co-Director, Stanford Center on Longevity; Stanford University

My path to the Tokyo 2020 Olympic Games was through the International Olympic Committee (IOC). I was part of a volunteer team composed of 20 health care professionals (16 physicians, 3 nurses, and 1 psychologist) from around the globe, including England, Norway, Switzerland, South Africa, Spain, Russia, Sri Lanka, Kazakhstan, Jordan, Argentina, Madagascar, and Bermuda.

We spent half our time at the Polyclinic in the Olympic Village that was open to any athlete or staff who needed access to medical services. Comprehensive treatment was available for medical, dental, and musculoskeletal care along with state-of-the-art imaging and physical therapy facilities. We also delivered patient care at the isolation hotel for anyone testing positive for COVID. Our medical team responsibilities included daily physical and mental health monitoring of the residents in the hotel and responding to their questions, comments, and concerns.

On one of our off work days, some of us had the opportunity to visit the USA pre-event training center set up just outside of the city. The site director, Dr. Mark Hutchinson (Director of Sports Medicine at the University of Illinois), graciously took half the day to give us a tour of all the facilities and meet key staff members. We also had exposure to daily lecture series sponsored by the IOC on various sports-related topics and a personal meeting with Lars Engebretsen, head of IOC medical sciences, to discuss research and continued on page 7
STORIES FROM THE TOKYO 2020 SUMMER OLYMPIC GAMES  
Continued from page 6

educational opportunities with the IOC.

The Tokyo 2020 Organizing Committee and IOC delivered 339 events across 42 venues for almost 12,000 athletes from more than 200 countries worldwide. In the end, the numbers of positive COVID cases were extremely low due to the strict protocols put in place. As we were leaving on the last day, I was humbled to receive gratitude from many Japanese nationals for our efforts. I have a strong affinity for Japanese culture, having studied Okinawan karate since I was a teenager and being married to a Japanese-American woman. Despite the initial opposition from many Japanese citizens to the Games held during a national pandemic and my reservations on whether to participate, it turned out to be one of the most memorable experiences of my career.

One of the most gratifying parts of this adventure was coming to know a fantastic group of healthcare professionals from around the globe. We became very close, living and working together 24/7 for several weeks. Many of us have continued to stay in close contact and even collaborated on an editorial piece on suggestions to improve care for the Beijing Olympics.

Kentaro Onishi, DO

My journey for Tokyo Olympics started 20 years ago when I was a high school student in Japan. I did not speak any English but I made a decision to come to the United States with a resolve to one day become a sports medicine physician to go to the Olympics. I completed pre-med classes while learning English, and finished PM&R residency at UC Irvine followed by a fellowship training at Mayo Clinic. I now serve as the program director for PM&R Sports Fellowship at University of Pittsburgh. My dream finally came true when I was invited to help IOC Medical Science research team, led by Dr. Lars Engebretsen from the University of Oslo.

The mission of the research team is to conduct research to improve the health and wellness of the Olympic athletes. I assisted their Injury and Illness Surveillance Program which is their oldest research program. This program started in 2008 Beijing Olympics, and it aims to collect injury and illness demographic data in the hope to formulate preventive strategies. I also proposed using ultrasound at venues to provide point-of-care injury assessment. The main objective of this program was to describe the use of Venue Ultrasound during Tokyo Olympics. As a pilot project, we chose seven high-risk sports based on the injury surveillance data. I personally paid for four rental ultrasound machines, and I was responsible for transferring these machines from venues to venues to cover the pre-game warm-ups and matches. Tokyo Games was believed to be the warmest Olympics to date. At one point, I remember carrying three of these machines sweating profusely in order to deliver the machines to venues for matches the following morning. It was well past 2 am when I finally finished the delivery.

In short, both the surveillance and ultrasound program were largely successful. I will let the primary investigator, Dr. Trobjorn Soligard from IOC, share his data on the surveillance program. But as for the ultrasound program, we were able to capture numbers of interesting pathologies ranging from various fractures to soft tissue injuries. Venue ultrasound was also helpful in assessing non-musculoskeletal conditions, such as dehydration due to heat illness. Our data showed ultrasound correlated 100% to gold standard diagnostic testing (such as MRI or X-rays), and venue ultrasound improved diagnostic confidence by athletes’ medical delegates in 100% of the cases.

I also had an opportunity to present on sports ultrasound to Olympic physicians, and I was surprised to find out this presentation, co-presented by Dr. Engebretsen and Dr. Hiroshi Ohuchi of Kameda General Hospital, became one of the most attended presentations offered as a part of IOC Academic Program.

To achieve my childhood dream in my hometown felt surreal. I know this could not have been possible without support from my family, friends, patients, and mentors who each teach me valuable lessons for me to continue to learn and grow. The AMSSM Traveling Fellowship to Japan has much to do with the success of the ultrasound project, as many of the hosts we met through the fellowship ended up becoming the venue physicians who assisted the ultrasound examination and data collection.

I would like to dedicate this writing to Dr. Freddie H. Fu, who encouraged me to propose Venue Ultrasound Program to IOC. He unfortunately passed this September, but I hope his legacy will live on with the continuation of IOC Venue Ultrasound Program.
AMSSM Student Members Elect the 2022 MSIG Officers

The Run-Off Election has concluded for the 2nd At-Large Member (MS2). There were 14 Student members seeking leadership positions within the AMSSM MSIG. All of the candidates were outstanding and ran in a close election! Over the next several weeks the outgoing and incoming MSIG Officers will transition in their leadership roles. The newly elected MSIG Officers are honored to represent Student members from medical schools across the USA and excited to take a leadership role within AMSSM. The Incoming 2022 MSIG Officers will be posted on the Student page under “Membership” on the AMSSM website.

