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AMSSM NEWS
Taking a Final Look Back at #AMSSM2021

Thank you to everyone who attended #AMSSM2021 “Come Together: Sports Medicine for Everybody.” In a time when so much has changed, it was wonderful to have the opportunity to meet together and to dedicate time to knowledge and skill-building in sports medicine as is our practice every spring as AMSSM members.

Since the conference was virtual, remember that you can still watch all of the content online! The meeting presentations are available for another six weeks so please take advantage of the opportunity to learn from all of the amazing presenters.

We would like to thank the 2021 Program Planning Committee for going above and beyond to make the meeting happen so seamlessly. Special thanks to the Moderator of Moderators, Dr. Sameer Dixit, whose hard work behind the scenes allowed the meeting to go off without a hitch. We also recognize Drs. Melody Hrubes and Melissa Novak for their work as ICL chair and assistant-chair.

Please take the time and complete your conference evaluation so that we can learn from this year’s conference. Thank you again for making this our largest meeting yet. We look forward to seeing you next year in Austin!

Carlin Senter, MD, FAMSSM  Amy Powell, MD, FAMSSM
Program Chair AMSSM President

What Have You Learned During the COVID Pandemic?

To put it mildly, the COVID pandemic has been very enlightening for all of us. AMSSM members were recently asked to share the most important things they learned over the past year as a result of the pandemic. Please review the feelings and impressions of your colleagues and gain some valuable insights of your own.

“The greatest thing that I experienced over the last year is what brought me into medicine in the first place: the appreciation of life. All of my patients were on some form of supplemental oxygen, lonely, not allowed to have any visitors, and could only see family through a screen. Just being physically present for

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WHAT HAVE YOU LEARNED DURING THE PANDEMIC?
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my patients, listening to them, talking with them, comforting them, and making sure that they knew everything that was going on was very humbling; it really brought my patient-care to another level. Every day is a blessing and I appreciate every second I can spend with my family.

Edwin Hojilla, MD
Redford, MI

“The pandemic definitely shook all of our worlds from socialization to careers, and the old English proverb “Necessity is the mother of invention” became more prominent. Personally, I found new ways to socially interact with not only just FaceTime and Zoom but also coordinating virtual game nights with friends and virtually shopping for my wedding with my family living across the globe as travel plans got canceled. Career-wise, virtual visits got more utilization, and I ended up learning how to examine and care for patients virtually. Like many, I definitely miss human interaction and engagement along with the luxury of traveling and exploring different parts of the world. Overall, I think the pandemic taught all of us the value of humanity and how to be flexible with evolving unforeseeable circumstances.”

Rathna Nuti, MD
Murphy, TX

“COVID has taught us that a lot can be accomplished via Zoom meetings at home and that we don’t have to drive into the hospital, office, etc., for every meeting. COVID has taught us how fragile our healthcare system is when the entire system was stressed as volume dropped last spring and clinics were closing and hospitals were surviving on government charity and loans. COVID has taught us that wearing masks likely reduces the transmission of other viral respiratory pathogens. Although the literature hasn’t come out yet and won’t until this summer, our volume of URI/LRI at all of our EDs is down dramatically as are reported cases of influenza across the country. COVID has taught us that seemingly basic, straightforward, public health and medical guidance in a pandemic can still become politicized and controversial. COVID has taught us alternative ways to teach our learners (medical students, residents and fellows) which may have a silver lining in the future.”

Maj. John Kiel, DO, MPH
Jacksonville, FL

“Happiness lies within us. We have seen in the media the increase in depression, anxiety, weight gain, and decreased exercise practices due to the pandemic. We

Nailah Coleman, MD
Alexandria, VA

“The use of internet video for everything from meetings to patient visits has been both a boon and a bane. For instance, I have greatly enjoyed the ability to teleconference with my workmates from the comfort of my home. This has been not just an efficient use of our time but spares us all a commute (and lowers our carbon footprint). However, a Zoom call or a Google hangout is not the same as an in-person visit, especially when it comes to large gatherings (think AMSSM Annual Meeting), though I recognize this personal feeling may be a generational thing. I wonder if our society meetings will ever look the same in the post-pandemic world.”

James MacDonald, MD, MPH
Bexley, OH

“The COVID-19 pandemic has taught me that my colleagues are resilient. The speed at which a vaccine was developed cements my faith in science. The pandemic has also taught me that we can do a lot virtually while at the same reminding me of needed human face-to-face interactions.”

Adae Amoako, MD
Frederick, MD

“This pandemic coincided with my third maternity leave. With three kids all at home (7, 4 and baby) most of the time, I learned to be more patient and to appreciate small moments with my family like a simple walk outside. I was consistently humbled by parenting 24/7 and learned that my self-improvement and life-long learning goals should also include a few parenting books. I learned how much I rely on and appreciate my family and community support. I also learned how to step back from the hustle and bustle of non-stop activities and cultivate a family culture and routine that I hope sticks long after the pandemic.”

Sarah Kinsella, MD
Wyoming, MN
WHAT HAVE YOU LEARNED DURING THE PANDEMIC?  
Continued from page 1

have cultivated our habits to gain happiness from outside rather than within. Weight gain has been blamed on the closure of gyms. Decreased happiness has been attributed to decreased social interaction. However, this has brought a learning lesson, that whatever happens outside, we can decide whether we can be happy or sad. Happiness lies within us, interacting with nature, meditation, and increasing activity through nature walks rather than depending heavily on external things that we don’t have control over.”

Srikanth Nithyanandam, MBBS
Georgetown, KY

“This seems obvious, but physical distancing has demonstrated how critical human connection really is, especially for children and young people. Being in college health, it is clear that young people simply want to be together. Telling a 60-year-old to stay at home is a lot easier than a 19-year-old, and that’s why we see the 20-49-year-old population driving case counts. Humans are social beings that yearn for connection and will seek it out, even when it isn’t in their or society’s best interest. I get it, I feel it too, and this lack of connection going on a year has me concerned about a growing mental health crisis that may be felt long after we get the pandemic under control.”

Kyle Goerl, MD
Manhattan, KS

“Lack of social support, isolation, uncertainty and abrupt transitions during the pandemic have led to a decline in the mental health of our athletes. As experts in the field, we need to intervene to help protect the mental health of athletes, not just their physical health. Athlete psychological health cannot be an afterthought in coping with a pandemic.”

Dusty Marie Narducci, MD
Tampa, FL

“During this pandemic, I learned how to look for the planets using a night sky map and an old-fashioned, non-automatic telescope. I also learned how to fly a drone. More importantly, I learned to just hang out and talk to my seven-year-old son about life and the lessons I have learned. Dinner time has become more important for my family and I; we talk about our days and make plans, which mostly involve traveling to wide open spaces, such as nearby parks and beaches. My biggest insight during this pandemic has been the importance of slowing down and making sure that I schedule time within my busy calendar of traveling, working, and writing, to communicate with my mother, brothers and other relatives, and with my friends here in the United States and abroad.”

George Pujalte, MD, FAMSSM
Jacksonville, FL

“My wife (a general surgery resident) has learned how to cut hair (her own, and our toddler’s). I’ve learned the importance of vacation, and change of scenery is critically important for well-being. I mostly learned this by its absence.”

Jordan Knox, MD
Salt Lake City, UT

“Like most cyclists, I hated working on strength training. I started focusing on this during the early pandemic as I had a bit more free time. I soon found my power numbers were up. In summer 2020, I dislocated my patella and broke my radial neck, and the rehab has been a reminder of how important strength training is even if it is not my favorite thing to do. I have also started blogging a bit more and hope to find some time to do a bit more of that in the near future.”

Caitlyn Mooney, MD
San Antonio, TX

“Through a primary care lens, the coronavirus pandemic has taught me the trust and dependence our patients have in addressing ways to improve general health. Patients have been asking more than ever questions on what foods they should eat to lose their “quarantine 15” and are frustrated with how to be physically active given new social distancing restrictions. Additionally, in the sports medicine world, the coronavirus pandemic has emphasized the importance of mental health in athletes. I have noticed a fair amount of young athletes experiencing depression with sports not being in usual operation, and some have quit their athletic careers altogether. Therefore, the pandemic has given all of us opportunities to not just be a valuable resource on physical health but also become supportive mental health coaches.”

Adriennne Law, DO
Olympia Fields, IL

“I have learned the importance of family. Friends, school, sports, work and all that stuff are great and important, but nothing is as important as your family. Spending more time with my wife and kids has been challenging (Zoom school!!!) but also super rewarding as we’ve been able to find creative ways to keep traditions alive. Life is what you make it and attitude is everything.”

Justin McCoy, DO
Grand Junction, CO

Exertional Collapse Associated with Sickle Cell Trait (ECAST)

By Kristin Hertweck, MD; Dusty Narducci, MD

General Information
Although sickle cell trait (SCT) has been considered a benign carrier condition without the symptoms of other sickle cell diseases (e.g., sickle cell anemia), it has potential detrimental effects in the athletic population. Rhabdomyolysis and/or sudden death as a result of prolonged intense physical activity among individuals with SCT has been identified as exertional collapse associated with sickle cell trait (ECAST).

