



The Sideline Report



NEWS IN THE WORLD OF SPORTS MEDICINE

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What's Going On In AMSSM?

Section Editors: George Pujalte, MD and Kelsey Logan, MD

ANNUAL MEETING | APRIL 25-29, 2009

HIGHLIGHTS FROM THE 2009 ANNUAL MEETING

BY CHAD ASPLUND, MD

The first thing that many members may have noticed was the sun! For those of us from the Midwest, the sun and warm weather were much anticipated. Sun, fun, and world-class continuing medical education highlighted the 2009 Annual Meeting, which checked the "Pulse of Sports Medicine."

The meeting started off with very informative, well-attended pre-conference activities, a musculoskeletal ultrasound course, and the fellowship forum.

The conference kicked off with a Tennis Medicine session, which was highlighted by talks by Drs. Robert Nirschl and Neeru Jayanthi. Dr. Bob Sallis, the Immediate Past President of the ACSM, gave the ACSM Exchange Lecture, speaking on "Exercise Is Medicine." He highlighted the nation's epidemic of sedentary individuals, obesity and related health problems. ANNUAL MEETING | A2

CHANGING ROLE | PTs and ATs in Sports Medicine

THE CHANGING ROLE OF PHYSICAL THERAPISTS AND ATHLETIC TRAINERS IN SPORTS MEDICINE

(Part One of a Two-Part Series)

BY SANDEEP JOHAR, DO, MS AND GEORGE PUJALTE, MD

The field of sports medicine has been in effect sine 800 to 100 B.C., when the uses of therapeutic exercises were described in the Arthava-Veda, a medical booklet from India. With the popularity of athletics increasing, the demand for those knowledgeable in rehabilitating these athletes has also increased.

More recently, however, the field of sports medicine has become the largest it has ever been, with many organizations now existing that share interest in treating and preventing athletic injuries. The Federation of Sports Medicine (FIMS) was established in 1928 in order to assist athletes competing in the St. Moritz Olympic Winter Games. In 1951, The American Medical Association established a committee on Injuries in Sports, which is now a standing committee. The largest of all sports medicine organizations, the American College of Sports Medicine (ACSM), was created in 1954. The American Orthopedic Society for Sports Medicine (AOSSM) was founded in



1971. In 1950, the National Athletic Trainers Association (NATA) was founded for the education of athletic trainers. Lastly, since 1991, the American Medical Society for Sports Medicine (AMSSM) has led its membership as a voice in the field of sports medicine.

Certified Athletic Trainers, or "ATs," are individuals who CHANGING ROLES | A3

MSK US TRAINING | A REVIEW OF MSK COURSES

MUSCULOSKELETAL ULTRASOUND TRAINING FOR SPORTS PHYSICIANS

BY MARJORIE DELO, MD

Musculoskeletal ultrasound is a useful modality to have in the office for diagnostic exams of extra-articular structures as well as for guidance with injections and procedures. With its increasing popularity, more institutions are beginning to offer training courses. In the United States, there are at least six established training courses.

Below, I have tried to summarize these courses to help members determine what training is most appropriate for them. As many of you know, the AMSSM is also looking to establish its own training course, but details are not yet available. MSK US | A2

MSK ULTRASOUND TRAINING FOR SPORTS PHYSICIANS

FROM A1

University of Michigan offers a rotating annual 5-day Musculoskeletal Introductory Course chaired by Dr. Jon Jacobson, an experienced musculoskeletal radiologist and author of the popular book *Fundamentals of Musculoskeletal Ultrasound*. The next course is scheduled for April 7-11, 2010 in San Diego, and is intended for physicians or sonographers. Lectures are more introductory, but participants are paired with others at their level of experience for hands-on sections. There are 4-5 participants per 1 faculty. The course is comprehensive, covering all peripheral joints and focused on scanning protocols. Faculty is musculoskeletal radiologists and technologists, mostly from University of Michigan. There are at least 2 hours daily of hands-on time for scanning live models and a section dedicated to needle guidance on turkey breast or pigs feet. Each afternoon is open for independent study, and machines from 6 vendors are available. This course has good feedback from members for its didactics with generous hands-on time: a solid course for beginners. This course does not have a specific advanced track, address spine imaging, or have a cadaver lab.

[UMichigan MSK](#)

Thomas Jefferson Ultrasound Institute offers a well-established rotating, annual to twice annual, beginner-level course. The course is directed by Dr. Levon Nazarian, a well-respected musculoskeletal radiologist. This year, an introduction to musculoskeletal ultrasound is part of Thomas Jefferson's Leading Edge in Diagnostic Ultrasound Annual Conference May 19-22 in Atlantic City, NJ. The musculoskeletal portion of the conference consists of 1-½ days of lecture and demonstrations, with ½ day of scanning. The class size at this conference is rather large, about 100 participants. The annual on-site Musculoskeletal Ultrasound course takes place September 11-12, 2009. This course is designed for physicians and sonographers and offers a comprehensive introduction to musculoskeletal ultrasound of all joints. The split is the same, with 1-½ days of lectures and demos followed by an optional ½ day of hands-on. The hands-on section is limited to 35 participants. Members who have taken the course have said it does give a good introduction to MSK ultrasound, but the hands-on portion is limited. [TJUS](#)

The Andrews-Paulos Research and Education Institute at the Andrews Institute in Gulf Breeze, Florida this year began offering Sports Musculoskeletal Ultrasound Teaching. The director of the course is Dr. Joshua Hackel, a PCSM physician, and participants have said that this course is tailored to our specialty, although open to all physicians as well as sonographers and athletic trainers. There are two levels of courses offered: a basic course coming up July 16-18, 2009 (2 ½ days) and an advanced course October 15-17, 2009 (first time offering). The faculties' specialties span PCSM, Radiology, and PM&R. The course focuses on sports medicine injury recognition and treatment. Approximately 50% of course time is spent scanning models and cadavers. The basic course does not cover hand, foot and ankle, and peripheral nerves. The advanced course will address these topics and expand on advanced injection techniques. The beginner course has 40 spots available with 4 faculty members; this course seems to have a higher student to faculty ratio than some. Sessions are also included in PRP, billing/coding, and AIUM credentialing requirements.

[The AI MSK US](#)

The Gulfcoast Ultrasound Institute was established in 1985 to offer CME and self-directed study products for ultrasound professionals. Their twice annual introductory musculoskeletal ultrasound course is scheduled for September 1-3, 2009. The physician faculty includes Dr. Ralf Thiele, a rheumatologist at University of Rochester, and Dr. Jay Smith, a PM&R physician from Mayo Clinic. The course is open to physicians, sonographers, or other professionals involved in musculoskeletal ultrasound. Members who took the course have said that the lectures are excellent, covering peripheral joints. This year they are adding a section on the hip and spine, focusing on applications for rheumatology and sports medicine. Case studies are also being presented. The course itself is 2 ½ days, with group to instructor ratio not to exceed 2-3:1 for hands-on scanning and live models provided. In the past, members felt the scanning section needed improvement, and this has been addressed. An optional 2-½ hour cadaver joint injection/aspiration section is also now available Day 3 and participants can stay for a regional anesthesia course which is offered the following day. Video and CD-ROM tutorials are available during non-scheduled time. There is not an advanced track for this course.