2022 Officers of the AMSSM MSIG

Jessica Buttinger, MS .......................... President (MS3)
Central Michigan University College of Medicine
Saginaw, MI
(Class of 2023)

Amelia Hummel, BA......................... Vice President (MS3)
University of Hawaii – John A. Burns School of Medicine
Honolulu, HI
(Class of 2023)

Brian Elgart, BS .............................. Secretary (MS3)
University of North Carolina – Chapel Hill School of Medicine
Chapel Hill, NC
(Class of 2023)

Carly Setterberg, BS .................. At-Large Member (MS2)
University of Colorado School of Medicine
Aurora, CO
(Class of 2024)

Renee Zhao, B ......................... At-Large Member (MS2)
David Geffen School of Medicine at UCLA
Los Angeles, CA
(Class of 2024)

Robert Hair, BS .......................... At-Large Member (MS1)
Midwestern University Glendale, AZ
(Class of 2025)

Roxana Hu, BS ......................... At-Large Member (MS1)
University of Hawaii – John A. Burns School of Medicine
Honolulu, HI
(Class of 2025)

Melissa Jackels, BS, PSM ......... Immediate Past President (MS4)
University of Hawaii – John A. Burns School of Medicine
Honolulu, HI

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UPDATE FROM THE AMSSM MSIG
Continued from page 8

AMSSM MSIG Virtual Trivia Bowl Crowns a Champion

On November 14, the MSIG hosted a Virtual Trivia Bowl, a fun event for Student members. The stakes were high as the Student members competed for prizes in each of the five Rounds. Alex Akman, MS, and Evan O’Malley, BS (both MSIG Officers) were the event’s Co-Hosts. There were ten multiple-choice questions in each Round from the following categories: anatomy, physical exams and diagnostic tests, sports trivia, AMSSM trivia, MSIG webinar trivia, music clips (medical or doctor themed) and famous doctors in history, movies or television. After Round 5, winners were announced, and the Trivia Bowl Champion was crowned! Congratulations to Yolanda Pham, BS (MS-4) at Loyola University Chicago - Stritch School of Medicine. Representing her school’s interest group, the Grand Prize Winner will be given the opportunity to host one of the MSIG Webinars in 2022. Their interest group, who is one of our Charter Medical Schools connected to the MSIG, will select the topic for the webinar as well as the Speakers Panel and Yolanda Pham will serve as the Moderator for the webinar. Joan Brown, AMSSM Membership Manager will coordinate with Yolanda and her interest group along with the MSIG Officers in planning this exciting webinar. The MSIG wants to commend Alex Akman, MS, and Evan O’Malley, BS, for all of their hard work in planning and Co-Hosting this successful event.

Is Your Sports Medicine Interest Group Connected with the MSIG?

57 Charter Medical Schools are currently connected with the AMSSM MSIG and are listed on the Student page of the AMSSM website. If your medical school sports medicine interest group is not listed, become a Charter Medical School. We feature one of our Charter Medical Schools connected to the MSIG within our newsletter space in The Sideline Report. Please contact Joan Brown if you would like to be featured in an upcoming newsletter issue.

Have a Webinar Topic Suggestion for 2022?

Please contact the AMSSM MSIG Officers at amssm_msig@amssm.org with your suggestions for a webinar topic for 2022.

Check Out AMSSM’s Patient-Focused Resource Center On-Line, SportsMedToday.com!

SportsMedToday.com provides an easy-to-navigate, patient-centered resource center for parents, medical professionals and youth organizations interested in prevention and treatment of sports-related injuries.

Visitors to SportsMedToday.com will find a searchable database with a variety of sports medicine topics arranged by sport, medical condition (injury/illness) and body part, with topics being added and updated continually throughout the year. In addition, healthcare professionals can download tip sheets to share with their patients and partners.
Two Options for Fellows to Get Involved –

Option 1: Ask-A-Fellow Discussion Group on AMSSM Collaborate
There’s a discussion group on AMSSM Collaborate called “Ask-a-Fellow” where interested Fellowship members will serve as a resource to Resident and Student members can post questions to the group page. Resident and Students will post their question to the subject thread that corresponds to their question. Then fellows that have requested to be added to this discussion group can post their responses to questions posted by the Resident and Student members.

You are an important resource since you recently matched and now in a sports medicine fellowship and this discussion group serves as an important part of our Mentor Program.

If you’re interested in joining the “Ask-a-Fellow” Discussion Group on AMSSM Collaborate, please email Joan Brown to be added to this group page on AMSSM Collaborate.

Option 2: Tip from a Fellow Featured in The Rookie Report
The AMSSM has an e-Publication that is sent out to Resident and Student members called The Rookie Report. In each issue we feature a standing article called “Tip from a Fellow” where a current sports medicine fellow gives their “tip” to AMSSM Resident and Student members. Your tip can be anything you feel is important as residents and students look ahead towards applying to match in a sports medicine fellowship. It can be an area that you feel is important to include on their C.V., something to remember to do during the interview process or an activity or something they can do now during their residency or while in medical school to enhance their C.V. This has been a great standing column in this e-publication and your “tip” doesn’t need to be long.....we’re looking for short articles/blurs OR you can record a short video (via Zoom with Joan Brown). We really hope you can help us with this.

Interested fellows: Please email your short article with your “tip” along with your name/degree & name of your sports medicine fellowship program to Joan Brown OR you can record your “tip” (via Zoom) by contacting Joan Brown to set up a date/time to record your short video “tip” (via Zoom).
AMSSM NEWS

UPDATE FROM THE AMSSM SMRC (RESIDENT INTEREST GROUP)
A Resident Interest Group Led by AMSSM Resident Members

President’s Message
Giorgio Negron, MD
Emory University PM&R Residency
Atlanta, GA
PGY4/Chief Resident

Highlights from 2021: The AMSSM SMRC has successfully expanded our social media presence to include Facebook and Instagram to engage our resident members. In addition to our introduction videos from our SMRC Officers, we made sure to include relevant posts on leadership and scholarship opportunities, AMSSM educational resources, and informative webinars. Some projects that the Officers have participated in include creating AMSSM Sports Medcasts productions, becoming a volunteer panelist for webinars and keeping the list up-to-date for the fellowship programs on the AMSSM website. In addition, the SMRC Officers have been working on adding questions to the Annual Membership Survey to gain input from Resident members. I encourage each of you to follow us on our social media platforms to share with other colleagues and to keep up with the latest happenings with the AMSSM SMRC. We are open to new ideas and welcome extra help, so please reach out if you would like to be more involved!

Residents...Our Social Media Presence Is Growing...Get Connected

AMSSM Resident Members Elect the 2022 SMRC Officers
The two-week Election of Officers concluded at the end of November with 30 candidates running for leadership positions within the AMSSM SMRC. All of the candidates were exemplary! During the month of December, the outgoing and incoming SMRC Officers will transition in their leadership roles. The newly elected 2022 SMRC Officers are honored to represent residents of their respective primary specialty and excited to take a leadership role within AMSSM. The Incoming SMRC Officers are posted on the Resident page of the AMSSM website.