Epidemiology
A diagnosis of SCT does not increase an athlete’s risk of mortality, nor does it decrease life expectancy compared to the general population. There is significant controversy regarding the presence of a direct relationship between exertional collapse and SCT; nevertheless, a causal relationship has been demonstrated.

A study following NCAA athletes from Jan. 2004-Dec. 2008 found the risk of exertional death in Division I football players with SCT to be less than 1 per 1,000. All deaths associated with SCT occurred in black DI football athletes. Approximately a 30% or greater risk of exertional sudden death compared to those without SCT has been suggested among military personnel and athletes with SCT.

Etiology
The hemoglobin of unaffected individuals (Hb A) is composed of two normal alpha and two normal beta globins, whereas individuals with SCT inherit two normal alpha and two mutated beta (Hb S) globins. Although the precise mechanism remains controversial, irreversible sickling of red blood cells followed by vaso-occlusion and apoptosis (cell death) during states of hypoxia, metabolic acidosis and high plasma osmolarity has been suggested as the possible pathological process of ECAST. Electrolyte derangement as a result of the suggested process can lead to splenic infarction, hematuria, traumatic hyphema, renal medullary carcinoma and sudden death.

Risk Factors
ECAST is a rare event, with the majority of athletes diagnosed with SCT maintaining customary sport participation. Although our current literature is insufficient, it has become apparent that multiple factors must be aligned for the development of ECAST. Environmental influences (e.g., heat), exercise intensity, altitude, recent sickness (e.g., heat illness, viral/bacterial infection, rhabdomyolysis) and hydration status are some of the risk factors placing athletes with SCT in danger of ECAST. A metabolism abnormality (possibly due to the haplotype of the SCT gene) has been presumed in SCT athletes. This may account for the higher than normal baseline levels of lactic acid creating a greater risk of metabolic disorder such as acidosis. Certain supplements and medications such as stimulants intended for weight loss or the treatment of psychiatric conditions (e.g., ADD/ADHD) may be hazardous in all athletes, particularly those with SCT.

Signs/Symptoms
The presentation and severity of exertional sickling in athletes varies. Muscle cramping and weakness most commonly affecting the lower extremities, low back, and gluteal muscles in addition to slow collapse to the ground have been reported. Other symptoms include tachypnea, abdominal pain, visual changes, and hematuria.

Differential Diagnosis
The differential diagnosis of ECAST includes exertional heat illness, dehydration, heat syncope, asthma attack, seizure, and cardiac conditions (e.g., arrhythmia, hypertrophic cardiomyopathy). ECAST is commonly mistaken for collapse related to sudden cardiac death (e.g., hypertrophic cardiomyopathy) and heat illness. Muscle pain/cramping often presents rapidly when related to exertional sickling compared to heat illness, which more commonly presents as a prodrome of muscle twitching beginning minutes to hours before the onset of cramping. Unlike heat cramps, weakness will often be out of proportion to the muscle pain experienced with ECAST. Collapse related to ECAST is of slower onset unlike the abrupt collapse associated with cardiac pathology. Core body temperature is generally less than 103° F, and although lethargy is common, altered mental status is rare. Dissimilar to asthma, exertional sickling is associated with tachypnea, normal air movement and absence of wheezing. Seizure will present as a sudden collapse rather than the progressive weakness of ECAST. “Heat Stroke, Exertional Rhabdomyolysis, and Exertional Collapse Associated with Sickle Cell Trait” published in Sports Health 2016 provides a valuable table differentiating the general features of non-traumatic on-field collapse based on pathology.

Diagnosis
Diagnosis is based on clinical judgement. In athletes with known SCT, ECAST should be high on the differential in cases of collapse and intact mental status. Etiologies of non-traumatic on-field collapse other than ECAST should be considered regardless of SCT diagnosis or race.

Prevention
Identifying at-risk individuals and educating all athletes, athletic staff, and coaches regardless of SCT status has been the universal approach to preventing ECAST. Athletes should be encouraged to report symptoms and changes to their health to the athletic medical staff. Acclimatizing all continued on page 5
ECAST
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athletes to their training environment (e.g., slow, well-structured return to physical activity) is crucial. Volume and intensity of exercise should be decreased in humid/hot environments, and all activity should cease immediately when an athlete with SCT is experiencing muscle cramps. Appropriate periods of rest and hydration at all stages of training are imperative in all athletes, especially those with SCT. High levels of physical exertion should be monitored or avoided when an athlete with SCT is ill, taking certain medications or traveling to high altitudes.

Treatment
Athletes with SCT who develop concerning signs/symptoms should discontinue exercise immediately. The athlete should be placed in a safe position and have vitals checked. If the athlete is responsive, hydration and supplemental oxygen should be administered. Athletes with a core temperature above 104° F (40° C) should be rapidly cooled.

If the athlete is unresponsive or has unstable vitals, emergency personnel should be alerted immediately. An automated external defibrillator should be placed and shock/CPR administered if needed, in addition to IV normal saline and continuous monitoring of vitals.

Prognosis
Prognosis is dependent on severity. Events for SCT patients are rare but potentially catastrophic.

Return to Play
No evidence-based return-to-play guidelines exist for athletes who experience ECAST. Recommendations should be based on the athlete, situation, severity, and sport at the discretion of the clinician. No symptoms or signs of end-organ damage should be present when considering return to play. An athlete’s return to sport should be gradual and supervised by medical staff.

Further Research
More evidence-based research is needed to provide universal guidelines for the prevention, management and return-to-play guidance for athletes with SCT in regards to ECAST. The most effective method for educating and identifying at risk athletes (and athletic staff) needs to be better understood.

For references, please contact the authors.

Drs. Robert Dimeff and Kimberly Harmon Receive AMSSM Founders’ Awards

AMSSM Past Presidents Kimberly Harmon, MD, FAMSSM and Robert Dimeff, MD, FAMSSM, received the Founders’ Award on April 17 during the American Medical Society for Sports Medicine (AMSSM) Virtual Annual Meeting. The award is bestowed when AMSSM leadership determines that a member exemplifies the best that a sports medicine physician can be and do.

Dr. Harmon was named the 2020 Founders’ Award winner for her many contributions to AMSSM and to the field of sports medicine. In addition to serving as Past President, she is the Outgoing AMSSM Foundation President and has served as the lead author on multiple AMSSM position statements.

She is the Head Football Team Physician at the University of Washington, team physician at Bishop Blanchet High School and has been a member of the NCAA Competitive Safeguards and Medical Aspects of Sport committee. Dr. Harmon also serves as a consultant to the NCAA on special projects.

“She truly fits the nature of the award,” said Stephen Paul, MD, FAMSSM, a previous recipient of the Founders’ Award. “Throughout her career, she has embodied what it is to be a sports medicine physician, and a trailblazing woman in sports medicine. She has been a mentor to many and a strong advocate for evidence-based clinical research.

“Her impact on the field of sports medicine, internationally and within our organization is amazing. Congratulations.”

Dr. Dimeff was presented with the 2021 Founders’ Award during the Virtual Annual Meeting. He is a Past President of AMSSM and the AMSSM Foundation and has personally mentored and educated numerous fellows who later became fellowship directors, who then brought decades of their own mentees into the active ranks of AMSSM membership.

He currently serves as the team physician for the NHL’s Dallas Stars, consultant physician to the World Olympic Gymnastic Academy, medical director of the Dallas Rock-n-Roll Half Marathon, and member of the United States Anti-Doping Review Board. Dr. Dimeff previously served as the team physician for the NFL’s Cleveland Browns and NBA’s Cleveland Cavaliers.

Dr. Dimeff has authored over 40 articles and frequently lectures at regional, national, and international medical conferences.

“To honor what Dr. Dimeff has done on so many levels, so consistently, for the benefit of AMSSM over himself or any individual seems to exemplify what the founders had in mind to move our entire profession onward under the collegial auspices of AMSSM,” said Incoming AMSSM Foundation President Susan Joy, MD.
“I feel very strongly that I want to do the right thing for our athletes. I want to be the best I can be, so I am constantly trying to improve.”

Dr. Jonathan Finnoff

On February 25, 2021, Dr. Jacob Miller was able to have a discussion with Dr. Jonathan Finnoff, CMO of the U.S. Olympic and Paralympic Committee (USOPC). The conversation addressed the evolution of athlete medical care during the COVID-19 pandemic, progression of the USOPC’s mental health emphasis, and personal thoughts by Dr. Finnoff. This interview has been edited for length and clarity. You may listen to it in its entirety on the AMSSM Education/Communication Committee Podcast.

Miller: Dr. Finnoff, it’s very good to talk to you again! Thank you for making time for us.

Finnoff: It’s a pleasure to be here! Thanks so much for inviting me.

Miller: We spoke almost a year ago, right at the start of the pandemic. I’m curious to hear how the programs that you’re running for your athletes have evolved during the many phases of the pandemic.