[GCUS MSK](#)

AIUM has been offering Hands-On Musculoskeletal U/S: Diagnostic and Interventional Techniques annually at Mayo Clinic for the last 3 years. This year's course is a 2 ½ day course, set from July 9 to 11, targeting physicians and sonographers interested in using MSK ultrasound in their practice and gaining basic ultrasound guidance skills. Faculty are PM&R, Family Medicine, Rheumatology, and Radiology, and include many of the course directors and faculty from other courses around the country, including Dr. Jay Smith (chair), Dr. Levon Nazarian, Dr. Jon Jacobson, Dr. Joshua Hackel, and Dr. J. Antonio Bouffard. Schedule includes lectures and demonstrations of all joints including spine, followed by 4 hours of hands-on scanning models, 2 hours of needle tracking practice, and 4 hours of injection work on cadavers. The course focuses on interventional ultrasound, but is open to all levels; some experienced providers found that it was therefore more beginner-friendly. [AIUM Course](#)

MSKUS is an organization headed by Dr. Tom Clark offering on-site beginner and regional intermediate/advanced musculoskeletal ultrasound courses 2-3 days in length. Dr. Clark is a full-time musculoskeletal sonographer; other faculty include PCSM, PM&R, and Rheumatology physicians. Beginner classes take place at the member's own office, and review anatomy/pathology, patient positioning, imaging protocols, imaging guidance with pork shoulders, and billing/coding. Intermediate and advanced courses are kept to 20-25 attendees with 4-5 students per faculty. Both have substantial cadaver portions, with the intermediate reviewing protocols day 1; the advanced focuses on injections, peri-neural hydrodissection, and PNT as well as peripheral nerve blocks. This course stresses that 80-90% of time is hands-on and/or cadaver work. Topics not addressed include knobology and neuroaxial imaging (except when the advanced course has a third day). Members who have taken these courses enjoy the hands-on experience and the varied levels for truly more advanced material, however, this format leads to a degree of disorganization compared to some of the more structured lecture-based courses. [MSKUS Courses](#)

Another annual course is offered through the **Musculoskeletal Ultrasound Society**. The International Society's 19th Annual Conference on Musculoskeletal Ultrasound is being held this October 1-4 in Barcelona, Spain. The Conference consists of two simultaneous multidisciplinary courses, one basic and one advanced. Both combine lectures and supervised hands-on scanning of models as well as patients with musculoskeletal pathology. [MUSOC](#)

For students of musculoskeletal ultrasound, options are expanding. Most courses are focusing on introducing musculoskeletal ultrasound to new practitioners, as use is growing in the U.S. However, with increased utilization, especially in sports medicine, rheumatology, and pain management, more instructors are offering intermediate or even advanced level courses, and this trend will likely continue. I hope that this review will assist those of you interested in choosing your next training venture!

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ANNUAL MEETING | FROM A1

Another highlight of this year's meeting was its international flair. Enos Karani from Nairobi, Kenya, offered a fantastic insight into sports medicine in a developing country.

John Hill demonstrated his ability to influence a discussion with his performance at the "Pardon the Sports Medicine Interruption."

The "Pulse of Sports Medicine" was checked and rechecked with a fantastic special session on the "Prevention of Sudden Cardiac Death in Athletes," arranged and moderated by Dr. Jonathan Drezner. We heard from international experts in sports cardiology, such as Drs. Ben Levine, Domenico Corrado and Mats Borjesson. We learned what the latest evidence showed regarding screening for conditions which may lead to sudden cardiac death.



Domenico Corrado, MD, PhD gave Keynote Lecture on "ECG Screening: The Italian Experience" and talked on "ECG Interpretation in Athletes."

The AMSSM Reception at the Aquarium was a great opportunity to catch up with old friends and make some new ones. The venue was fantastic, as were the views of the rays and marine life.

Day two brought case presentations and the ever-popular "Two-minute Drill." We are fortunate to have such a diverse group of members bring such interesting and informative cases. Don Williams, a medical student from New York University, presented "Forearm Pain After Intense Overuse - Oarsman's Syndrome . . . Or is It?"

ANNUAL MEETING | A3

CHANGING ROLE OF PTs and ATs

CHANGING ROLE | FROM A1

have a bachelor's degree, or higher. All athletic trainers have a bachelor's degree from an accredited college or university. ATs are health care professionals, similar to physical, occupational, speech, language and other therapists. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities. Students who wish to become certified athletic trainers must earn a degree from an accredited athletic training curriculum. Accredited programs include formal instruction in basic and applied science areas such as human anatomy, human physiology, biology statistics, research design, rehabilitation, exercise physiology, and kinesiology or biomechanics. Training also involves professional content, covering risk management, injury prevention, pathology of injuries and illnesses, orthopedic clinical examination and diagnosis, medical conditions and disabilities, acute care of injuries and illnesses, therapeutic modalities, conditioning, rehabilitative exercise and pharmacology, psychosocial intervention and referral, nutritional aspects of injuries and illnesses, and health care administration. The AT credential is awarded after successful completion of the degree courses.

Classroom learning is enhanced through clinical education experiences. More than 70 percent of certified athletic trainers hold at least a master's degree. Academic programs are accredited through an independent process by the Commission on Accreditation of Athletic Training Education (CAATE) via the Joint Review Committee on Educational Programs in Athletic Training. Graduates from approved curricula must pass a national board exam. Once passed successfully, an AT can then become licensed, registered, or certified by the state in which they work. In order to maintain the ATC credential, the Board of Certification requires ongoing continuing education.

Physical therapists (PTs) held about 173,000 jobs in 2006. In order to work as a physical therapist, one must first graduate from a physical therapy educational program. Coursework includes biology, chemistry, and physics, as well as specialized courses, such as biomechanics, neuroanatomy, human growth and development, manifestations of disease, examination techniques, and therapeutic procedures. In order to practice, graduates from physical therapist programs must pass national and state licensing exams. In order to retain their licenses, many states require PTs to take continuing education classes and attend workshops. Specialization in sports physical therapy (SCS or sports-certified specialist) requires 3 years or practice in sports physical therapy, professional rescuer certification, and successfully passing the specialist certification exam administered by the American Board of Physical Therapy Specialties (ABPTS). The vision of the Academy of Physical Therapy is that by 2020, physical therapy will be provided by physical therapists that are doctors of physical therapy (DPT). Currently, many practicing physical therapists have only a bachelor's degree, particularly those who finished their degree more than 12 years ago. Some have master's degrees. In keeping with the APT's vision, within the last 4-5 years, several PTs have begun pursuing doctorate degrees.

The Traditional setting

The traditional sports medicine setting is with college or professional sports teams. In these settings, employment has been typically held by ATs and team physicians. As sports medicine has evolved, there is now a trend to include other disciplines. Many colleges and universities now employ PTs as members of their sports medicine teams. PTs may be involved in more complex injury rehabilitation and treatments. In these settings, PTs and ATs

CHANGING ROLE | A4

HIGHLIGHTS OF MEETING

ANNUAL MEETING | FROM A2

Nathan Holmes from Crozer-Keystone presented "Sudden Death in a 17-Year old Baseball Catcher." The two were the winners of the Case Presentation Awards.

The winners of the "Two-Minute Drill" each received fifty dollars and a much-coveted AMSSM watch award. A. J. Monseau from West Virginia University with "Is That Serious?" and Cheree Padilla from University of Florida with "Knot So Innocent" were the winners.