2022 Officers of the AMSSM SMRC

Joshua Romero, MD............................................ President
Mayo Clinic PM&R Residency (PGY-3)
Rochester, MN

Mohammad Ibrahim, DO................................ Communications Representative
St. Joseph Mercy Livingston Family Medicine Residency (PGY-1)
Brighton, MI

Kai Yuan Teng, DO............. Emergency Medicine Representative
Doctor’s Hospital Emergency Medicine Residency (PGY-1)
Columbus, OH

Ravin Patel, DO ............... Family Medicine Representative
Inspira Health Network Family Medicine Residency (PGY-2)
Vineland, NJ

Anna Buehler, MD.............. Internal Medicine Representative
University of Colorado Internal Medicine Residency (PGY-2)
Denver, CO

Justin Chu, MD......................... Pediatric Representative
University of Louisville Internal Medicine & Pediatric Residency (PGY-3)
Louisville, KY

Carol Chang, DO............... Physical Medicine & Rehabilitation Representative
Rush University Medical Center PM&R Residency (PGY-3)
Chicago, IL

Giorgio Negron, MD............... Immediate Past President
Emory University School of Medicine PM&R Residency (PGY-4)/Chief Resident
Atlanta, GA
Happy Holidays and Seasons Greetings to my esteemed AMSSM colleagues! It is a pleasure and privilege to address you during this special time, when we have the opportunity to reflect on the year that has passed and prepare to improve the clean slate that lays before us. Where I live in South Dakota, we are getting ready for a stretch where it only briefly gets above freezing for the next four months. Friends and family often ask me what makes people stay in this kind of environment. I respond, “They choose to.” Despite the frigid weather and relative isolation, generations of families call this their home and create a happy, full existence that blesses their lives and those around them. If you talked to them, they would focus on all the wonderful things that come with living in this region, like the pheasant hunting, ice fishing, and natural beauty of the Upper Midwest.

Being a sports medicine physician is similar. There are many things that are difficult about being a doctor. Harsh environments, roadblocks, and physical and mental strain are routine. Certainly pandemics, societal upheaval, and legislative bickering have made this last year especially challenging. However, I imagine that if someone asked what made you stay in the practice of medicine, your response would be the same as mine: “I choose to.” There is much that is good, fulfilling, and even beautiful in what we are able to do every day. We witness stunning achievements, exhilarating breakthroughs, and personal growth that cannot come in any other way. Most importantly, we get to be part of the small, sacred successes of our patients as they overcome their struggles and strive to be better. We are blessed, and we can continue to benefit from this path, if we choose.

This edition of The Sideline Report highlights the journeys of those who chose to join Team USA on their recent trip to the Summer Olympics in Tokyo. I hope you enjoy reading of how this experience made their dreams come true as much as I did. We continue our World of Sports Medicine and Executive Summary sections with investigations into PRP and Middle Ear Barotrauma. I strongly encourage you to read the thoughtful address of our Society President Dr. Amy Powell as she describes steps AMSSM has taken this year to meet the needs of our patients and members.

I hope the New Year brings you awareness of the new possibilities that lay ahead. I hope you set worthy goals that will make you better as a person and a physician. And I hope you find comfort and peace with friends and family that rejuvenate you for the tasks ahead. We here in South Dakota will hunker down and encourage you to, as always...

Keep your stick on the ice,
Jacob Miller, MD
Effect of High-Volume Injection, Platelet Rich Plasma, and Sham Treatment in Chronic Midportion Achilles Tendinopathy

Minh (Quan) Le, MD

Up to 52% of former runners and 7-9% of current runners report symptoms of Achilles Tendinopathy (AT). Pathogenesis involves overloading, commonly occurring in the midportion of the tendon, which causes neuro-vasculization, micro tears and chronic degeneration. Currently, there is no gold standard of treatment, with literature suggesting tendon-loading rehabilitation, NSAIDS, injections and therapeutic modalities. Boesen et al performed a double-blinded, randomized controlled trial consisting of 60 men with chronic AT. Participants were allocated into three intervention groups with different injections: High Volume Injection (HVI) composed of 10ml 0.5% bupivacaine, 10ml NS and 20mg methylprednisolone; four PRP injections; or placebo with drops of saline under the skin. The procedures were performed four times at two-week intervals using ultrasound guidance. All participants underwent eccentric training, and outcomes were measured at baseline, 6, 12 and 24 weeks with Victorian Institute of Sports Assessment-Achilles (VISA-A), Visual Analog Scale (VAS), tendon thickness, intra tendinous vascularity and muscle function with heel-rise test.

Results demonstrated participants across all three intervention groups had statistically significant improvement in VISA-A and VAS scores; however, HVI had greater VISA-A scores at 6, 12 and 24 weeks, and greater decrease in VAS was seen with PRP and HVI vs. placebo. In the HVI and PRP groups, tendon thickness was significantly decreased. The authors concluded that HVI may be more effective for short term reduction of pain and improved function. This randomized controlled trial studied male participants only, which limits generalization. In addition, PRP analysis was not performed to assess platelet concentration, and 24-week follow up limits the evaluation of long term effects.


PAASS Framework – An International Multidisciplinary Consensus for Return to Sports after Acute Lateral Ankle Sprain

Manoj Poudel, MD

Ankle sprain is the most common reason for an athlete’s absence from training and competition. It is also one of the most common recurrent injuries of the lower extremities. Nearly half of affected individuals have chronic symptoms. Recently, Smith et al developed an international multidisciplinary consensus statement providing guidelines for return to sport (RTS) after an acute lateral ankle sprain injury. A multidisciplinary global team consisting of 155 elite sports health care professionals were involved in a 3-round Delphi survey with closed-response and open-response questions in the first round; subsequent rounds focused on quantitative and qualitative feedback of each round. Priori consensus was accepted only if >70% of the responses were similar. Sixteen assessment items were mapped in five domains of PAASS: Pain (during sport participation and over the last 24 hours), Ankle impairments (range of motion, muscle strength, endurance and power), Athlete perception (perceived ankle confidence/reassurance and stability, psychological readiness), Sensorimotor control (proprioception, dynamic postural control/balance), and Sport/functional performance (hopping, jumping and agility, sport-specific drills, ability to complete a full training session). The system had agreement among 98% of professionals involved. Hence, the international multidisciplinary consensus for RTS after an acute lateral ankle sprain injury indicated that PAASS should be assessed before making RTS decisions.

Original article: British Journal of Sports Medicine, 2021 Nov;55(22):1270-1276.; DOI: 10.1136/bjsports-2021-104087.