Finnoff: When I arrived [in Colorado Springs at the Olympic Training Center], and it was declared a global pandemic, we had to close down our training centers because of public health guidelines. One month later, the [Olympic] Games were delayed. During that time, there was a huge amount of stress for our athletes because their training centers were closed. They didn’t have access to facilities. They felt like there was an unfair advantage in countries that did not have the same issues with access to training centers, and then the Games were delayed. Things were shut down across the country. People were upset and stressed, but they also were able to step back and feel a little better because they weren’t under the same pressure.

Then, people started thinking toward the end of May, “How are we going to proceed from here? What are we going to do to get back into sport? We need to start training again, and eventually we need to start competing again.” I consulted with many experts in sports medicine from different leagues, International Olympic and Paralympic Committees, World Health Organization, CDC, infectious disease experts, people who organize events and so on. We came up with two documents. One was a Return to Sports document which outlined going from a fully shut down state back to an essentially normal state. We haven’t yet fully reached what I was considering Phase 5, where there is either a vaccine that is widely distributed or a really effective treatment and things are back to normal. Now, we have the vaccine starting to roll out, and we have some treatments that are pretty good, but we are not quite there yet; we are still in Phase 4. We also put out a document describing how to start planning an event. There was a nice document that the World Health Organization had been working on at the time, so we used that as a structural format and put a little more meat onto the skeleton they had created.

Then, public health authorities said we could start reopening facilities in the locations of our training centers. It wasn’t all at the same time; it was a little bit staggered, but we first put together a plan on how we would open it up for staff to be back at work, and then we started re-entering athletes. The process we originally came up with had athletes monitor their signs and symptoms prior to travel. If they had signs or symptoms, they would get tested at home and be evaluated by a physician. Otherwise, they would come to the training center. We did a webinar for them in advance so they knew what our processes and procedures were. When they arrived, we did a touchless entry process into a quarantine room for each of them. We provided them with meals, workout equipment in their rooms so they could continue doing training, a certain amount of time for individual training outside each day, and mental health resources because this was a stressful time. On days four and five of that quarantine process, we did PCR testing, and we would get the results back on the evening of day six. They would be released from quarantine on the morning of day seven if they had negative tests. We were originally doing a combination of PCRs and antibody testing because a lot of people didn’t know if they had COVID-19 or not. We identified multiple people who did have COVID-19 based on antibodies who did not realize they had it. They were either asymptomatic or it was mild enough that it didn’t trigger their warning flags that they should go see a physician.

Nobody knew exactly how this was going to affect other systems. For instance, was this going to cause myocarditis, pericarditis, or

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other conditions that could be life-threatening in an athlete when they elevate the heart rate? Every person who either tested positive by PCR or had a positive antibody test, once they were released from quarantine, got a troponin-I, ECG, and echocardiogram to evaluate cardiac status before being allowed to go back to sport. Thankfully, nobody has had any abnormalities during that process. However, during that re-entry process, we were doing standard pre-participation physicals, which in elite athletes involves ECG. As part of that screening, there were several other cardiac things that we found that were totally unrelated to COVID-19.

When somebody tested positive, based on CDC guidance at that time, we would keep them quarantined for the recommended amount of time, but then we would try to test them out. We had some who were in quarantine for a month because they kept having positive PCR tests. Of course, we know now, and the CDC recommends, not to get a PCR test for 90 days following an infection, but originally that was not the case. You were supposed to test out of quarantine. That really affected some of our athletes early on.

Then we started having athletes travel and compete internationally. That added entirely different complications because people would go to Europe, and somebody would test positive. There would be contact tracing, several people would have to stay, and we had to leave a staff member with them while the team moved to the next competition location. There were problems moving from country to country because of testing requirements and getting international tests. There wasn’t good information about how to get tests, so we would negotiate contracts with testing facilities in Europe to be able to cross borders. That was an interesting process that has thankfully evolved because now there are many online resources you can use to identify testing centers anywhere in the world.

We had some spikes during the COVID wave in the late summer and fall and in the December/January timeframe. The latter was significant enough that we had to close down the training center again. In the meantime, we have had the vaccine start rolling out. We have learned a lot more about COVID-19. We’ve made some significant changes in our training center, so now, if you have had the vaccine and/or been infected with COVID-19 in the last 90 days and have a documented PCR test, and you’re asymptomatic, then you don’t have to go through the re-entry process because of immunity. This is based on CDC guidance that, if you have close, sustained contact with somebody after you’ve had COVID-19 or have been vaccinated, and are asymptomatic, you don’t need to quarantine. The purpose of us quarantining was to catch people if they had close sustained contact with someone and didn’t know, but now they are allowed to go in sooner. We do not do a screening test on anyone who has had COVID-19 in the last 90 days. We are doing surveillance testing on a regular basis based on COVID prevalence in the location of our training centers.

We have shortened our quarantine time. We are not as aggressive as the NFL, but we are doing ten days. We were originally doing 14 days after close, sustained contact, and we have modified some of our training within our facilities where we were previously very, very conservative, but it led to a lot of restrictions. We just acknowledged that there are sports where there is close sustained contact, so we have modified some training situations by allowing larger groups, which means two or three people are able to train close together as opposed to always maintaining separation. Different changes have occurred in those processes, and of course, we are still learning every day.

**Miller:** Some of the restrictions you are talking about sound very similar to what the NCAA has been doing. Has there been much back-and-forth between the USOPC and the NCAA or various other governing bodies in terms of what should be done to keep athletes safe?

**Finnoff:** We definitely have been in contact with chief medical officers with a variety of professional sports leagues as well as the NCAA, in talking to them about how they are handling different situations. We are all sharing resources in terms of, for example, testing: who is providing the most reliable test, what issues have people dealt with in terms of shipping, turn-around time, customer service, cost, etc. We are right now looking at different contact tracing options beyond people’s memory, which is fallible. We want to use more objective data. We are looking at other leagues that have used different systems and whether they were successful or not. We are definitely sharing information regularly with them, as well as our international counterparts.

**Miller:** Vaccines have changed the game in terms of what we hope to do in the next few months. What are your thoughts about the ethics of prioritizing vaccination for athletes at any level of competition?

**Finnoff:** The stance that the USOPC has taken, with which I agree, is that athletes should not get preferential treatment and be moved in front of other people who have a higher risk of complication associated with COVID-19. Looking at the phases [of vaccine rollout], we feel very comfortable and confident this is the appropriate way of rolling out the vaccine. When it gets to Phase 3, we would love to have a plan in
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place such that, if it’s available to
the general population, we can
effectively and efficiently vaccinate
our delegations going to the Olympic
and Paralympic Games this summer.
But we certainly don’t want to skip
the line.

Around the world, there are
different takes on that, and from a
societal standpoint, the value placed
on national team athletes and the
Olympic delegation is different.
Ethics are based upon societal
norms and expectations, and they
are different in different locations.
Having grown up in this society, I
think that what the United States is
doing is appropriate. But there are
other countries that are absolutely
prioritizing their national teams and
vaccinating them.

From a public health standpoint, the
biggest super-spreader event in the
world could be the Olympics and the
Paralympic Games if they are not run
perfectly. You have 250+ countries
from around the world coming to
one location, mixing everybody
up, and then going back to their
home countries. From a public
health standpoint, vaccination of
that athlete population is probably
not a bad idea. The situation is the
same for the Japanese population:
is it ethical to expose the Japanese
people to individuals from high- or
intermediate-risk countries? I think
there are a lot of different questions,
and there are complex answers. I
don’t know if our delegation will
or will not be vaccinated before
go ing to the Games. We are going
to do everything we can to be ready
when it is available to vaccinate our
delegation, but it may just not be our
time yet. We will not jump the line.

Miller: Last time you and I talked,
we discussed the emphasis you
hoped to place on mental health in
the athletic population. How has the
rollout of this program gone?

Finnoff: It’s kind of fun to talk about
a non-COVID related issue, although
there is some relationship because
the pandemic has certainly stressed
everybody out. The mental health
program is something that is very
important. We have hired a director
of mental health. We have created a
registry of mental health providers
around the country who meet our
criteria. That is going to be externally-
facing, meaning that our athletes and
staff can utilize this resource without
having to go through us to identify
these providers, and that way it can
be private. However, they also have
the opportunity to contact us in case
they want our additional resources.

We have negotiated a new insurance
contract for elite athletes that has
phenomenal mental health benefits.
We are hiring three more associate
directors of mental health that will
be placed at our three different
training center sites. We are also
hiring a mental health manager who
is a mental health provider and will
provide care for the “team behind the
team,” namely our staff at the USOPC.

As we have built this amazing program
for national governing bodies (NGBs),
athletes, and so on, the staff has
recognized how important it is for us
and our health, and the organization
has supported us in our endeavors to
provide it to our staff as well. We have
a hotline for urgent and emergent
situations. We have built beautiful
emergency action plans at all three
of our training center sites. We have
mental health officers that are going
with us to the Olympic and Paralympic
Games who will be in the athlete
villages. We went from essentially
nothing except for sports psychology,
which was only performance-based.