The research presentations highlighted AMSSM's ongoing commitment to new, cutting-edge sports research, with many well-performed research studies enlivening the whole affair. Dr. Jessica Fudge from the University of Washington won the Harry Galanty Award for her research on "Warning Symptoms and Family History in Children with Sudden Cardiac Arrest". Dr. Cynthia Labella from Children's Hospital in Chicago won the Best Overall Research Award for her research on "Effectiveness of a Neuromuscular Warm-Up in Reducing Injuries Among Racially-Diverse Female Athletes in Urban Public Schools: A Cluster-Randomized Controlled Trial." Dr. Ashwin Rao from the University of Washington won the NCAA Research Award for his work entitled "Sudden Cardiac Arrest at Collegiate Athletic Venues."

At the 18th Annual Business Meeting, Dr. Bob Dimeff summarized the accomplishments of AMSSM during the past year.

[AMSSM - 2008-09 Year in Review](#)

He showed how AMSSM continues to grow and to improve yearly. He also paid tribute to the Founding

members of AMSSM and those who have served on the Board of Directors, "true pioneers who have moved sports medicine forward." Dr. Kim Harmon took the gavel from Bob, and gave the incoming presidential address, highlighted by her goals to "keep moving towards becoming the premier sports medicine organization."

[Presidential Corner](#)

The session on "Emerging Treatments in Tendinopathy" reinforced the international nature of AMSSM, with many internationally-renowned experts presenting. We learned about the science behind the practice of platelet-rich plasma injections, eccentric exercises, sclerosing agents and tenotomy.

Marc Phillipon gave the AOSSM Exchange Lecture, entitled "Femoracetabular Impingement and Labral Tears in Athletes."

Finally, the meeting of "sun and fun" concluded with talks on water sports injuries.



During the AMSSM Annual Business Meeting, outgoing President Dr. Robert Dimeff presented a plaque to Dr. Mark Stovak in recognition of his service as the 2009 Program Chair.

Again, we had a very successful meeting. We checked the pulse of sports medicine and had lots of "sun, fun and world-class continuing medical education." We hope to see you all in Cancun next year. RETURN | A1

2009-10 ELECTION RESULTS

(Term of office begins as of the AMSSM Annual Business Meeting April 2009)

- Second Vice President: Cindy Chang, MD
- Board of Directors:

Dave Bernhardt, MD	Suzanne Hecht, MD
Sean Bryan, MD	Mark Niedfeldt, MD
Chad Carlson, MD	Tracy Ray, MD

AMSSM will like to acknowledge the service and dedication of Officers and Directors who completed their terms as of April 2009:

- Immediate Past President: Craig Young, MD
- Board of Directors:

Kim Fagan, MD	James Moeller, MD	David Cosca, MD	Chris Madden, MD
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CHANGING ROLE | FROM A3

complement each other's skills and abilities with the benefits realized by the athletes. Other disciplines that are also becoming involved are nutritionists, sports psychologists, podiatrists, chiropractors, massage therapists, and acupuncturists.

The Non Traditional setting

Beginning in the 1970s and 1980s, consumers and other health care professionals recognized the skills and subsequent benefits of the services provided by PTs and ATs. Over the past 20 years, Sports Therapy clinics have opened across the country to provide physical therapy and athletic training services, which before were only offered in the traditional setting to patients and high school athletes. In the future, this will expand. In particular, PTs are seeking direct access to consumers for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities and prevention of impairments, functional limitations, and disabilities related to movement, function, and health. ATs, on the other hand, are not seeking, and do not want such direct access. At present, they mostly practice under physicians, a trend that will perhaps continue for years to come.

THE FUTURE**Performance Enhancement**

The future of sports physical therapy and athletic training will include Performance Enhancement. Athletes are not only seeking to complete a

rehabilitation regimen after an injury, but also free from injury seeking the services of PTs and ATs to become better athletes and improve their physical performance. These services can complement those of the strength and conditioning coach. Functional movement evaluations can be helpful in identifying weakness or altered movement patterns that can limit an athlete's performance. Prescription of exercises and functional training programs can assist the athlete to reach higher levels of performance.

Injury Prevention

The two disciplines will continue to be even more engaged in Injury Prevention. Substantial progress has already been made to the prevention of concussions and anterior cruciate ligament (ACL) injuries. Programs designed to reduce injury incidence have already been well reported in the literature. The economics involved are somewhat baffling, however. In terms of cost-benefit ratio, for example, a substantial amount is spent in the US in treating an ACL injury. This is interesting in that it is illustrative of the importance that American society places on sports, and how devastating injuries can become, even if participation is interrupted only for a season or a portion thereof.

Clinical Research

PTs and ATs will be involved in clinical research. Consumers and

third party payers require evidence and successful outcomes for reimbursement. Ongoing research by both disciplines will continue in order to demonstrate clinical evidence to support practice patterns and to contribute to each profession's body of knowledge. Further clinical research will lead to continued progress with injury screening, rehabilitation and return to play.

Screening

As the societal importance of sports continues to grow together with the need to control costs, screening will play a larger role in the future. Progress with research in the area of ACL injuries, for example, will lead to pre-participation screening that can identify individuals at risk, beyond only gender and sports participation.

RECENT DEVELOPMENTS

The evolving roles of PTs and ATs in the sports medicine setting have caught the attention of many of AMSSM's members. The discussions on the AMSSM list serve reflects how some of these changes have been affecting the way they treat sports injuries in whatever setting they may encounter them.

Some hospitals have apparently begun enabling their ER departments to make direct referrals to their PT departments. They encourage such direct collaboration and predict improved outcomes,

although evidence is still being gathered regarding this. As such, emergency medicine physicians, sports-medicine trained or not, who feel that a sooner PT evaluation will be helpful for a patient may be able to get a PT's opinion more expeditiously. There have been sports physicians who view this as usurping the usual role of orthopedists as consultants in the ER. There are those, however, who have experienced this and comment on how valuable the opinion of PTs can be in this setting.

There are PTs and ATs as well who have banded together in specialized sports clinics, and endeavor to serve in a "first-line" manner when it comes to musculoskeletal injuries, taking greater part in treatment and modalities. While this recent development has encountered opposition by some physicians who feel this is an attempt to wage yet another "turf battle," some feel this is the natural direction of the future treatment of musculoskeletal conditions, particularly in active and athletic individuals.

(To be continued...special thanks to Andrew Duncan, MS, PT, SCS, ATC, CSCS, MBA, for his valuable assistance in preparing the first part of this article.)

On the next issue, "Controversial Legislation Regarding ATs and PTs."

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Editorial Board: The Sideline Report

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Note from the Editor-in-Chief

The Editorial Staff hopes that everyone has enjoyed the newly developed Sideline Report. We are continuing to make changes and welcome suggestions for improvement and ideas for future content.

Please send any feedback or ideas to:

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The World of Sports Medicine

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

IOC | Fasting and Sports

IOC RELEASES STATEMENT ON FASTING AND SPORTS

IOC reviewed evidence on fasting as it relates to athletic performance and health.

BY VERLE VALENTINE, MD

On May 4, 2009 the International Olympic Committee released a position statement on Fasting and Sports. This release follows a workshop which reviewed the evidence on fasting as it relates to athletic performance and health. The link for the document is: [IOC Statement](#).