Effect of Platelet-Rich Plasma Injection vs Sham Injection on Tendon Dysfunction in Patients With Chronic Midportion Achilles Tendinopathy: A Randomized Clinical Trial

Gregory Walker, MD

A recent study published in Journal of the American Medical Association assessed the effects of a single injection of platelet rich plasma (PRP) as a treatment for chronic midportion Achilles tendinopathy. In this randomized, participant-blinded clinical trial, patients were included if they were over 18 years of age and had ultrasound-confirmed, MRI-confirmed, or both midportion Achilles tendinopathy with pain greater than 3 months. Patients were assigned to a single PRP injection (N=121) or single sham dry injection (N=119). In both groups, approximately 9mL of whole blood was drawn 30 minutes prior to the procedure. The PRP group had blood centrifuged with 1mL of sodium citrate anticoagulant to produce roughly 3mL of leukocyte-rich injectate; the sham group’s blood was discarded. Both groups had the skin overlying the tendon injection site anesthetized with 5mL of 2% lidocaine. The PRP group received 1 injection into the tendon along with 5 penetrations into the tendon. The sham group received 1 dry (no injectate) injection inserted under the skin but not into the tendon for 10 seconds, then withdrawn. Participants were asked to avoid anti-inflammatory medications for 4 weeks and additional treatments for 6 months. Primary outcomes were based upon Victorian Institute of Sport Assessment-Achilles (VISA-A) scores taken at 6 months following injection.

At 6-month follow-up, the VISA-A scores were 54.4 vs. 53.4 in the PRP vs sham injection group, indicating no statistical difference. Additionally, there were no differences in secondary outcomes: VISA-A scores at 3 months and 5-level Euroqol questionnaire (EQ-5D-5L) at 2 weeks, 3 months and 6 months following injections. The authors concluded that among patients with midportion chronic Achilles tendinopathy, PRP vs. sham dry injection did not reduce Achilles tendon dysfunction at 6 months. Limitations of the study included absence of ultrasound guidance for the PRP injections and only single PRP injection. Strengths of the study included large numbers and randomized, controlled clinical trial.

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.
News from the Board

President’s Message

By Amy Powell, MD, FAMSSM

Closing thought for 2021: If people didn’t know who sports medicine physicians were before COVID, they do now.

Our personal and professional lives have been upended over the last 20+ months. We have turned from sports medicine physicians into epidemiologists, immunologists, public health experts, and infectious disease experts. We’ve been put into positions of needing to provide guidance and medical decision-making that in some cases have led to cancelled seasons, crushed dreams and the shutdown of sport. We have made decisions based upon the best available information at the time, then changed our minds when new information emerged. Words like “adaptable” and “lifelong learners” seen in medical school mission statements have never been better descriptors for a sports medicine physician than now.

AMSSM has learned and adapted along the way as well, making the best decisions possible with the best information possible. We haven’t been perfect, but we are doing the best we can.

A few recent examples:

• Vaccinations for Meetings - The AMSSM Board of Directors has approved a policy that will require COVID vaccinations (with appropriate boosters) for in-person attendance at our Annual Meeting in Austin, TX (and future AMSSM meetings). This decision was made to keep each other safe, and to keep the staff taking care of us in Austin safe. Since the announcement this fall, we’ve heard from a few members opposed to AMSSM requiring vaccination in order to attend, and others who believe that AMSSM should require proof of vaccination and proof of relevant boosters in order to attend. We’re not going to please everyone – but we feel like we’ve reached a middle ground. Keeping with our honor code, the Hippocratic Oath, physician attendees will be asked to attest that they are fully vaccinated for COVID during online registration, much like we ask members to attest to the fact they are Board certified, are in good standing with their medical license and have completed the number of CME hours they claim. This decision was modeled after the plans in place for several other larger medical societies - and honors the professional standards for which we are each bound to live. It also reduces the burden on our hard-working staff and potential confrontations staff could face. Thank you in advance for your understanding, honesty and cooperation.

○ For anyone who is not fully vaccinated (with appropriate boosters) or uncomfortable with meeting in person, the AMSSM Board recently approved a virtual option for mainstage podium presentations so that members who cannot attend in person can register to attend the Annual Meeting virtually and receive the CME credits necessary for recertification, state and practice requirements.

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PRESIDENT’S MESSAGE
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• **Masks** - We expect that masks will be required during the meeting (except for speakers while at the podium) and in common areas during the Annual Meeting, unless actively eating or drinking. The AMSSM Board and staff will be closely monitoring guidance from the CDC to help make final organizational decisions.

• **Politics** - We have decided to stick with Austin, TX, as our 2022 Annual Meeting site. Several members have vocalized their sincere concern about political issues in Texas. I very much appreciate this feedback. As a growing organization, our meeting sites are planned 5-7 years in advance, and our options become more limited as we grow. The cost as an organization to move the meeting from Texas in 2022 would approach $2 million in cancellation penalties, about 2/3 of our annual operating budget. For those not comfortable with traveling to Texas, please consider the virtual option that will be available (see above).

• **New Policy** – To help guide our organization moving forward, the Board of Directors has adopted this new AMSSM Policy on Organizational Stances -

  o “AMSSM’s mission is 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. As one of its Core Values, AMSSM aspires for open and mindful communication and collaboration in all professional relations. AMSSM values the contributions of each member of its community and supports an environment characterized by collegiality and diversity. AMSSM limits its official positions to matters of sports medicine policy or issues related to the practice of sports medicine by sports medicine physicians. As a 501(c)(3) nonprofit organization, AMSSM is required to maintain a non-partisan, mission-driven focus. AMSSM has a robust policy agenda that includes the most pressing issues facing our profession and the patients we serve. AMSSM is guided by a set of Principles that Determine Our Support for Policy & Legislation. AMSSM strives to promote policies that unify its membership. AMSSM does not take positions on partisan, political or social issues, or on topics that are not fundamentally related to sports medicine policy or issues related to the practice of sports medicine by sports medicine physicians. See the three-tiered sports medicine policy priority list, which is updated by the AMSSM Practice & Policy Committee at least once per year.” (The underlined statements are located in the AMSSM Legislative Handbook, which can be found within the member section of the AMSSM website).

It is time to close out one more tumultuous year in the world of sports medicine. Certainly these are unprecedented times and leaders of medical organizations have had to make difficult decisions that they’ve never had to before in order to begin bringing thousands of people back together for indoor face-to-face meetings. Looking towards 2022, AMSSM has exciting plans to continue to move our organization forward. We hope to see you in person in Austin from April 8-13, 2022. Until then, please continue to take care of yourselves, and each other, so we can continue to care for our communities.

I look forward to continuing to serve you this year along with the Board of Directors and the AMSSM team. Don’t ever be afraid to reach out.
The Membership Committee is pleased to report that AMSSM membership continues to have steady growth in 2021 with 4.9% increase in total membership compared to last year with increases in almost every membership category.