Even though many of the providers
were clinically trained, they were
hired to be performance-based
sports psychologists as opposed to
mental health providers. They did
some mental health provision, but it
was because it was needed. Now, we
have a pretty robust program that,
in my opinion, will be one that other
Olympic and Paralympic Committees
will try to emulate. I am really proud
of it.

Miller: Building off of that, your job
as a CMO is extremely stressful. It
requires that you wear many different
hats and are conversant in a lot of
different areas. How do you maintain
your own mental health with all your
responsibilities?

Finnoff: I can honestly say this is the
most amazing, incredible, awful,
horrible job I have ever had! It has
the highest highs, the lowest lows,
and the biggest demands of anything
I have ever faced professionally or
personally. This has been incredibly
challenging. But I really like a
challenge, and the vast majority of
days, when I go home, I feel good
about the decisions I’m making,
the steps that I’ve taken, and the
strides forward we are making as a
Committee.

We have had some big staff changes
within sports medicine, and we have
also had some people go out on
maternity/paternity leave, so the
demands on me are great. I come in
at six in the morning and get home
at nine or ten at night almost every
day. Every weekend, there is an
emergency, and there are calls at all
hours. It has been very challenging
from a time commitment standpoint,
and I think my family has got to be
the most understanding family in the
world.

That being said, we have six
Games coming up in a twelve-
month timeframe: the Olympic and
Paralympic Games this summer, the
Youth Pan-Am and Para-Pan-Am
Games in the fall, and then the Winter
Olympic and Paralympic Games. We
have a pandemic, we have all the
Olympic trials, and we have all the
training centers doing all of this staff
turnover. I feel like I am in the middle
of the perfect storm, but I am also
hiring some great staff to help me.
I think the restructuring we have
continued on page 9
CMO CORNER INTERVIEW
Continued from page 8

done is going to result in immense improvements in medical care for the Olympic and Paralympic movements. The mental health aspect is incredible, and the Games are going to come and go. I am very optimistic that my work/life balance is going to dramatically improve over time, but right now, it is absolutely a million miles an hour all day, every day.

Miller: Many people look at the position you are in and feel that you are a good person for the job. You are a very accomplished and competent physician. What are some attributes that you are still trying to develop as a physician and a person?

Finnoff: I feel like all of us, no matter what we have done in our lives, are just scratching the surface of what we can become and the skills we can acquire. I am constantly trying to learn from others and look at the people who are doing a great job and emulate them. On top of everything else, I enrolled in a leadership course through the USOPC called Podium. That has been really beneficial, and it is interesting to hear other people’s challenges. We discuss problem-solving, team-building, structures, time management—just so many different things. Right now, I am working a lot on building my leadership skills. I am focusing on my organizational skills, and I happen to be a very organized person. When I went trick-or-treating as a kid, I organized all my candy by size, color, and brand. But there are always things you can do better. I need to work more mindfulness and self-reflection into my schedule, making sure that I am prepared every day to jump into that fire and lead. Medical staff of any sport are not going to be the most popular right now because we are making rules that people are not liking, and you have to be strong, and you have to know that what you are doing is right. I am very mission-driven, and I feel very strongly that I want to do the right thing for our athletes. I want to be the best I can be, so I am constantly trying to improve.

Miller: What have you learned during the pandemic?

Finnoff: I think the pandemic, along with many other things that happened this last year, was one more thing that polarized our society. We see this within athletes and staff as well, where some people think the pandemic is a hoax, none of this is real, and all the numbers are made up. There are others who don’t want to leave their rooms because they are so scared they are going to get sick and die. And there is everything in between. I think the pandemic put a little bit more fire under that boiling water that is our society right now. My hope is that we are learning a lot about ourselves and each other. People talk about intense situations, whether it’s war or medical school, and you go through that with people. When you come out the other side, your bond and understanding of those people is heightened. I am hopeful that is what is going to happen within society as well, that we are going to value some things we took for granted before and that some of the adversity we faced together will bind us as a society, and we will be better for it.

Miller: Thank you so very much for your time today! We really appreciate your thoughts and insights, and we wish you the best of luck as the year progresses and we prepare for the big Games coming up!

Finnoff: It was great talking with you! Stay safe, and I look forward to seeing you at the next meeting where we are in person.

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.
UPDATE FROM THE AMSSM SMFC (SPORTS MEDICINE FELLOWS COUNCIL)
A Fellow Interest Group Led by AMSSM Fellowship Members

2020-2021 Fellowship Class Representative
Nicolas Hatamiya, DO
UCLA Sports Medicine Fellowship

2021-22 Fellowship Class Representative
Ruikang (Kong Kong) Liu, MD
University of Colorado Sports Medicine Fellowship

It’s hard to believe the 2020-2021 fellowship year will be finishing in a couple months and the transition of SMFC Officers is now taking place. We want to thank the current SMFC Officers for serving over this past year on the Sports Medicine Fellow Council and for their respective committee roles:

Nicolas Hatamiya, DO
Fellowship Class Representative to the Fellowship Committee

Alberto Oseguera, MD
Fellowship Member Liaison – Communications Committee

Mallory Lewis, DO
Fellowship Member Liaison – Education Committee

Kimberly Casten, MD, MPhil
Fellowship Member Liaison – IIOR Committee

Stephanie Carey, MD, MPH
Fellowship Member Liaison – Membership Committee

Sonia Ruparell, MD
Fellowship Member Liaison – Practice & Policy Committee

Kristian von Rickenbach, MD
Fellowship Member Liaison – Publications Committee

Emily Miller Olson, MD
Fellowship Member Liaison – Research Committee

Christina Giacomazzi, DO
Fellowship Member Liaison – Sports Ultrasound Committee

Hi everyone!
My name is Kong Kong. I’ve been at Penn State in Hershey, Pennsylvania for medical school, pediatrics residency, and now a chief year, and I will be heading over to the University of Colorado for my sports medicine fellowship this summer. I was the SMRC Pediatrics Representative for 2020, and I am so honored to be able to serve as your 2021-2022 Fellowship Class Representative. I have a passion for medical education and have some ideas for projects we can collaborate on as a class to not only promote sports medicine education, but to also increase publicity for the AMSSM organization that I can’t wait to share with you.

Congrats to everyone for matching into fellowship during this especially unique year of virtual interviews! Please don’t hesitate to reach out if I can be of service in anyway. I am always happy to collaborate on projects or even just to connect. I hope to meet you all in person soon at the upcoming Fellows Research and Leadership Conference in July, and I look forward to growing/learning from each other as a class and to help push the field forward together in the years to come!

2021-2022 Fellowship Member Liaisons

• Communications Committee: James Smith, MD, MPH
  Residency: University of Minnesota North Memorial Family Medicine Fellowship
  Fellowship: University of Connecticut Family Medicine Sports Medicine Fellowship

• Education Committee: Dana Sheng, MD
  Residency: University of California - Davis PM&R Residency Fellowship
  Fellowship: Northwestern McGaw/Lurie Children's Sports Medicine Fellowship

• IIOR: Jaire Saunders, MD, MPH
  Residency: University of California - Davis Health PM&R Residency Fellowship
  Fellowship: Cleveland Clinic Foundation Sports Medicine Fellowship

• Membership Committee: Hunter Haley, MD
  Residency: University of Florida Family Medicine Residency Fellowship

• Practice and Policy Committee: Elisa Giusto, DO
  Residency: Lehigh Valley Health Network Family Medicine Residency Fellowship
  Fellowship: Atlantic Health System Sports Medicine Fellowship

• Publications Committee: Michael-Flynn Cullen, MD
  Residency: National Capital Consortium Walter Reed National Military Medical Center PM&R Residency Fellowship
  University of California - Davis PM&R Sports Medicine Fellowship

• Research Committee: Shane Davis, MD
  Residency: University of California - Irvine PM&R Fellowship
  Fellowship: Utah Valley Sports Medicine Fellowship

• Sports Ultrasound Committee: Laura Mattson, DO
  Residency: University of Michigan PM&R Residency Fellowship
  Mayo Clinic - Florida Sports Medicine Fellowship

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

Giorgio Negron, MD
Emory University PM&R
Residency
PGY3

Hello Fellow Residents!

It is an honor to serve as the AMSSM SMRC President for the 2021 academic year. We have made it through last year stronger than ever and AMSSM SMRC has exciting plans to take on this year. First and foremost, the AMSSM conference was held virtually this April 13-18th and there was an incredible lineup of speakers from around the world who taught us in-depth and up-to-date sports medicine knowledge we all love. I applaud the Program Planning Committee to make this virtual meeting of minds possible and accessible for everyone.

I hope you attended the “Resident and Medical Student Boot Camp – Practical Skills for the Aspiring Sports Medicine Physician”. This was an incredible educational activity catered for trainees to improve their sports medicine skills and encourage networking and collaboration. In addition, the “Virtual Fellowship Fair” was a fantastic way for residents and students to learn about and connect with Sports Fellowship programs from around the country. Also, be sure to check out the hundreds of case/research poster presentations on the online AMSSM Collaborate platform.