In this document the IOC acknowledges that fasting is an integral part of many of the world's major cultures and religions. They urge the governing bodies of sport to be aware of how individual sports may be affected and take this into account in event management. They also state that athletes who plan to fast during a period of training or competition should seek professional advice to develop a personal strategy.

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BJSM | 3rd Int'l Concussion in Sport Conference

BJSM to Release Special Issue: 3rd International Concussion in Sport Conference

BJSM Special Issue: May 2009

BY VERLE VALENTINE, MD

The 3rd International Concussion in Sport Conference was held at the FIFA headquarters in Zurich Switzerland in October of 2008. This meeting was organized in a collaborative effort between the International Olympic Committee, the International Federation of Association Football, the International Ice Hockey Association, and the International Rugby Board.

The British Journal of Sports Medicine published a special issue in May of 2009 that details the content of all of the presentations at this consensus meeting. The issue also includes a Summary and Agreement Statement that updates statements made from the previous meetings held in Vienna (2001) and Prague (2004). AMSSM members should be able to access the contents of this special issue of BJSM via the Members Only section of the AMSSM website.

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NCAA | EMERGENCY PREPAREDNESS

NEW NCAA DIVISION III HEAD COACH EMERGENCY PREPAREDNESS REQUIREMENTS

Certification required by August 1, 2009.

BY MARJORIE DELO, MD

NCAA Division III Head Coaches will be required to obtain certification in first aid, cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) use by August 1, 2009. Currently, the NCAA does not require athletic trainers to be certified (although many state licensures require training), thus the NCAA felt this proposal was an important measure to ensure the safety of student athletes. Division III institutions may request funding through the Division III Strategic Initiatives Grant Program to purchase an AED and to subsidize the required training. Although this proposal does not require that the institution purchase an AED, the NCAA Sports Medicine Handbook does consider it part of the sideline equipment.

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AOSSM | SPORTS MEDICINE PODCASTS

AOSSM SPORTS MEDICINE PODCASTS

AOSSM is developing sports medicine podcasts available for free both on their website and iTunes.

BY MARJORIE DELO, MD

The AOSSM is developing sports medicine podcasts which will be available for free both on the [AOSSM website](#) and iTunes. Articles from Sports Health and the American Journal of Sports Medicine will be offered, with instructional courses from their AOSSM Annual Meeting and interviews on current topics being added soon. By subscribing, you will automatically receive podcasts as they are created, and subsequently can listen offline via your iPod.

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NATA | GATORADE SERVICE AWARD

NATA SSATC GATORADE SERVICE AWARD

NATA and Gatorade have teamed up creating a new award.

BY MARJORIE DELO, MD

The NATA and Gatorade have teamed up to create a new annual award to recognize a certified athletic trainer at the secondary school level who has provided exemplary athletic health care and shown true dedication to his/her school and the community. Nominations are being accepted until June 1, 2009, and nomination forms can be found on the [NATA website](#). The award will be presented at the Annual NATA Symposia.

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News From the Board

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PRESIDENTIAL CORNER



KIMBERLY G. HARMON, MD AMSSM PRESIDENT

First let me start by saying I am honored to be standing here today. I attended my first AMSSM meeting in 1996, at Disney World, and since that time I've been hooked. I am grateful for the opportunities that AMSSM has afforded me. I have met wonderful mentors, some of my best friends, and along the way have learned a lot of sports medicine.

What I'd like to do today is take you through a little bit of where we have been, what lies ahead as an organization and my goals as President. The fact that AMSSM is a thriving organization today is, in itself, amazing. In the late 1980's, five men (Drs. John Lombardo, Jim Puffer, Doug McKeag, Dave Hough and Lee Rice), known as "The Gang of Five," recognized the need for a home for primary care sports medicine. They also recognized the need to formalize the sports medicine fellowships that had been started. They went to the American College of Sports Medicine with a proposal for a sports physician interest group and were told the ACSM didn't want special interest groups. They then went to the AAFP and were likewise turned down.

Many people would have stopped at this point; but these men forged on. They contacted the American Board of Family Practice to work within the specialty board structure to set up the CAQ exam for sports medicine and accreditation for fellowships. Dr. Brian Halpern joined in the planning efforts at that time and the "gang" decided to consider the feasibility of starting their own organization. The group invited twenty people from broad backgrounds to attend two planning meetings, one in Chicago and one in Dallas. This is the group of our 20 Founders. They attended the meetings at their own expense and then each Founder put in the funds necessary, about \$2,000 to incorporate and form the AMSSM. Think about that . . . you and four or five of your colleagues deciding to start a national organization . . . then finding another fifteen people who believed in the concept enough to donate a significant amount of money with no guarantee of success.

The group decided to have its first annual meeting. It was held in San Diego and was immediately preceding the AOSSM Meeting. The Founders were all personally committed to picking up the tab if the meeting didn't break even. Dr. Brian Halpern was the Program Chair for the meeting and he used his house as collateral in case the meeting failed. Think about telling your spouse you're putting your house up for collateral for some meeting you're putting together. There were 198 people at that meeting. Fortunately, the meeting was a success and Brian is still married. From there the meetings moved, first going where AOSSM was having their meeting and then standing on their own. You can see how the meetings and AMSSM have grown. We hope to see continued growth this year and next year in Cancun.

What started out as five guys with an idea about twenty years ago has ended up today as the largest primary care sports medicine organization in the world with about 1500 members. When the Founders started the organization, they had three main goals: collegiality, education and research. Our vision today has not really changed but perhaps expanded as Dr. Dimeff outlined in his address. So, how are we going to accomplish these goals?

As our organization gets bigger, it gets harder and harder to know everyone. AMSSM is committed to remaining an inclusive, accessible organization. It has really been a hallmark of AMSSM. We have the AMSSM reception and the Foundation receptions to foster this. As our PM&R colleagues are able to take the CAQ, we need to make sure they and all the new members feel welcome here. Most of our committees are open committees; meaning you can just volunteer and show up. The best way to get involved and network in AMSSM, is to join a committee. Another involvement and networking opportunity is to join a special interest group; this is also a great way to meet people.

COMMITTEE REPORTS

EDUCATION COMMITTEE

- New Mission Statement
- Tampa Highlights
- Annual Meeting Evaluation Project
- AAFP MSK Curriculum Report
- A Pediatric MSK Curriculum Task Force
- Collaborative Teaching Efforts
- National CME Meetings

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RESEARCH COMMITTEE

- 2009 Annual Meeting
 - Research Abstracts
 - Award Recipients
- AMSSM Research Foundation Grant Awards
- Fellow's Research Workshop
- AMSSM Collaborative Research Network
- Research Work-Shop at 2010 19th Annual Meeting

SEE RESEARCH | C5

We've always offered an excellent annual meeting and I'm very proud of this year's program. We heard or are going to hear from some of the world's leading experts on a variety of topics. We are interested in your thoughts too – please be sure to fill out your annual meeting evaluations. We are planning to develop AMSSM Musculoskeletal Ultrasound courses. We hope to expand our MSK conference at the Cancun meeting next year to accommodate more people and we continue to collaborate on the Advanced Team Physician Course.

We continue to support sports medicine fellowships. We work with the ACGME and offer the fellowship assistance program. We offer the Fellows Research Workshop; thanks to the dedication of a core group of faculty and organizers, Drs. Bob Kiningham, Steven Rice, Tracy Ray Dave Bernhardt and Suzanne Hecht. It's a great way to learn how to research and also begin networking with others in your fellowship class. We offered the second in-service training exam this year; thanks to the work of Drs. Steven Paul, Scott Rand and their committee.