Total Membership: 4,609
MD 72% | DO 28%
Male 71% | Female 29%

What enables AMSSM to continue to thrive? Initiatives advocating for the physician that are developed and implemented by AMSSM leadership continue to sustain our organization, but it’s the energy and enthusiasm of every member that is the driving force that promotes steady growth for our organization! We want to thank our fellowship class liaisons and class representatives, MSIG and SMRC Officers, committee members, and AMSSM leadership. All members are encouraged to join AMSSM Collaborate to join in conversations, connect with other members, and suggest/offer a project for others to participate on.

New expanded Race, Ethnicity and Gender categories have been added to the annual membership renewal form and new membership applications. Completion of this section is optional and has no bearing or effect on a member’s eligibility for membership or relationship with AMSSM. This information will be added to the member database profile but will not be visible on any front-facing webpage and will not be searchable by individual members. It is to ensure that our organization is meeting or exceeding its goals for diversity, equity and inclusion.

The Membership Committee oversees the following activities:

- **Scholarship Review:** In 2021, funding allowed for an increased number of scholarship awards, including 6 Resident Scholarship Awards, 3 Galen Medical Student Scholarship Awards, and 4 South Bend/Notre Dame Resident Scholarship Awards (2 recipients from the St. Joseph Regional Medical Center Family Medicine Residency and 2 recipients from the AMSSM Foundation Resident Scholarship). The scholarship review of all of the scholarships listed above was led by Nathaniel Jones, MD. There were also 2 Jason Davenport Memorial Scholarship Awards (co-led by Diversity Special Interest Group Leaders, Shelley Street Callender, MD and Nailah Coleman, MD).

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The 2021 award recipients were as follows:
- Resident Scholarship Award: Joseph Benert, MD; Emma Cronk, MD; William Hollabaugh, MD; Matthew LaCourse, MD; Lein’ala Song, MD; and Sara Walker, MD, MS. Each received complimentary registration to the Virtual 2021 Annual Meeting, a $500 cash award, and an award plaque.
- Galen Medical Student Scholarship Award: Brittany Ammerman, MBS; Nicole Katz, BS; and Eileen Storey, BA. Each received complimentary registration to the Virtual 2021 Annual Meeting, a $500 cash award, and an award plaque.
- South Bend/Notre Dame Resident Scholarship Award: Christina Pedro, MD, MBA; Justin Reed, MD; Brian Atkinson, MD; and Rock Vomer, DO, DPT. Each received complimentary registration to the Virtual 2021 Annual Meeting.
- Jason Davenport Memorial Scholarship Award: Marisa Jayakar, MD and Alberto Oseguera, MD. Each received a $500 cash award to defray Virtual 2021 Annual Meeting expenses and an award plaque.

- Annual Membership Survey: Led by Steven Poon, MD, this subcommittee reviews and implements the Annual Membership survey. The survey response rate is typically 30-35% of the membership each year. A small number of questions will be added to the 2022 Annual Membership Survey to get feedback from Student, Resident, and Fellowship members. The DEI Subcommittee will also be adding some questions to the entire membership. Highlights of the survey results from 2021 are included in this committee short.

- DEI Subcommittee: Led by Monique Burton, MD. The DEI Subcommittee was formed in 2021 as part of the creation of a new AMSSM policy on diversity, equity, and inclusion. The DEI Subcommittee has made progress on a variety of its charters, including the following:
  - Grants (in association with the Diversity Interest Group): currently determining the most effective distribution of available funds for the Davenport award for the coming year and the scoring rubric and schedule (ex. Annual, semi-annual, rolling) for the Agostini award
  - Membership/Leadership - a working group is looking into developing specific mentor and ladder programs for members and future members.
  - Metrics - a working group planning to implement an anonymous survey to send to those in current and past leadership positions (of any kind), requesting the type of participation, as well as demographic information. The plan is for a similar survey to go out annually.
  - Patient Care/Education - a working group is developing a community engagement project template to assist members with developing projects in their own area based on their area’s needs. This group is also working on an evaluation rubric for DEI training and for DEI training suggestions. Their current recommendation considerations include having a DEI lecture at each annual meeting and including the DEI chair on the program planning committee.
  - Research (see below under Diversity)

- FAMSSM Designation: This subcommittee is chaired by Marci Goolsby, MD. The Fellow of AMSSM (FAMSSM) Designation serves to recognize sports medicine physicians in the AMSSM membership who have demonstrated an ongoing commitment to lifelong learning, the advancement of the profession, service to AMSSM and leadership in their communities. There are currently 104 AMSSM members who have achieved the designation, with additional designees selected each year through an application/review process. FAMSSM Designation Class of 2022 will be announced in January.

- Fellow Liaison: Hunter Haley, MD, MS is our 2021-2022 Fellowship Member Liaison for the Membership Committee. He served on the Speaker Panel for the MSIG Webinar “Ask-a-Fellow” where Resident and Student members asked questions for advice and recommendations on matching in a sports medicine fellowship from the 10-member Speaker Panel. He also works with the SMRC and MSIG Officers on various projects within the Membership Committee.

- Medical Student Interest Group (MSIG): The MSIG Officers have hosted an incredible line-up of live webinars for Resident and Student members in 2021. The year began with the “Day in the Life of a Pediatrician” and the “Day in the Life of a PM&R Physician” where each webinar featured AMSSM members on the Speaker Panel sharing their story about their career, why they chose their specialty, how COVID-19 has affected their practice and insight/advice they can give to the residents and medical students. This Fall, the MSIG hosted four exceptional webinars, beginning with the “Ask-a-Fellow” led by five current fellows and 5 fellows that just completed their fellowship: Stephanie Carey, MD, MPH; Shane Davis, MD; Elisa Giusto, DO; Hunter Haley, MD, MS; Nicolas Hatamiya, DO; Ruikang (Kong Kong) Liu, MD; Emily Miller Olson, continued on page 18
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MD; Alberto Oseguera, MD; Jaire Saunders, MD, MPH; and Kristian von Rickenbach, MD, MSc and moderated by Giorgio Negron, MD (SMRC President). The next webinar was “Women in Sports Medicine” presented by a five-member Speaker Panel including Giselle Aerni, MD; Marci Goolsby, MD, FAMSSM; Kelsey Logan, MD, MPH, FAMSSM; Amy Powell, MD, FAMSSM; and Daphne Scott, MD, MS and was moderated by Alex Akman, MS (MSIG At-Large Member (MS2) Officer). Then the MSIG hosted a webinar on “Research in Sports Medicine” with a four-member Speaker Panel including Bianca Edison, MD, MS; Stephanie Kliethermes, PhD; Christina Master, MD; and Katherine Rizzone, MD, MPH and moderated by Sonal Singh, BA (MSIG Vice President). Preceding the upcoming Winter Games in 2022, the last webinar, “Olympics and Paralympics” was led by a six-member Speaker Panel that included Nailah Adams Morancie, MD, MS; Cheri Blauwet, MD; Monique Burton, MD; Marcia Faustin, MD; Jonathan Finnoff, DO, FAMSSM; and Brett Toresdahl, MD and moderated by Sonal Singh, BA (MSIG Vice President). If you were not able to attend these webinars, it is definitely worth the time to view the playback recordings. Links to these webinars and all of the past webinars are posted on the AMSSM YouTube Channel and on the Student page of the AMSSM website for all members to view (must be logged in). In 2021, the MSIG Officers increased their social media presence by creating an AMSSM MSIG Instagram and made posts on both the MSIG Instagram and the AMSSM MSIG Facebook page to engage Student members and expose medical students all over the country to AMSSM and the field of sports medicine. The MSIG held a Virtual Trivia Bowl where Student members competed for prizes in each Round. The MSIG wants to thank all of the Student members that participated and congratulate the prize winners along with announcing the Trivia Bowl Champion was Yolanda Pham, BS (MS-4) and her medical school interest group (Loyola University Chicago – Stritch School of Medicine) will be given the opportunity to host one of the MSIG Webinars in 2022 and will pick the webinar topic, faculty members to serve as the Speaker(s) and Yolanda Pham will be the Moderator for the webinar. Alex Akman, MS and Evan O’Malley, BS served as the Co-Hosts for the event and acknowledge them for the work they did in planning this fun event! Congratulations to the newly elected 2022 MSIG Officers.