Furthermore, AMSSM SMRC will be hosting a “Resources for Residents and Students” webinar to provide information about membership resources for trainees.

We’ve Expanded Our Social Media Presence – Look for the AMSSM SMRC now on Instagram!
Follow and Connect with the AMSSM SMRC

The 2021 SMRC Officers have expanded our social media presence as the AMSSM SMRC is now on Instagram. Meet the 2021 Officers as they make introductory video posts on Instagram and Facebook.

If you want answers to these questions as well as other questions – Join “Ask-a-Fellow” on AMSSM Collaborate

After posting your question(s) on “Ask-a-Fellow” current fellows will respond to your question(s). It is completely voluntary and will be an impactful program for current fellows that just went through the Match to have an opportunity to share their tips/advice as they mentor residents and students looking to match into a sports medicine fellowship.

You can also ask your questions on the AMSSM Collaborate platform.
Hello all!
Looking back at the Virtual Annual Meeting, it was amazing for members of the AMSSM community to have joined together virtually to share and exchange knowledge gathered through this difficult year. As medical students, I know it is often difficult to attend conferences in person given our busy schedules and limited time off, which is why this has been an extremely exciting year for us to be involved! By attending the Annual Meeting this year, we had access to excellent lectures and presentations discussing cutting edge topics that could be viewed remotely from wherever we may be. I hope many of you took advantage of this opportunity to enrich your knowledge of sports medicine, as well as to make connections through the virtual meeting. Continue to stay safe!

AMSSM MSIG Update
The MSIG is excited to welcome three new and four returning members from medical schools across the country as the 2021 Officers. We have an excellent team of students looking forward to promoting and increasing student involvement within AMSSM. This year we have already begun to make some changes, by creating an Instagram account to better reach potential student members, make connections, and keep our student members up to date on current events in sports medicine and AMSSM. In addition, following the success of our “Day in the Life” webinar series, we look forward to continuing on with additional webinars on student-suggested topics. We enjoyed seeing increased medical student engagement at the Virtual 2021 Annual Meeting, as the virtual platform increased availability of conference material to many students, and the Galen Medical Society increased the number of scholarships for medical students this year to assist with conference attendance and fees. Over the next year we hope to continue to encourage student engagement and opportunities within AMSSM!

Connect and Follow the AMSSM MSIG on Instagram and Facebook
We want to grow our social media presence!

Featuring One of Our Charter Medical Schools – Central Michigan University College of Medicine

Number of members: 14
When Was Your Medical School Sports Medicine Interest Group Formed: March 2021
AMSSM Member Serving as Faculty Champion: Noshir Amaria, DO, ATC
Student Officers: Shereef Zaky and Jessica Buttinger

Events hosted/involved in: Every semester this student interest group holds multiple events related to the field of sports medicine. In the past we have hosted a tour of the athletic facilities and held a coaching, athletic training and sports medicine panel with Dr. Amaria and the CMU Athletic Department. We have hosted numerous WebEx sports medicine physician panels with physicians from various institutions. Our SIG is in charge of regularly hosting suturing clinics, casting clinics and anatomy exam reviews for medical students.

Connections you have with other related interest groups (i.e. family medicine, etc.): PM&R SIG, Family medicine SIG, EM SIG, Pediatrics SIG, Surgery SIG & Orthopaedic Surgery SIG

Any other details you want to share with AMSSM members about your medical school interest group:
Our goal is to continue to create opportunities for our classmates to gain clinical experience and exposures to the field of sports medicine! We are so excited to become a branch of the AMSSM and we are grateful and ready to get even more involved on a National Level as a student interest group.

Is Your Sports Medicine Interest Group Connected with the MSIG?
54 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. Please contact the AMSSM MSIG Officers at amssm_msig@amssm.org if you would like your medical school’s interest group featured in an upcoming edition of The Sideline Report. (must be a Charter Medical School)
AMSSM Announces Launch of Youth Sport Advocacy Toolkit

The AMSSM Youth Sport Advocacy Team, in collaboration with the AMSSM Collaborative Research Network (CRN) and Practice & Policy Committee, is pleased to announce the launch of the AMSSM Play.Stay. Thrive youth sport toolkit.

This toolkit was developed by AMSSM sports medicine physicians to help educate parents and other youth sport stakeholders on good practices for safe and healthy youth sport participation. AMSSM believes participation in youth sports provides kids with important skills and habits to live a healthy and physically active life through adulthood.

However, parents should also be aware of the risks associated with training and participation in youth sport. This toolkit aims to answer common questions parents have regarding the risks, benefits and appropriate practice habits of sport participation for their young athletes.

“I’m so excited to be able to offer evidence-based information to help families and health care providers provide a safe developmental environment within youth sports through the AMSSM Toolkit,” said Drew Watson, MD, MS, the Co-Chair of the toolkit. “It can often be difficult for young athletes and their families to identify reliable and applicable guidance around issues related to long-term health and performance within youth sports.

“My hope is that the toolkit we have put together will be able to bridge this gap and provide stakeholders with answers to some of the most pressing questions we hear so often as providers for young athletes.”

This toolkit, which stems from outcomes of the AMSSM CRN 2019 Youth Early Sport Specialization Summit (YESSS!), provides evidence-based resources for physicians to use with patients and families in their clinical practices as well as in their communities. The Q&A format allows for easily understood answers to common questions pertaining to youth sport.

Physicians can print the PDFs and display in their clinic space and direct patients and families to this resource. Additionally, our members are encouraged to use and promote this resource in their communities when they interact with youth sport stakeholders and organizations.

Additional resources, including short physician-led videos, will be added to this toolkit throughout the summer.

This toolkit is located on the website, underneath the Patients link and will be prominently featured on the SportsMedToday website.

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CALENDAR OF EVENTS

**JUNE 15, 2021**
2021 COMPREHENSIVE SPORTS MEDICINE UPDATE AND BOARD REVIEW – ONLINE COURSE

**JULY 23-25, 2021**
2021 FELLOWS RESEARCH AND LEADERSHIP CONFERENCE
Sheraton Denver (Downtown Hotel)
Denver, CO

**DECEMBER 1-3, 2021**
2021 ADVANCED TEAM PHYSICIAN COURSE
Gaylord National Resort
National Harbor, MD

**APRIL 8-13, 2022**
2022 ANNUAL MEETING
Austin, TX
Greetings, AMSSM friends and colleagues! It was wonderful to interact with all of you at the Annual Meeting and feel your passion. I am anxious to see you in person in the future.

There was one additional, very important sense that pervaded this year’s meeting: love. The past year has meant so many things to so many people. It is difficult to describe the ways in which we have been impacted by the COVID-19 pandemic, social strife, and political turmoil. We have endured tragedy, deprivation, and isolation unlike anything many of us have ever encountered. Hopefully, we have grown and learned from this experience, become a little kinder, more patient, and more willing to reach out to those struggling. As I watched and listened to you during this most recent Annual Meeting, I got that feeling of love, the same feeling I had when I attended my first sports medicine conference. When I am with you, I am among friends. One of the surest ways to express love for another is to encourage him or her to be better, and I consistently feel this when I am with you, my colleagues. We listen to each other and offer support. We educate each other to become better caretakers for our patients. We empathize, we mentor, and we lift. I am so grateful to be part of this society, and I hope you are taking advantage of the great associations that are available.

In this edition of The Sideline Report, you will have access to the same great educational opportunities in the CMO Corner, Executive Summary, World of Sports Medicine, and committee updates you have come to expect. You will also be able to relive the excellent week that was our Annual Meeting in a summary by Dr. Carlin Senter. In addition, I encourage you to take the time to review a special section written by your colleagues detailing what they have learned during the pandemic. These words of wisdom will touch your heart and shape your outlook for the coming year, when our patients will need us more than ever to get their heads in the game, walk back into the gym, and trot onto the field.

Again, I am so appreciative of you and the examples you are to me. Know that you have friends behind you, waiting to catch you if you fall and cheer you as you succeed. Have an amazing summer, and we’ll talk again in September!

Keep your stick on the ice,
Jake Miller
Is Extensive Cardiopulmonary Screening Useful in Athletes with Previous Asymptomatic or Mild COVID-19 Infection?