We also have partnered with three different journals. Most societies only give you one journal, but with your membership, you get access to three outstanding journals; *the Clinical Journal of Sports Medicine*, *the British Journal of Sports Medicine* and *the Sports Health Journal*.

To be taken seriously and respected as an organization and a discipline we need to produce research that advances our field. This had been our goal from the start, but we need to move forward with this in a more substantive way. This year \$50,000 was awarded by the AMSSM Foundation to fund six different projects. We are actively working with our corporate partners to grow those relationships and meet their needs in a win-win fashion. We need your support of the Foundation. Even if you just give \$25 if we can show corporations that our members care and donate that encourages them to donate to our unrestricted educational fund and help to support our mission. We are also looking to develop a *Collaborative Research Network* which will foster more and larger projects and give support to those projects.

We also have some new challenges. We are increasingly called upon to speak for our members in political situations. We rose to meet the challenge of legislation designed to limit the use of musculoskeletal ultrasound. We have fought and are fighting attempts by the American Physical Therapy Association to limit the right of physicians to own physical therapy practices. We need to continue to partner and network with larger organizations (AOA, AMA, NATA, ACSM) with similar goals to meet these challenges.

My goals for the AMSSM during my presidential year are:

To move forward with the structural reorganization of the society to meet our growing needs yet still maintain the essence of AMSSM that has made it so special. This will involve some reorganization of our committee structure and some enhancements for our administrative staff.

Continue to foster the development of MSK Ultrasound within the discipline of sports medicine by moving ahead with separate courses and the development of curricula for fellowship programs. To that end, I am appointing the MSK Task Force with Dr. Fred Brennan as its Chair.

To foster the development of training and credentialing standards for other procedures sports medicine physicians do such as interventional spine techniques. Not everyone will choose to do or learn these procedures, but AMSSM should support our members who seek to expand their skills. To that end, I am appointing an Interventional Spine Task Force with Dr. Jamie Edwards as its Chair.

As we've seen at this meeting, whether you advocate ECG screening or not, the issue is here to stay. AMSSM members need to make sure that as sports medicine physicians we are skilled at the interpretation of ECGs in athletes no matter when or why they are ordered. We need to continue to ask the questions and look for evidence-based answers to the question of screening. We need to be a leader on this issue and collaborate with other societies like the American Heart Association, the American College of Cardiology and the Heart Rhythm Society.

AMSSM has been working with other organizations to update the 4th Edition of the PPE Monograph. We need to make sure that this is available, understood and utilized by those doing the PPEs. Previous editions have been very good, but having just sports medicine physicians held to this standard is not enough. The vast majority of PPEs are not done by sports physicians. We need to make sure our primary care colleagues are educated and using this monograph and state high school associations adopt it.

Before I conclude, I'd like to take a few moments to thank some people. I'd like to thank those that help set up this meeting.

- Dr. Mark Stovak – Program Chair
- Dr. Jon Drezner – Chair of the Special Session on Cardiology
- Dr. Chad Carlson – Moderator of Moderators
- MSK Task Force – who helped set up the musculoskeletal ultrasound course
- and the whole Program Planning Committee

This was a lot of hard work and I appreciate all the efforts everyone put into it.

I'd like to thank my Notre Dame mentors:

- Dr. Jim Moriarity
- Dr. Steve Simons
- Dr. Pat Leary
- Big John Whitmer
- and all the South Bend sports medicine community. I was in South Bend for my undergraduate years, first two years of medical school and residency; so nine years. I was a sophomore student athletic trainer and basketball player when Dr. Jim Moriarity started as team physician at Notre Dame and he was really a role model.

I'd like to thank my mentors from the Ball State Fellowship:

- Dr. Tom Sevier – I met Tom at a residency friar as a 3rd year medical student and he convinced me I didn't want to be an orthopedist and introduced me to the AMSSM.
- Dr. Matt Roush, the Co-Director at Ball State. As most of you know, Matt passed away at the age of 41 a few years ago. He always told me some day I'd be President of AMSSM and I am proud to prove him right.
- Dr. Steven Erickson, my Co-Fellow in the program who always had my back and covered for me on my first maternity leave.
- and all the "Pumas".

I'd like to thank my AMSSM mentors. This is where it gets hard because there have been so many:

- Dr. Aurelia Nattiv asked me to be on the Diversity Committee when it was just a task force when I was a fellow.
- Dr. Lee Rice appointed me to the Public Relations Committee as a fellow back in the days when committees were closed.
- Dr. Bert Fields, who nominated me for the Board and has always offered me great advice.
- Drs. John Lombardo, Brian Halpern, Doug McKeag and really all the past Presidents, who continue to be very helpful and offer wise counsel.

We can't forget my AMSSM friends. There is not enough time to go through everyone who is so important to me, so I'll just give a shout out to my roommates Margot, Cindy, Kathy, Anne and Connie and all my other friends here. I feel so fortunate to know all you.

I'd like to thank the AMSSM Board for all their hard work and dedication and the Executive Board for all the work they do. I'd especially like to thank Dr. Bob Dimeff. He's leaving huge shoes to fill.

A special thanks to Jody Gold, our Executive Director and Michele and Joan, her staff. Jody is truly the heart of this organization. I look forward to working with her closely in the next year.

I need to thank my partners at the University of Washington. Without them to cover for me and support me, none of this would be possible.

- Dr. Jon Drezner
- John O'Kane
- Monique Burton
- Ashwin Rao

Also colleagues I have worked with in the past:

- Dr. Mike Eshleman
- Dr. Mark Juhn
- Dr. Craig Davidson

And I can't forget all my past fellows – it's been an honor to be a part of their lives and to have been able to teach them.

And finally, I need to thank my family, especially my husband. They've always been so supportive, putting up with the late nights working and trips to meetings. I couldn't do it without them.

Thank you very much for your attention. I look forward to a great year and all we're going to accomplish.

AMSSM – The 2008-09 Year in Review

Robert J. Dimeff, MD Immediate Past President

Introduction

I want to begin by thanking Dr. Mark Stovak, the 18th Annual Meeting Program Committee Chairman, Dr. Kim Harmon, the 1st Vice President, and the entire Program Committee for putting together an incredible educational conference. Special thanks to Dr. Jon Drezner for organizing arguably the best sports cardiology session for sports medicine physicians ever held. The fact that the meeting drew over 940 attendees is a testament to the quality of the program and the dedication of our membership. The talents of the organization continue to amaze me. One of my goals has been to increase the international reputation of the AMSSM; this started with Rendezvous II in Las Vegas in 2008, has been further expanded in the past year, and has been witnessed by our membership during the annual meeting.

Financial Stability and Overall Growth

AMSSM has continued to experience significant membership growth due to the overall popularity of sports medicine, the increased number of fellowship graduates, continued membership renewal partly due to the fact our members are young in age, and our members interest in the development of sports medicine and this society. There are currently 1,481 members, and the AMSSM continues to sustain an increase in membership of about 100 per year. This growth, in spite of the global economic crisis, has resulted in stabilization of our financial status.