- Rookie Report: This is an e-newsletter published throughout the year that features short articles of interest for Student and Resident members. We want to thank SMRC Communications Representative Adrienne Law, DO, MS, for serving as the Editor-in-Chief for this e-publication for 2021.

- Mentor Program: Led by David Wang, MD and Joan Brown (Membership Manager). Looking ahead to 2022, the Mentor Program will be expanding. We will be fully implementing our Year-Round Mentor Program and getting all Mentor/Protégé mentor pairings made for members that have signed up for this program and launching a new Spot Mentoring Program on various topic areas where mentors will share their expertise with members that want to develop skills or enhance their skills on a deeper level in topic areas such as presentation skills, grant writing, abstract writing, media interviews, CV feedback, leadership skills. We are working on developing a huge expansion of the AMSSM Mentor Program that will offer members a wide range of mentor opportunities as a Mentor and/or protégé.

- Special Interest Groups – A few highlights of discussions below:
  - Academics (Steven Poon, MD). Meeting format: Zoom based panel discussion with live, interactive Q&A Chairperson: Irfan Asif, MD; Vice-Chair: Steve Poorn, MD Panelists: Carlin Senter, MD, FAMSSM; Siobhan Statuta, MD, FAMSSM; Kimberly Harmon, MD, FAMSSM; and Aurelia Nattiv, MD.
  - Diversity (Shelley Street Callender, MD):
    - Assign a mentor with each recipient of the Jason Davenport Memorial Scholarship award • Working with the overall Mentor Program • Membership Survey: Discussed including the breakdown of members by demographics and how it’s changed over time, post results on the website, and expand race/ethnicity categories on the survey and include on membership renewal • Research: On Head Team Physician Characteristics – The Tucker Center at the University of Minnesota has
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interesting data looking at the number of female coaches at the DI athletics • Program Planning Committee: Representation by Diversity Special Interest Group, improving diversity with choices of Speakers, discussed updating Moderator/Speaker Instructions and giving direct feedback to Speakers/Moderators

- Emergency Medicine (Christopher Guyer, MD): • Discussed EMIG listserv and invited members to sign up for this useful tool. • Publication shared - Recommended Musculoskeletal and Sports Medicine Model Curriculum for Emergency Medicine Residency Training. Authors were key EMIG members. • Members broke into work groups and developed action plans for each area (education, Annual Meeting/ICL topic development, fellowship, research, practice development).

- Internal Medicine (Claudia Dal Molin, DO): • Discussed ABIM/MOC Certification – Credit at AMSSM Annual Meeting General Session, online MOC opportunities for ABIM credit and discussed update on re-certification requirements • CIM MSK Curriculum – recently published in Current Sports Medicine Reports • Sameer Dixit, MD, FAMSSM presented an update from the ACP • Internal Medicine Representative on the SMRC

- Military (Co-Chairpersons: Ben Buchanan, MD; Julie Creech, DO; Wyatt Maloy, MD, MS; and Paul Seales, MD, MS) • Showed video on History of Military Sports Medicine • Program Director Minute presented by Chad Hulsopple, DO; Carl Covey, MD, MEd • Discussed survey results – demographics and Military Interest Group interests (meet and greet, mentorship, research collaboration, branch specific discussions, journal club) • Discussed ideas for future collaboration

- Pediatrics (Mark Halstead, MD) • Dr. Halstead announced he would be stepping down as Pediatric SIG Leader after serving 10 years in this role. The Membership Committee commends Dr. Halstead for his outstanding leadership and dedication in serving the membership. Amy Valasek, MD, MS will now serve as the new Pediatric SIG Leader • Discussed current policy statements at AAP that are current, in development, or undergoing revision (Cheerleading, Tackling in Football, Return to Learning following Concussion, Overuse Injuries) • Meeting Dates: AAP National Meeting (virtual) – October 8-12, 2021 was held in Philadelphia, COSMF Program, PRISM 2022 –Jan 27-29 in Houston • Discussed proposed ACGME fellowship training requirements particularly those in relation to ultrasound and injections. Since pediatric-focused fellowships have limited need in the pediatric population for MSK ultrasound and injections are not common, concerns were raised about what this may mean for these programs • Announced the successful publication of the Pediatric Residency Program Sports Medicine Curriculum in Current Sports Medicine Reports. Thanks to Nailah Coleman, MD for heading the effort to get it published. Brief discussion regarding trying to get this implemented in residency programs (working with the Education Committee) • Caitlyn Mooney, MD, discussed opportunity to publish a BJSM E-Journal issue. She will follow up with interested members • General discussion about COVID. Concern about the future state of practice in this area. Unfortunately, most data published is in athletes in collegiate age and up, resulting in limited good data for the pediatric and adolescent population. Despite limited concerns for cardiac issues in the pediatric population following COVID infection, reliance still rests on the guidelines from national organizations for post infection screening, testing, and return to play. The AAP will be updating their guidelines periodically; however, they will likely remain conservative, given lack of additional published data.