By Manoj Poudel, MBBS

Criteria for return to play (RTP) after COVID-19 infection is a widely discussed topic. Gervasi et al from Italy performed a cohort study with 30 professional male soccer players without pre-existing cardiopulmonary disorders by conducting an extensive cardiopulmonary screening protocol in preparation for resuming training. At the time of screening, 18 players were in the COVID+ group (6 were positive for COVID-19 PCR but without symptoms and 12 had mild symptoms in the last 3 months with resolution of symptoms within 15 days). Twelve players were COVID- (negative PCR and antibody tests). The screening protocol included history, physical examination, COVID-19 PCR test, blood tests, spirometry, resting and stress-test EKG with oxygen saturation monitoring, echocardogram, Holter monitor, and chest CT. Comparison of COVID+ and COVID- groups along with the comparison of the same parameters with those during preseason of the previous year were done. Spirometry, stress-test EKG, and echocardiogram did not reveal significant differences between COVID- vs. COVID+ groups. Players in the COVID+ group showed statistically significant reduction in almost all spirometry parameters after infection (likely due to detraining); however, 16 were still within normal range. There was no statistically significant difference in the blood work (CBC, LFT, creatinine, ferritin, CRP, troponin, and CPK) in the COVID+ players. Oxygen saturation was normal at rest, with effort, and on recovery in all patients. Holter monitoring and EKG did not show frequent and/or complex arrhythmias of clinical relevance in any patient. CT chest was normal in all patients. The authors concluded that in players with mild COVID-19 infection, an extensive screening protocol did not identify relevant abnormalities. However, bigger studies are required to include all sexes, age groups, sports, amateur players, and individuals with pre-existing co-morbid conditions to determine the necessity of extensive cardiopulmonary screening after COVID-19 infection for RTP.


Patellofemoral Pain: One Year Results of a Randomized Trial Comparing Hip Exercise, Knee Exercise, or Free Activity

Minh (Quan) Le, MD

Prescribed knee strengthening with quadriceps exercises have been the traditional approach for treating patellofemoral pain (PFP) syndrome. However, Alexandra Hott, MD, and colleagues from Sarlandet Hospital in Kristiansand, Norway, found that knee exercises, hip exercises, or free physical activities combined with patient education were all equally effective in treating PFP syndrome. The study consisted of 112 patients with a mean age of 27.6 (16-40) years who underwent a single-blinded randomization into three exercise-based interventions: isolated hip-focus exercise (39 subjects), traditional knee-focused exercise (37 subjects) and free physical activity (36 subjects). Participants undergoing hip-and knee-focused exercises were instructed to perform three exercise sessions per week, consisting of three sets of 10 repetitions for each exercise with increased intensity as the program progressed. Participants in the free physical activity group received no exercise regimen but were instructed to be physically active. All three groups received the same patient education. Primary outcome was measured using the Anterior Knee Pain Scale (13 questions pertaining to anterior knee pain, symptoms, and function) collected at baseline, 3, and 12 months. The authors found a collective improvement in the Anterior Knee Pain Scale from 74.8 to 77.5 (p=0.1); however, there were no statistically significant differences between the three exercise-based interventions for PFP syndrome. Participants in the hip and knee exercise group had greater muscle strength at 3 and 12 months. Hott et al suggests that most guided exercise regimens for PFP involve the recruitment of the knee and hip muscles, and while muscle strength can increase, it may not translate into clinical improvement of PFP. This study indicates that free physical activity combined with education can be beneficial for patients with PFP, while specific isolated training can result in increased muscle strength in individuals with weak muscle groups.


Where Have All the Fractures Gone? The Epidemiology of Pediatric Fractures During the COVID-19 Pandemic

Gregory Walker, MD

A recent study published in the Journal of Pediatric Orthopaedics explored the epidemiological underpinnings of the COVID-19 pandemic on incidence of pediatric fractures. In this retrospective study from The Children’s Hospital of Philadelphia, a total of 1745 patients presenting with acute fractures were included. There were two cohorts: a “pandemic” cohort gathered from March 15 to April 15, 2020, compared with a “prepandemic” cohort from the same time window in 2018 and 2019. Overall, the daily fracture volume decreased from 22.5 ± 9.1 in the prepandemic cohort compared to 9.6 ± 5.1 in the pandemic cohort. Further stratification showed that presenting age for all fractures decreased from the prepandemic cohort (9.4 ± 4.4 y) to the pandemic cohort (7.5 ± 4.3 y). From prepandemic to pandemic, there was a decrease in the number of fractures requiring surgery (2.2 ± 1.8/d vs. 0.8 ± 0.8/d), increase in frequency of fractures occurring in the home (57.8% vs. 32.5%) and an increase in proportion of fractures occurring from bicycle injuries (18.3% vs 8.2%). The most impactful finding from this study for sports medicine providers is the decrease in fractures from sports injuries from the prepandemic to pandemic cohort (26% vs. 7.2%). The total number of sports-related fractures decreased from an average of 187 fractures per year in 2018 and 2019 (prepandemic period) to a total of 22 sports-related fractures in 2020 (pandemic period). This 8.5-fold decrease in sports-related fractures illustrates the magnitude of the COVID-19 pandemic on sports participation.

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

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2021 AMSSM Incoming Presidential Address

By Amy Powell, MD, FAMSSM

Words cannot express how humbled and honored I am to serve as your President for this coming year. Thanks to the Executive Committee and Board of Directors for your service and for preparing me to lead this year. Thank you for the opportunity to serve this organization I love so much and has given so much to me. I am excited and honored to give back.

I want to start by thanking Tracy Ray for serving and surviving his Presidential year in such a difficult and tumultuous time. Tracy led with direction and courage, and has set us on a path for success moving forward. Among many other accomplishments, Tracy created two Presidential Task Forces; one focused on the future training of sports medicine physicians, and the other focused on diversity, equity and inclusion. These task forces have been productive and will continue their work throughout my presidential term. The diversity, equity, and inclusion task force, which will now become a subcommittee under the membership committee, will define a large portion of the work I hope to accomplish over this next year, and I want to thank Tracy for taking the initiative to move us in this direction. In a non-pandemic year, there would be a hug and a handshake and a plaque right now. The plaque is in the mail, and the hug and handshake will come when we see each other in person next. But great job, and congratulations.

Because of our (mostly) cancelled AMSSM 2020 meeting, Jason Zaremski, Program Planning Chair, didn’t get the full credit he deserved for planning a stellar meeting in Atlanta. We’ve taken some of his higher priority sessions and included them in this year’s meeting, so 2021 reflects at least some of what Jason and Tracy hoped we would experience in 2020. Thanks, Jason.

The members of the Diversity, Equity and Inclusion Presidential task force need to be publicly thanked for their work in this arena over the past 10 months. This group has worked exceptionally hard to create a policy for AMSSM moving forward and draft benchmarks that the subcommittee will track over time. This Task Force was co-chaired by Nailah Coleman and myself, and thank you to the group that worked to create a DEI policy of AMSSM. This is a great team of people, thanks for the difficult, challenging, and inspiring discussions we’ve had this last year.

AMSSM would not be where we are today without the leadership of Jody Gold, Jim Griffith, and the rest of the AMSSM team. They are our glue and more. After 9 years serving on a combination of the Board of Directors, the AMSSM Foundation Board, and the Executive Committee, I see during day-to-day interactions their dedication and commitment to our success. Their importance to the success of our organization has been magnified in a pandemic year. It’s truly remarkable.

Finally, I want to express my sincere gratitude to Carlin Senter, 2021 Program Planning Chair. Carlin is an internist and sports medicine physician at UCSF, and perhaps the most organized, detail-oriented person I know. For everyone who has ever planned a meeting or a course, you know that it is a herculean effort at baseline. For Carlin, AMSSM 2021 involved planning three simultaneous

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news from the board

PRESIDENTIAL TASK FORCE
Continued from page 16

meetings- in person, hybrid, and all virtual. Since moving to an all-virtual platform in February, she has worked pretty insane hours to make sure all of the details have been taken care of to make this meeting successful. The PPC job is tough in any year, but planning the first ever all-virtual AMSSM meeting has been its own special challenge. We are all physician volunteers in this organization, but I’m fairly certain that no one has put more hours in, especially over the last two months, than Carlin. Thank you. You are truly awesome.

A big message for today is that mentors matter. Dr. Rosemary Agostini literally introduced me to sports medicine and took a chance on me when I was an internal medicine resident. She is one of my most important mentors. When I was elected to 2nd VP, she sent me some great historic artifacts from AMSSM’s early days. I know we are not that old as an organization, but it’s remarkable to flip through the program brochure from the second annual AMSSM meeting in Sun Valley and look at what we’ve become in a short period of time. Thanks to Rosemary for saving these, passing them along to me for perspective, and our founders for having a vision for AMSSM.

Our mentors don’t need to be physicians. I have been brought up by some of the best and brightest in sports medicine. I want to specifically mention Jeff Cassella, who was the head athletic trainer at Mentor HS when I was a very green fellow. Jeff was named “Best athletic trainer in Ohio” by OATA, serves as President of the Ohio High School Athletics Association, and is now the AD at Mentor High School. As one of my first sports medicine teachers, I couldn’t have asked for anyone better. Jeff also mentored AMSSM Presidents Bob Dimeff, Craig Young, Tracy Ray, and incoming AMSSM Foundation Board President Susan Joy, so he must be doing something right. These AMSSM leaders are part of my big Warthog family and I’m very grateful for their friendship and mentorship over the years. Thanks to the whole Warthog family for all of your support.