The AMSSM had a net increase in cash reserve of \$73,720 in 2006, \$201,404 in 2007, and \$139,382 in 2008. This has led to an increase in our total cash reserves, which as of March 31, 2009 totaled \$971,744. Our current Certificate of Deposit, valued at \$115,530 is receiving a 4.5% return and will mature on December 24, 2009. Due to the increase in services provided to our expanding membership, expenses have increased from \$569,837 in 2006 to \$1,141,089 in 2008.

The finance committee, established last year and chaired by Secretary-Treasurer Dr. Brent Rich, will continue to monitor the society's economic growth and development. An independent audit will take place within the next few months to fully analyze our income and expenses and to develop an annual budget that will allow the society to continue to mature in a fiscally responsible manner. In order to more easily monitor our yearly financial status, our internal fiscal year will start on September 1 and finish on August 31. The first dues increase since 2002 occurred last year and was necessary due to the increased cost of doing business and the direct cost associated with production of *Sports Health a Multidisciplinary Approach*, a new membership journal.

Awards

I want to thank the NCAA and AMSSM Foundation which have continued to support the resident, research, case presentation and poster, and 2 minute drill awards. Drs. Amanjit Sekhon, Irfan Asif, and Lauren Elson received the Resident Scholars Award which includes complimentary meeting registration and a \$1,000 stipend. Dr. Jessie Fudge won the Harry Galanty Young Investigator Award for her presentation "Warning Symptoms and Family History in Children with Sudden Cardiac Arrest," which includes a \$500 stipend. Dr. Cynthia LaBella won the Best Overall Research Award and a \$500 stipend for her presentation "Effectiveness of a Neuromuscular Warm-Up in Reducing Injuries Among Racially Diverse Female Athletes in Urban Public High Schools: A Cluster-Randomized Controlled Trial." Dr. Ashwin Rao won the NCAA Award and \$500 stipend for his presentation "Sudden Cardiac Arrest at Collegiate Athletic Venues." The Best Case Presentations with a \$500 award were won by Don Williams, MSIII for his presentation "Forearm Pain After Intense Overuse, Oarsman's Syndrome...Or is it?" and Dr. Nathan Holmes for his presentation "Sudden Death in a 17 Year-Old Baseball Catcher". The Best Two Minute Drill winners were Dr. AJ Monseau for his instant classic "Is That Serious?" and Dr. Chere Padilla for her "Knot So Innocent" case; both received \$50 awards. And finally, two members in attendance won the Exhibitor Attendance Awards, worth \$500 in airline travel, were won by Congratulations to all winners, and thanks again to the Foundation and NCAA for support of these awards.

The 2008 Strategic Plan

Independently and concomitantly, Dr. Craig Young and I both recognized the need for the AMSSM to step back and analyze its history, current status, and plans for future growth. During his presidency in 2007-8, Young created a strategic planning task force while at the same time I as the 1st Vice President was laying the ground-work for holding a strategic planning retreat for the Board to be held during my Presidency.

Dr. Mark Niedfeldt chaired this task force which included Drs. Anne Allen, Monique Burton, Bill Dexter, Matt Gammons, Amy Powell, Selina Shah, and Kevin Waininger. The major recommendations were to expand national visibility of the AMSSM, establish a national policy agenda, and to objectively review our resources and business operations. Numerous suggestions were made to help achieve these goals.

Early during my presidency, I recruited a strategic planning expert, Cindra Rierson, to assist the Board with this process. I also sought out the expertise of Tom Nelson, a business consultant knowledgeable and experienced in the organization of professional medical societies. The Board spent many hours preparing for the combined Winter Board Meeting and Strategic Planning Retreat held in Chicago November 21-23, 2008. The ultimate goal was to create a

footprint for AMSSM growth for the next 5 years. I will never forget the incredible hard work and productivity of the board that weekend which further solidified the foundation of this society.

The Mission Statement was modified to "The AMSSM, Inc provides a forum to foster professional relationships among sports medicine physicians to advance the discipline of sports medicine through education, research, advocacy and excellence in patient care."

A new Vision Statement was developed: "AMSSM will be a worldwide leader in sports medicine." This will be accomplished by:

- Promoting excellence in patient care
- Serving as the premier educational resource for sports medicine physicians
- Advocating safe participation in sports and activities for all
- Leading research and scholarship through collaboration and partnerships
- Setting standards for sports medicine training
- Fostering collegial and collaborative relationships among sports medicine professionals
- Optimizing financial resources and infrastructure to implement and support our vision

A new tag line was created: "AMSSM...Leading Sports Medicine into the Future," which will be incorporated into future marketing, educational, research and fund raising campaigns.

The Strategic Planning Retreat concluded with the creation of the following achievable objectives for 2009:

- Hire a consultant for a financial and infrastructural analysis, completed by March 2009
- Implement a financial and infrastructural transitional plan
- Evaluate the annual meeting to make the meeting great
- Create a reproducible system for evaluation of the meeting
- Design a program for MSK US courses
- Create a fellow MSK US curriculum equivalent to AIUM standards of certification
- Create new recommendations for ACGME requirement changes
- Improve the functionality of "Find a Doc" on the website
- Add a "reply to sender only" function to listserv
- Review and revise membership standards as necessary
- Secure continued 10% growth of the AMSSM membership
- Identify a liaison for each state high school athletic association
- Identify leaders for each sport specific interest group
- Identify potential strategic partners
- Execute a MOU on potential "win-win" collaborations
- Create the plan for a collaborative research consortium
- Develop a policy and procedure protocol for AMSSM position statements
- Define the roles and protocols for the "scholarship group" from within the publications, pronouncements, and research committees
- Establish an objective for PR

Objectives identified for 2010 include:

- Implementation of the financial and infrastructural transitional plan
- Use the survey annually to evaluate the annual meeting
- Develop an EMR exchange mechanism
- Establish a representative to each high school athletic association (HSAA)
- Develop and deliver an AMSSM support packet to each HSAA
- Make sure each state HSAA is aware of new PPE monograph
- Have at least one faculty member at each sports medicine fellowship program with AIUM certification
- Ensure that the recommended fellowship program requirement changes are incorporated by the ACGME
- Write a business plan and formalize an administrative plan for the Clinical Research Consortium
- Publish an AMSSM position statement
- Have in place a seamless interaction mechanism among the scholarship group

Following the strategic planning retreat, Tom Nelson began further research of our organization. Working closely with Dr. Fran O'Connor, he created 4 documents which are designed to improve the overall structure and function of the AMSSM to guide the society in the next few years. The 2009 Nelson Reports include: 1) AMSSM: A Society at a Crossroads 2) The AMSSM Bylaws Revision 3) The AMSSM Policies and Procedures Manual, and 4) The AMSSM Committee Handbook. These documents were distributed to board members at the April 24, 2009 board meeting for the first time. Four separate task forces will independently review each document, and make recommendations based on the suggestions of the Nelson Reports. Each task force will include two past presidents, a current board member, and 1-2 members at large. They will complete the reviews within 90 days after which the board will proceed in implementing these short and long term plans. In the immediate near future, an independent auditor will be hired to review the financial

status of the AMSSM and create annual budgets for the next two years. New office space and employee benefits for the full time office employees will be secured to allow AMSSM to develop the infrastructure necessary to implement these plans. Board meetings have already changed to incorporate many of Nelson's suggestions, and importantly, there has been a fundamental shift in board function from a hard "working" board to a "strategic planning" board. This is possible because many members are contributing to committee actively allowing the board to consider future planning. All of these changes will make the society stronger as it continues to grow.