- PM&R (Melody Hrubes, MD) • Introduction of Jami Montagnino, MD (PM&R Representative, 2021 AMSSM SMRC Officer) and Giorgio Negron, MD (President, 2021 AMSSM SMRC) • ABPMR oral boards – expense, inconvenience and circuitous requirement to have passed the oral boards prior to being able to take the sports medicine boards even though the sign up timeframe for the sports boards ends prior to the notification of the ABPMR results • Two-year fellowship training – discussion regarding possibility of expanding the length of fellowship training. Concerns regarding prolonged training vs. not receiving adequate training in 2 years • Introduced the importance of longitudinal AMSSM involvement for professional and educational growth • Mentorship opportunities – encouraged participation with formal mentorship options at AMSSM • Encouraged members to sign up on AMSSM Collaborate to receive messages and participate in discussion moving forward • Current residents/fellows interested in methods to improve sports coverage during residency/fellowship, also discussion regarding utility of new attendings to integrate into community • Carly Day, MD discussed PMR jobs as head team physician.

- Private Practice & Employed Practice (Selina Shah, MD, FAMSSM) • Discussed with group members about Concussion Billing and what CPT codes they’re using and any nuances in payment from insurance • Discussed negotiating contracts with insurance companies and group members shared negotiating contracts successfully • continued on page 20
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Discussed whether members have been able to add DME contracts to their medicaid or medicare plans or whether they’ve been forced to send these patients out to places like Hanger • Discussed important topics to cover when becoming or adding a partner in practice • Discussed getting an attorney for negotiating new contract.

- Resident/Student (David A. Ross, MD): Over 100 medical students and residents of all training levels attended on the zoom conference. Session featured four panel members including Jeremy Close, MD (program director), Nate Milburn, MD, MBA (current fellow), Michael Yurubi, DO (incoming fellow) and Sonal Singh (MSIG VP). The presentation included information on how to become a Charter Medical School connected with the AMSSM MSIG; resident and student scholarship opportunities; MSIG and SMRC interest groups and leadership opportunities; fellow representative to AMSSM; Facebook and Instagram pages for AMSSM, MSIG and SMRC; student and resident focused sessions at the Annual Meeting; fellowship application timeline and tips on how to apply; and Road-to-Fellowship resources (available on the website). The speaker panel answered questions raised by residents and Students that attended the session.

Focus areas were formed at the 2019 Membership Committee Meeting and discussions continue among committee members on evaluating current goals and generating new ideas in each focus area: Member Engagement, Infrastructure, Special Interest Groups, Mentoring and Membership Section of the Website.

If you are interested in serving on the Membership Committee, please email us at membership@amssm.org.

Highlights from the AMSSM Annual Membership Survey
By Steven Poon, Chairperson, Annual Membership Survey Sub-Committee

The Membership Committee wants to thank Steven Poon and his sub-committee members for their exceptional work each year on implementing our Annual Membership Survey. The subcommittee seeks input from Committee Chairs to review the survey questions from the previous year to continually evaluate/update the survey.

2021 AMSSM Annual Membership Survey Results: 1,124 responses; slightly under the 1,200 responses from the previous year. Data reported reflects the survey responses received. The survey is posted on the AMSSM website and some of the results are highlights below.

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Gender Identification (n=1,123)

Ethnicity (n=1099)

Board Certified in Sports Medicine (n=907)

Do you teach? (n=1062)

Are you a team physician? (n=769)

Team Physician (n=569)

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Jason Davenport Memorial Scholarship Award –
Five Scholarship Awards Will Be Awarded in 2022

The Jason Davenport Memorial Scholarship is designated for AMSSM members who represent an underrepresented minority group and will be presenting a case and/or research abstract (either poster or podium) at the 2022 AMSSM 31st Annual Meeting.

The Diversity Special Interest Group and the DEI Subcommittee are pleased to announce that five scholarship awards will be awarded in 2022.

Each scholarship recipient will receive a plaque and a $500 cash award to help defray expenses towards attending the 2022 AMSSM Annual Meeting. Scholarship Application Deadline: 11am CT on Feb. 25, 2022

Agostini Medical Student Community Outreach Grant –
Four Grant Awards Will Be Awarded in 2022

During her Inaugural Address at the 2021 Virtual Annual Meeting, AMSSM President Amy Powell, MD, FAMSSM, announced the creation of a grant opportunity in honor of long-time AMSSM member Rosemary Agostini, MD, and her decades of commitment to underserved communities.

The Agostini Medical Student Community Outreach Grant is for current medical students enrolled in an accredited allopathic or osteopathic medical school. In an effort to intentionally grow a pipeline of diverse candidates choosing sports medicine as their career, grant applicants are asked to develop a community program/event to encourage young people from underrepresented backgrounds to consider medicine and a sub-specialty of sports medicine.

The Diversity Special Interest Group and the DEI Subcommittee are pleased to announce that four grants will be awarded in 2022. Each grant recipient will receive $500 to cover their expenses to implement a community outreach program/event. Grant Application Deadline: End of Day (Tues., Feb. 15, 2022)
AMSSM Foundation Releases Minority Research Grant Award Request for Proposals

The AMSSM Foundation is pleased to announce the release of the Minority Research Grant Award Request for Proposals (RFP).

The purpose of the AMSSM Minority Research Grant is to provide research opportunities specifically for historically underrepresented minorities in biomedical research to advance representation across diverse backgrounds and promote health equity in sports medicine research.

A completed grant application must be submitted through the AMSSM Grant Portal by February 11, 2022. Applicants will be notified, with a funding decision in April 2022, at the latest.

To be eligible for this award, the principal investigator (PI) should identify with one of the following racial and ethnic groups who have been shown to be underrepresented in biomedical research: Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders (NIH statement on Diversity). The PI must be an AMSSM member at time of submission. Current AMSSM fellow and resident members are eligible to apply. Resident AMSSM members may apply as the principal investigator but must have at least one full AMSSM member listed as a co-investigator at the time of application. Co-investigators do not need to meet the underrepresented minority criteria.

Grant awards are designed to provide support for promising, innovative research projects. The PI’s institution or practice is expected to provide all necessary basic facilities and services that normally would be expected to exist in any institution or practice qualified to undertake such research. Per AMSSM policy, overhead or indirect costs will be supported to a maximum of 10% of direct costs. The total amount of available funding is $10,000 and the Research Committee seeks to award one project. Grants will be awarded for a one-year cycle length.

The Research Committee welcomes applications to fund start-up or pilot projects and will consider partial funding of projects if matching funds have been secured. All matching funds should be explicitly stated in the budget. The PI will assume full administrative, fiscal, ethical, and scientific responsibility for the conduct of the project.