Deb Willardson took over from Jeff. Deb was the athletic trainer I worked with most closely for the first 12 years I was at Utah. Her consistent “athlete-first” focus and personal humility were so helpful to me in my early years of serving as a D1 team physician. She was awarded collegiate athletic trainer of the year for RMATA in 2003, awarded RMATA hall of fame status in 2009, and the Linda Amos award for distinguished service to women in 2013. Deb was inducted into the Utah Sports Hall of Fame in 2016. And she would blush if you mentioned any of these to her. I am privileged to have trained with the best of the best. Please thank the athletic trainers who have helped you, too- they don’t hear it enough.

2020 was a rough year. But what did we learn, and what lessons can we take from 2020 moving forward?

Social injustice is real, and has been on display in powerful ways in the past year. The disproportionate impact of COVID-19 on underrepresented minority communities has opened our eyes to discrepancies in health care that need to be addressed. Diversity, equity, and inclusion will be a major focus of my presidential term. The DEI task force has outlined a strategy to move forward organizationally. This includes:

- Coaching and mentoring members from diverse groups to get involved with AMSSM, serve the organization and aspire to leadership positions within AMSSM, sports medicine and in their professional lives and communities.
- Incentivizing and mentoring the growth and development of underrepresented researchers within AMSSM through an annual minority research grant and accompanying research mentoring program.
- Implementing training and professional development in diversity, equity, inclusion, and cultural competency for all members and required training for the AMSSM Board of Directors.
- Encouraging hands-on service opportunities for members to make a positive impact in their local communities, building off of the global, national and local humanitarian outreach grants the AMSSM Foundation offers.
- Advocating for governmental policies that address equitable access to physical activity and encourage equality within sports medicine.

Our DEI work will be tracked and monitored. Specific measures and metrics will be established within the AMSSM strategic plan to meet diversity, equity and inclusion objectives. This is really exciting work that will move AMSSM forward.

The work I have done with Nailah and the DEI task force this past year has opened my eyes to opportunities AMSSM has to move the needle in the right direction. One of the great privileges I have in my current role at the University of Utah is working hands-on with bright, energetic, motivated medical students. When I returned from a mission trip to Kenya working with elite runners and told my first and second year medical students that athletes were training in shoes that were falling apart, they organized a shoe drive to donate their “old” shoes to charity within a month. I want to mobilize this energy and altruism. In that spirit, my husband Neal and I have decided to create an endowment that will fund annual grants specifically for medical students to reach into their communities, with the goal of encouraging young people from underrepresented backgrounds to consider medicine, and ultimately sports medicine, as a future career.

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NEWS FROM THE BOARD

PRESIDENTIAL ADDRESS
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I want to be a personal part of trying to enhance the pipeline of talented people entering our field who might not otherwise know this is an opportunity for them. This will be named the Rosemary Agostini Medical Student Community Outreach Grant, to honor Rosemary’s decades of commitment to underserved communities. Rosemary has been nicknamed a “community health evangelist,” so it seems very appropriate to honor her service with more community service. Only medical students can apply for this competitive grant, sorry. For those of you who would like to apply who are regular members, find a medical student to be in charge, and mentor them. I expect to see some really creative ideas coming from this group that will be profiled at future annual meetings, and I’m excited to see where this goes.

2021 has potential to provide some return to normalcy, embrace it. Teamwork and collaboration are important. Take a chance on someone from a mentoring standpoint- you never know what could happen. Bring them into the AMSSM family. We will intentionally work to make this a more inclusive place. “Come Together” this year, and we look forward to “Welcoming You Home” in 2022 in Austin, Texas.

I look forward to serving you this year with your Board and the AMSSM team. Don’t ever be afraid to reach out.

AMSSM Officers and Board of Directors Election Results

Congratulations to the following leaders elected to serve as Officers and Directors on the AMSSM Board of Directors:

**ELECTED AS AMSSM OFFICERS**

- Marci Goolsby, MD, FAMSSM
  2nd Vice President

- Stephen Paul, MD, FAMSSM
  Secretary/Treasurer

**ELECTED TO THE AMSSM BOARD OF DIRECTORS**

- Morteza Khodaee, MD, FAMSSM

- David Olson, MD

- Shelley Street Callender, MD

**RE-ELECTED TO THE AMSSM BOARD OF DIRECTORS**

- Jason Matuszak, MD, FAMSSM

- Andy Peterson, MD, MSPH, FAMSSM

- Jason Zaremski, MD
Advancing the Discipline during the Pandemic

Outgoing AMSSM Foundation President’s Message
Kimberly Harmon, MD, FAMSSM, 2020-21

Despite the many challenges presented by the COVID-19 pandemic and not being able to meet in person in 2020 or 2021, the AMSSM Foundation has remained committed to providing its same level of funding to the many AMSSM projects, programs and initiatives underway. Highlights of the Foundation’s annual support include:

- $187,000 to support AMSSM Education Initiatives
- $217,000 to support AMSSM Research Initiatives
  - Part of a $1.5M commitment with AMSSM over 5 years to support AMSSM Foundation and CRN Research Grants
- $26,000 to support AMSSM Humanitarian Initiatives

Your support helped make the record-breaking 2021 AMSSM Virtual AMSSM Annual Meeting and the 2021 Research Summit on Exercise Medicine & Physical Activity Promotion possible.

While Corporate and Member Giving have been impacted the past two years during the pandemic, the AMSSM Foundation would like to thank those who have continued to make financial contributions to the AMSSM Foundation this past year:

- Corporate Giving - $320,000
- Member Giving - $85,853

As we rebound out of this pandemic, your continued support will be crucial to AMSSM & the Foundation advancing its research, education and humanitarian goals. Your gifts to the AMSSM Foundation may be mailed in or submitted online at https://www.amssm.org/FoundationDonation.php

Donors may designate their support for:

- Unrestricted – used to support all Foundation programs/projects
- Education
- Research
- Humanitarian
- Anderson Memorial Fund (honors the late Jeff Anderson, MD - supports teaching/education)
- Agostini Community Outreach Fund (honors Rosemary Agostini, MD – supports medical student grants to encourage underrepresented minorities to consider sports medicine)
- Davenport Memorial Scholarship Fund (honors the late Jason Davenport, MD – supports underrepresented minorities’ participation in the AMSSM Annual Meeting)

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AMSSM FOUNDATION

ADVANCING THE DISCIPLINE DURING THE PANDEMIC

Continued from page 19

- Galen Society Medical Student Scholarship Fund (supports scholarships to participate in the AMSSM Annual Meeting)
- Halpern Family Fund (created by AMSSM Founder Brian Halpern, MD, FAMSSM and family - supports AMSSM Humanitarian Service Projects)

Each donation to the 501(c)(3) AMSSM Foundation is tax-deductible as allowed by law. Donors receive a letter that can be used for tax reporting purposes.

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. Every Gift Counts – make yours today!

https://www.amssm.org/FoundationDonation.php

or mail checks to:
AMSSM Foundation
4000 W. 114th Street, Suite 100
Leawood, KS 66211

Please consider including the AMSSM Foundation as part of your Will or planned giving (EIN #31-1512163).

Agostini Fund Created to support Community Outreach

During the 2021 AMSSM Annual Meeting, Incoming AMSSM President Amy Powell, MD, FAMSSM announced the creation of a new endowment fund within the AMSSM Foundation in honor of Rosemary Agostini, MD. The Agostini Medical Student Community Outreach Fund will fund competitive grants for AMSSM medical student members developing community programs/events to encourage young people from underrepresented backgrounds to consider sports medicine. The long-term goal is to intentionally grow a pipeline of diverse candidates choosing to enter sports medicine. The fund honors long-time AMSSM member Rosemary Agostini, MD and her decades of commitment to underserved communities.

Dr. Powell and her husband, Neal Malugade, are providing the initial $10,000 in funding required to start a named endowment fund, along with $2,000 to fund the first four $500 grants that will be awarded in 2021-22. The AMSSM Foundation is challenging the membership to collectively match this generous lead gift to start the fund. A total of $20,000 in the fund will perpetually

fund two $500 grants and $40,000 will fund four $500 grants a year. You can make your gifts to the AMSSM Foundation online or via check payment, earmarking your gift to the Agostini Fund (dropdown at bottom of donation page) - https://www.amssm.org/FoundationDonation.php

CLICK HERE to view the 2020-2021 Annual Report
2021 Award Winners Announced at 30th AMSSM Annual Meeting

The American Medical Society for Sports Medicine presented the following awards during its 30th Annual Meeting on April 17, 2021.