2008-9 Committee Highlights

The Publications and Public Relations Committee was separated again because of the increase in activity. Dr. Kevin Burroughs was named as the chair of the Public Relations Committee and Dr. Andrea Pana was appointed chair of the Publications Committee. The Past Presidents Committee was created to provide experience and guidance to the board, and is chaired by the immediate past president. Craig Young was the chair for the past year.

Rendezvous II, representing jointly the 17th Annual AMSSM Meeting and the Canadian Academy of Sport Medicine Annual meeting, was attended by nearly 1100 professionals from 9 different countries, and generated a net profit for AMSSM of \$96,893. The Future Site Committee, composed of the Executive Director and 1st and 2nd Vice Presidents, selected the Cancun Hilton Hotel and Convention Center for the 19th Annual AMSSM Meeting to be held April 17-22, 2010. The Future Site committee is narrowing locations for the 2011 meeting.

Dr. Kim Fagan, Membership Committee chair, oversaw the development of The Military Hardship Membership Category for members called to prolonged duty. Currently 4 members have been given hardship status. The C. Young Student Membership category was named for the Legacy of Past President, Dr. Craig Young, and there are currently 35 medical student members. Both the regular and fellow membership applications are being modified and streamlined. "Provisional Members" will now be called "Fellowship Member," which reflects their training status. "Regular Members" will now be termed "Active Member," reinforcing the fact that so many members are working for this society.

Dr. Fred Brennan chaired the MSK US Task Force which produced document to review the application of this modality for AMSSM members. Members contributed to the production of the American Institute of Ultrasound in Medicine training and practice guidelines documents which will be endorsed in the near future. The International and Interorganization Committee, under Dr. Jim Moeller's direction, established formal ties with over 20 professional medical organizations to increase exposure of AMSSM to other societies and to improve collaborative efforts. In an ongoing effort to increase the international exposure of AMSSM, the board approved the proposal that non-North American sports medicine physicians could attend our annual meeting at our member rates. There were many international speakers in Tampa including Enos Karani from Nairobi, Kenya; Babette Plum MD, PhD, from Amhem, The Netherlands; Domenico Corrado MD, from Padova, Italy; Mats Borjesson MD, PhD, from Getebo, Sweden; David A. Connell, MD from London, United Kingdom; and Hakan Alfredson, MD, PhD, from Umea, Sweden.

A contract was signed with a new internet service provider which should further improve our internet capabilities. The Internet Committee, chaired by Dr. Jon Divine, is reworking website to improve its functionality. New rules for listserv behavior are being implemented. The EMR Task Force is working on sports medicine templates which will aid in clinical practice and research efforts. A new logo is being created to complement the changes that have been occurring in the society. Over 45 logos were submitted by AMSSM members for consideration. The new logo task force is working with a graphic designer to determine the top 3-4 logos which will then be put to member vote. The winning submission will receive complimentary registration to the 2010 meeting.

The Research Committee, chaired by Dr. Jon Drezner, developed a grant application process and awarded a total of \$50,000 to 6 different members for their original research projects. The quality and quantity of research by our members continues to improve with 52 submissions this year; 13 were accepted for podium presentation and 38 for poster presentation. And with all the hard work by the committee, AMSSM was able to have all accepted research published in the April edition of the Clinical Journal of Sports Medicine.

The Economics Committee chaired by Dr. Chris Madden continues to create wonderful practice guidelines for our members. The most important of which is the ongoing dialogue with Medicare in an attempt to have sports medicine recognized and credentialed as a specialty. This past year at the request of Medicare, a member survey for sports medicine was completed and submitted to help substantiate this issue.

The Publication Committee, chaired by Dr. Andrea Pana, has been extremely busy. A contract was signed with Lippincott, Williams & Wilkins, the Publisher of the 5-Minute Sports Medicine Consult, 2nd Edition to provide content and oversight of this textbook. Twenty-Four AMSSM members have been chosen to serve as section editors. *Sports Health: A Multidisciplinary Approach*, a new hard copy journal, began publication in January 2009 with Dr. Matt Gammons as the AMSSM Associate Editor. The committee is finalizing the topic for our next position statement. The Mononucleosis and Athletic Participation Statement was published; representing the Presidential Legacy of Dr. Margot Putukian as lead author. Production is beginning on a Marfan's Position Paper with leaders from the National Marfan's Foundation; Drs Mark Lavallee, Helen Iams, and Fran O'Connor are AMSSM members contributing to this project. The Sideline Report, our new AMSSM newsletter, debut and is published quarterly.

In addition to contributing to the overall content of the annual meeting, the Education Committee, with Dr. Holly Benjamin as chair, revised the case scoring system. One Hundred and forty-nine cases were submitted, of which 24 were accepted for podium presentation and 97 for poster presentation. The Clinical Journal of Sports Medicine published all podium case presentation abstracts in the April 2009 edition. The committee is also collaborating with AOSSM to create an online library of cases and is laying the groundwork for an MSK Ultrasound education program.

The Pronouncement Committee, with Dr. Dave Bernhardt as chair, selected Drs. Dave Cosca and Margot Putukian to represent the AMSSM at the Team Physicians Consensus Conference on the masters athlete. Additionally the committee reviewed numerous documents during the past year. The Fellowship Committee, under Dr. Tracy Ray, has continued to support our fellowships and recently revised the Directors Code of Ethics and 2nd edition of the sports medicine in-training examination. Dr. Kevin Burroughs, chair of the Public Relations Committee is in the process of determining the liaisons with all 50 state high school athletic associations.

Finally, a revisit of my Presidential Legacy. Last year I proposed that AMSSM support an effort to have all students K-12 participate in physical activity classes, 45 minutes per day 5 days per week. Federal support will be necessary for this to occur, but it is recognized that it must be mandated at the state level. I hope the AMSSM can lead this effort of medical, political, education, and business organizations. Due to time demands and the global financial crisis, little has been done on this effort. I did, however, send a letter to President Barack Obama outlining this issue in hopes of gathering White House support.

Election Results

Congratulations to our new board members. Dr. Cindy Chang was elected 2nd Vice President. Drs. Dave Bernhardt and Tracy Ray were reelected to the board. Drs. Sean Bryan, Chad Carlson, Susan Hecht, and Mark Niedfelt are the other new board members.

Founders and Board of Directors Recognition



"In recognition of their contribution to the 1991 Founding of the American Medical Society for Sports Medicine, Dr. Dimeff presented a wine cooler to the Founders. Pictured above is Dr. Dimeff presenting a wine cooler to Founders present, Drs. Brian Halpern and Robert Johnson."

Another of my goals as president was to improve the recognition of our Founders and past board members. All have contributed mightily to this organization. In the past, we did not have the resources to recognize their efforts. Wine coolers engraved with their name, "2009," and "In Recognition of Your Contribution to the 1991 Founding of the American Medical Society for Sports Medicine" will be given to each Founder or their next-of-kin: Randy Eichner, MD; Elizabeth Gallup, MD; Brian Halpern, MD; Jack Harvey, MD; John Henderson, DO; Stanley Herring, MD; David Hough, MD (deceased); Robert Johnson, MD; Greg Landry, MD; John Lombardo, MD; Douglas McKeag, MD; Larry McLain, MD; Robert Murphy, MD (deceased); James Puffer, MD; E. Lee Rice, DO; R. Douglas Shaw, MD; Deborah Squire, MD; Mitchell Storey, DO; Richard Strauss, MD (deceased) and Jeffrey Tanji, MD.