A mentor from the AMSSM Research Committee will be assigned to each winner to assist and monitor grant winners’ progress. Please see the RFP for complete details about the proposal, review process and more. Any questions can be directed to AMSSM Research Program Manager Sarah Sund.
2022 Foundation Auction: Call for Items

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 seven years, the AMSSM Foundation Auction has collectively raised more than $270,000 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 2022 Annual Meeting in Austin, TX, we’re asking members to consider what item(s) or package(s) you, your team, university and/or company might donate for the 2022 Foundation Auction.

You can view the 2022 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 11, 2022.

Submit Nominations for the 2022 AMSSM Founders’ Award

Nominations are being accepted for AMSSM’s highest honor - the 2022 AMSSM Founders’ Award. It honors exemplary contributions to AMSSM and to the discipline of sports medicine. The Founders’ Award is given annually to the individual, group or organization that exemplifies the best we can be or do in sports medicine. A $500 award and plaque will be presented to the recipient during the 2022 AMSSM Annual Meeting.

Click here to view and submit the nomination form. Must be logged in.

The deadline to nominate candidates for the Founders’ Award is Jan. 14, 2022.

Past Founders’ Award Recipients

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<tr>
<th>Year</th>
<th>Name</th>
<th>Designation</th>
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<tbody>
<tr>
<td>2021</td>
<td>Robert Dimeff, MD</td>
<td>FAMSSM</td>
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<tr>
<td>2020</td>
<td>Kimberly Harmon, MD</td>
<td>FAMSSM</td>
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<tr>
<td>2019</td>
<td>Chad Carlson, MD</td>
<td>FAMSSM</td>
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<td>2018</td>
<td>Aurelia Nattiv, MD</td>
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<td>2017</td>
<td>Fran O’Connor, MD</td>
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Mark Chassay, MD, MEd, MBA

By Lauren M. Simon, MD, MPH, FAMSSM

Dr. Mark Chassay exemplifies how versatile primary care sports medicine physicians are through the breadth of their practice settings (including academic, private practice, health system and governmental), which he has excelled. That includes the numerous leadership positions he has held at universities, community organizations; the Paralympics and a plethora of team physician and Chief Medical Officer positions.

Dr. Chassay is a lifelong Texan. He was a tri-sport high school athlete in Houston, Texas, where he played football, basketball and baseball and began to hone his collaborative skills that have helped him excel in his career. His collegiate undergraduate degree was a Bachelor of Business Administration in Finance, followed by a Masters of Education, Kinesiology and Sports Management degree, both at University of Texas at Austin. He received his Doctor of Medicine degree at the John P. and Kathrine G. McGovern Medical School at University of Texas Health Science Center at Houston. He obtained his Healthcare Executive Master of Business Administration degree at University of Texas-Dallas. He did his residency training at Memorial Family Medicine Residency in Houston Texas. Although he physically ventured out of Texas for his primary care sports medicine fellowship at Kaiser Permanente in Fontana, California, he was not far from his Texas roots, as he got to train and was mentored there by a wonderful fellow Texan — AMSSM Charter Member and long-time Fellowship Director (now Emeritus) Aaron Rubin, MD.

After fellowship, Dr. Chassay returned to Texas where he was the Head Team Physician for Women’s Athletics at UT-Austin from 1996-2005 and then Head Team Physician/Chief Medical Officer for Intercollegiate Athletics at UT-Austin 2005-2011. In 2003, he and AMSSM members Dr. Mark Hutchens and Dr. Robin McCarty founded a private practice (Texas Sport & Family Medicine) where Dr. Chassay was partner from 2003-2011. From 2012-2014, he served as Deputy Executive Commissioner in the Office of Health Policy & Clinical Services for the Texas Health & Human Services Commission. In 2014, he became an Associate Dean for Alumni Relations at McGovern Medical School and the Medical Director of University of Houston Athletics. From 2014-2019, he served as Assistant Dean for Admissions and Student Affairs for McGovern Medical School, and in 2015, he was the founding Program Director for the Primary Care Sports Medicine Fellowship in the Department of Family and Community Medicine there. Dr Chassay has also taught curricula to students, residents and fellows about the economics of medicine and sports medicine.

He has been involved in advocacy and leadership in both the Texas Academy of Family Physicians and the Texas Medical Society and has served as President of the Travis County Chapter of both organizations. Most recently, he is using his years of caring for children and adolescents in both Family and Sports Medicine to inform his work as he served on the Executive Committee for the Texas Child Mental Health Care Consortium from 2019-2021.

In 2019, he continued to use his extensive business, management and sports medicine background as he became the Senior Vice-Provost for Clinical Affairs and Health Care Partnerships for the University of North Texas Health Science Center in Fort Worth, Texas.

He has served the athletes of the United States as the Chief Medical Officer for Team USA/United States Olympic Committee for the Pan-American World games in Mexico in 2011 and Chief Medical Officer continued on page 26
MEMBER IN THE SPOTLIGHT
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and U.S. Delegation member for Team USA/United States Olympic Committee at the Paralympics in London in 2012.

Dr. Chassay has always been interested in improving systems of care at the local, regional and state level, as well as with his work with the United States Olympic Committee, numerous Universities in Texas and most recently as Medical Director since 2019 with the Professional Referees Organization. In these roles, he has cared for teams of varying sizes, been a leader and worked on administrative policies which impact larger teams and systems.

Now he is working on what could be seen as a very large “team.” In the summer of 2021, he became the Vice President and Chief Medical Officer at Blue Cross and Blue Shield of Texas, where he has the opportunity to work with numerous health systems to deliver care to 6.7 million Texans.

In AMSSM, Dr. Chassay has served on the Education and Fellowship Committees, written in-service examination questions, worked on faculty development subcommittee and mentored numerous residents and fellows on AMSSM cases and presentations.

When not immersed in broad health care and health system policy implementation, Dr. Chassay may be found studying genealogy, enjoying time with his wonderful wife Kimberly and their sons, and rooting for his beloved Texas Longhorns and Houston Astros.

When I asked him for thoughts to share with our AMSSM members, especially those in training, Dr. Chassay expresses that sports medicine, like sports itself “teaches you that sometimes you will be the quarterback and sometimes the blocker but always collaborating as part of the bigger team.” He says the skills learned through sports medicine provide you with the understanding of where and what role the physician “plays” at any point in time to in that system to promote success.

Thank you, Dr. Chassay for being our AMSSM Member in the Spotlight. We look forward to seeing you at the AMSSM Annual Meeting in the great State of Texas for our 2022 Annual Meeting!

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