**Best Overall Research Award** – Yetsa Tuakli-Wosornu, MD, MPH – The Athletes Rights Survey: A Step Towards Intentional Injury (Abuse) Prevention In Sport

**Best Overall Case Presentations**
- Stephanie Carey, MD, MPH – Numbness, Tingling And Pain, Oh My: Unexpected Etiology Of Leg Pain In A Football Player
- Connor Mitrovich, DO – Post-traumatic Blurry Vision In A Highly Competitive Soccer Player

**Harry Galanty Young Investigator Award** – Ashley Austin, MD – Sudden Cardiac Arrest in Adolescent Male Basketball Players: Survival Outcomes at School-Sponsored Versus AAU/Select Events

The AMSSM Foundation is pleased to announce the 2020-21 AMSSM Foundation Leadership:

**OFFICERS**
- Kimberly Harmon, MD, FAMSSM – President
- Susan Joy, MD – Vice President
- John DiFiori, MD, FAMSSM – Secretary/Treasurer
- Robert Dimeff, MD, FAMSSM – Immediate Past President

**BOARD OF DIRECTORS**
- Darryl Barnes, MD
- Mark Niedfeldt, MD, FAMSSM
- Sourav Poddar, MD, FAMSSM
- Steve Simons, MD, FAMSSM
- Verle Valentine, MD, FAMSSM
- Ty Wadsworth, MD, FAMSSM
- Brian Hainline, MD, Corporate Director
- Marje Albohm, Corporate Director

**2021 Award Winners**
- **NCAA Research Award** – Nicole Katz, BS - Collegiate Athletes with Female Athlete Triad Risk Factors Are At A Greater Risk Of Trabecular-Rich Bone Stress Injuries
  - The NCAA Award for best research presentation addresses the health and safety issues of college athletes.

- **Resident Scholarship Award Winners**
  - Joseph Benert, MD
  - Emma Cronk, MD
  - Will Hollabaugh, MD
  - Matt LaCourse, MD
  - Leina’ala Song, MD
  - Sara Walker, MD, MS

- **South Bend/Notre Dame Resident Scholarship Awards**
  - Brian Atkinson, MD
  - Christina Pedro, MD, MBA
  - Justin Reed, MD
  - Rock Vomer, DO, DPT

- **Galen Medical Student Scholarship Awards**
  - Brittany Ammerman, MBS
  - Nicole Katz, BS
  - Eileen Storey, BA

- **Jason Davenport Memorial Scholarship Awards**
  - Marisa Jayakar, MD
  - Alberto Oseguera, MD
Month:

Member in the Spotlight

Dawn Mattern, MD, FAMSSM

Lauren M. Simon, MD, MPH, FAMSSM

“IT’S BEEN AN INCREDIBLE WINTER,” said our Member in the Spotlight, Dr. Dawn Mattern, who was enjoying a balmy 40-degree (Fahrenheit) February day after recent temperatures of 27 degrees below zero in her town of Minot, North Dakota. I listened, fascinated as she told me about growing up in Mohall, a farming community town of about 800 people, located 60 miles north of Minot, very close to the Canadian border.

She graduated from Minot High School and then attended college at North Dakota State (NDSU), in Fargo, where she played basketball and threw discus on the track team, proudly wearing the team colors of green and gold. She has two National Championship rings from winning the NCAA Division II Basketball Championships during her sophomore and senior years at NDSU.

She attended medical school at University of North Dakota (UND), but in a state where school rivalry reigns supreme, Dr. Mattern said she never had to actually wear the green and pink (UND) colors at medical school graduation since a big flood occurred in North Dakota then!

Dr. Mattern did her residency at the Center for Family Medicine in Minot, where there were no sports medicine physicians at the time. (Even now, there are only four other fellowship trained primary care sports medicine physicians who practice in North Dakota.) She had taken a break from sports in medical school, feeling some sports burnout after being an athlete all the way through college. But then, as a first year resident, she attended a preseason basketball game at Minot State University and “paced the sideline the entire time,” as she had never been a spectator at a basketball game before since she was always playing. Fortunately for her, and her future patients, the University’s athletic trainer (ATC) asked her to look at an athlete with an acute knee injury (and asked her to let the athlete know she had torn her ACL). At that time Dr. Mattern had not yet been trained to assess acute musculoskeletal injuries (and was thankful for the ATC’s guidance) and from then on, she knew she wanted to learn more and treat athletes.

She basically made her own sports medicine elective in residency, following orthopedic surgeons, ATCs and physical therapists to learn as much as she could. She realized she needed to do a Primary Care Sports Medicine fellowship to enhance her knowledge and experience treating athletes, but had no PCSM mentor. At that time, the fellowship applications were done on paper, not on computer! She applied to 40 programs and had the good fortune to meet AMSSM Past President Dr. Cindy Chang (who was back visiting the Ohio State University PCSM group where she had done her Fellowship) during her interview at the Ohio State program. Dr. Mattern matched at Ohio State and did her PCSM fellowship there in 2000-2001. Both Dr. Cindy Chang and the Fellowship Director, AMSSM Founder and Past President Dr. John Lombardo, became mentors for her.

In North Dakota, Dr. Mattern had lots of exposure to ice hockey. After fellowship, she stayed at OSU as the “hockey doc” until she returned to Minot, ND, to care for her aged grandmother who lived on a farm after her grandfather had died. Her grandmother lived to 97 and passed the summer before last. Dr. Mattern expressed what a privilege it has been to provide care for people in her town, such as teachers and merchants, whom she has known most of her life, and guide them through health, illness and be with them through end-of-life care. In her town, she has also led an annual “Doc Walk” in her community on the first Wednesday in May with a brief health talk to several hundred people, followed by a group walk to kick off summer exercise walks and coincide with “Exercise is Medicine” month.

Dr. Mattern works at Trinity Health, the only healthcare system in Minot (a city of about 50,000 people) in a hospital-based orthopedic office where she does mostly sports medicine, non-operative orthopedics and some family medicine spectrum of care. She frequently treats patients with fractures and concussions. Interestingly, when she (or other clinicians) need electrocardiograms for athletes, her health system model has all ECGs read by cardiologists. As teaching faculty, she precepts medical students and Family Medicine residents in her clinic. After this

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Dawn Mattern, MD, FAMSSM

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MEMBER IN THE SPOTLIGHT
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Interview, I have a better appreciation for practicing sports medicine in a region replete with farms. Dr. Mattern said the farm animals are a major source of some of the injuries she sees, and she shared some farm wisdom with me such as “never get between a momma cow and her calf” or you could get a knee dislocation or a sternum fracture from being kicked, as both of these farm injuries she has treated.

In addition to caring for patients with “animal-induced trauma” in the office, Dr. Mattern has the most amazing sports medicine “sideline” coverage in rodeo venues, where she cares for “incredible rodeo athletes” who compete in events with strong, spirited animals. She serves as team physician for Justin Sports Medicine and the Badlands Circuit Finals in Minot. AMSSM Past President Dr. Craig Young even brought Dr. Mattern’s rodeo sports medicine lectures to the AMSSM Annual Meeting main stage. Hearing her lecture, I reflected that when she quickly identified an acute serious spinal cord injury in an upright rodeo athlete on a horse which had reared him into the metal rails in the chute (when he said his could not feel his legs). She mobilized nearby cowboys as helpers and figured out how to safely spine-board him off the bucking horse within seconds. It highlighted the ingenuity and quick-thinking, not only of Dr. Mattern, but that which PCSM physicians utilize to care for all types of athletes with all kinds of injuries, in all types of settings, whether or not we have ever seen them before.

In addition to serving as a rodeo team physician, Dr. Mattern does sports medicine coverage for a junior hockey team, nine local high schools and is the team physician for Minot State University (where she developed the Sports Medicine protocols as they transitioned from athletics at an NAIA university to NCAA Division II University). After the transition, Dr. Mattern says the college now has numerous athletes attend from outside North Dakota from many states, such as Arizona, Utah and California, as well as Canada. That creates interesting challenges when their health care plans from their home regions expect them to return home for injuries and healthcare!

During the COVID-19 Pandemic, her university, which does not have financial resources to test students/student athletes for COVID-19, has been fortunate to get the NCAA-mandated testing done since the North Dakota Governor authorized/funded state COVID-19 testing at the universities in North Dakota. Concerningly, Dr. Mattern has found through this testing, as have other team physicians across the country, that a significant amount of her athletes test positive and have little to no symptoms of COVID-19 and that discordance can make the assessment, graded return-to-play and team quarantine decisions challenging.

Dr. Mattern credits AMSSM for making her feel “instantly supported” by our sports medicine family with our diverse members always willing to reach out and share ideas and opportunities. She became a sports medicine physician for US Ski and Snowboard when she heard of opportunities through Dr. Jonathan Finnoff. She served as Moderator of Moderators for the 2017 AMSSM Annual Meeting, working alongside Past President Dr. Katherine Dec and Dr. Ken Mautner, and has also presented lectures, ICLs and sat on panel discussions at AMSSM annual meetings. She achieved AMSSM Fellow recognition in 2020. Dr. Mattern’s words of advice for new AMSSM members is that “not all team physicians cover collegiate Division I or pro sports, so make sports medicine work for whatever level you want to do … kids, high school collegiate, pro, community and enjoy it.”

When not at work, and not snow-bound, Dr. Mattern can be found hiking with her spouse and her Lab-Husky dogs, Siri and Flynn, enjoying the scenery of the North Dakota State Parks, especially around her favorite area, Lake Sakakawea, which is named for the Native American woman who guided Lewis and Clark through the Missouri River region. In winter, you can also find her cross-country skiing or participating in another recreational sport in our northern states called “snow skating.” Thank you, Dr. Mattern, for being our AMSSM Member in the Spotlight!