Each previous member of the board of director will receive a plaque that reads: "The AMSSM acknowledges 'Name' for your dedication and service as a member of the AMSSM Board of Directors," listing their years of service. If they were also an officer, this is included in the text. The following were recognized: Drs. Mark Batt, Gunnar Bronlinson, Lisa Callahan, Don Christie, Kathy Dec, John DiFiori, Patrice Eiff, Bert Fields, Brian Halpern, John Henderson, Michael Hennehan, Stan Herring, David Hough, Warren Howe, Rebecca Jaffe, Dave Jenkinson, Rob Johnson, Liz Joy, Susan Joy, Greg Landry, Mark Lavallee, Wade Lillegard, John Lombardo, Chris Madden, Chris McGrew, Doug McKeag, Larry McLain, John McShane, Joe Moore, Jim Moriarity, Aurelia Nattiv, Jim Puffer, Margot Putukian, Lee Rice, Tom Sevier, Doug Shaw, Steve Simons, Bryan Smith, Deborah Squire, Richard Strauss, Paul Stricker, Mitch Storey, Jim Swenson, Jeff Tanji, Suzanne Tanner, Len Wilkerson, and Craig Young.

Final Thanks

I want to finish by thanking those who made my Presidency an incredible experience. First, I want to again thank the 2009 Annual Meeting Program Chair, Dr. Mark Stovak, and all of the hard working committee members. Thanks to Immediate Past President Dr. Craig Young who provided wonderful guidance and advice the past 3 years. I want to thank the board of directors and all the committee members for their hard work and support. Thanks to Drs. Tracy Ray, David Bernhardt, Andrea Pana, Andrew Gregory, Kevin Burroughs, Holly Benjamin, Jon Divine, Jon Drezner, and Secretary-Treasurer, Brent Rich. And special thanks to those who are completing their terms this year: Drs. Chris Madden, Kim Fagan, Jim Moeller, and Dave Cosca. The AMSSM staff with Michele, Joan, Cindy and, of course, our Executive Director, Jody Gold, work as hard as any staff with incredible heart and soul to make this organization what it is today. We would not be here without their incredible dedication and work effort.

And my final thanks go to my amazing family. My daughters Brittany, a junior at Miami of Ohio, and Alexandra, a freshman at University of Michigan, have been great motivators. My wife, Joanne, has been an incredible supporter of mine through my career and I would not be here today if it was not for her. She has put up with more than any wife should these past few years. Their love and support of me is great, and for that I am forever grateful. Thanks to all for allowing me to serve as the 15th President of the AMSSM

COMMITTEE REPORTS

EDUCATION COMMITTEE

BY HOLLY J. BENJAMIN, MD, CHAIR

[EDUCATION](#) | [FROM C1](#) | [RETURN](#) | [A1](#)**Chairperson:** Holly J. Benjamin, MD**Vice Chair:** Mark Stovak, MD**Members:** [AMSSM Education Committee](#)**Mission:** *The mission of the AMSSM Education Committee is to support the AMSSM as the premier educational resource for sports medicine physicians.*

Greetings to the membership at large. We have the distinction of being the largest AMSSM committee with 90 members. This year many exciting changes are occurring at AMSSM. Following the major strategic planning retreat led by our 2008-09 President, Dr. Bob Dimeff, we revised our mission statement, defined our vision for the next few years and began some exciting collaborative educational projects. This update will highlight a few of the major tasks we hope to accomplish by 2010 and briefly summarize the clinical case slide and poster session results from Tampa, 2009.

- 1) **New mission statement** (See above)
- 2) **Tampa Highlights:** This year Drs. Matt Grady, Tom Trojian and Kenneth Barnes revised the scoring system and the entire committee voted to accept a new system emphasizing originality and composition but above all relevance to sports medicine. 149 cases were submitted, 24 podium cases were presented and published in CJSM. Another 97 cases were presented during the 3 poster sessions. Two awards were given for the best clinical case slide presentations:
 - a) Don Williams, MSIII for his case: "Forearm Pain After Intense Overuse, Oarsman's Syndrome...Or is it?"
 - b) Nathan T. Holmes, MD for his case: "Sudden Death in a 17 Year-old Baseball Catcher."

A special thanks to our session moderators and panelists: Drs. Holly Benjamin, Sourav Poddar, Ken Barnes, Mandy Weiss-Kelly, Jolie Holschen and Gene Hong.

- 3) **Annual Meeting Evaluation Project:** (Drs. Ric Okragly, Jason Diehl, Seth Shifrin and Matt Silvis) designed a supplemental questionnaire to evaluate and improve the annual meeting to make it the best educational experience in sports medicine education for our diverse and growing membership. The membership feedback is welcomed and essential to our organization in order to grow and meet our needs. Evaluation results from the Tampa meeting will be available soon. Stay tuned.
- 4) **Current Project Updates: AAFP MSK Curriculum Report** (Drs. Diana Heiman, Gene Hong, Sean Bryan, John (JT) Turner, Tom Trojian, John Woo). The task force has worked diligently on this project for 3 years to create a MSK curriculum to enhance resident education nationally. Their efforts have been successful and this curriculum was endorsed by AAFP, STFM and by the AMSSM Board in 2008. The link is posted on the AMSSM and the AAFP websites. [AAFP MSK Report](#)
- 5) **New Projects: A Pediatric MSK Curriculum Task Force** (Drs. Kevin Walter (Chair), Suzannah Briskin, Becky Demorest, Laurie Donaldson, Matt Grady, Mark Halsted, Lora Harrison, Jeff Mjaanes and Troy Smurawa) is working on a pediatric specific guideline for residency training programs. Plan to submit for AMSSM Board review in April 2010. The main goal is to improve education in the area of musculoskeletal and sports medicine for pediatric residents. An important secondary goal is to seek endorsement from the American Academy of Pediatrics and to move towards implementing a mandatory sports medicine training requirement for pediatric residency programs.
- 6) **Collaborative Teaching Efforts: The Education Committee has partnered with the Fellowship Committee and with AOSSM to create a digital clinical case teaching case library.** All AMSSM and AOSSM annual meeting podium and poster presenters are invited to submit their presentations. Cases will be categorized and formatted in a web based interactive format with expert commentary included to enhance learning. Web links will be posted on the AMSSM and AOSSM websites planned for November 2009. All questions should be directed to Dr. Michael Henehan at mhenehan@stanford.edu. It is not too late to submit your case presentation from Tampa, 09. We are looking for 100% participation so please submit your case to him. .
- 7) **National CME meetings:** The most important project in development now is a Musculoskeletal Ultrasound CME course sponsored by the AMSSM. The primary goal is to meet the needs for advanced MSK US education and facilitate certification for sports medicine physicians. Our thanks to the MSK US task force members Drs. Josh Hackel, Jay Smith, John Hill, Joe Albano, Fred Brennan and John McShane who are leading this project. Dr. Henry Stiene is the proposed program chair and our goal is to host a course in 2010. Potential partnerships and various locations are being considered. Details will be readily available on an ongoing basis as the course is developed. Proposed content includes anatomy review, live subject scanning, fresh frozen cadaver lab, billing and coding, and US guided injection workshops.

The Education Committee is an open committee and new members are welcome. If you have any questions, comments, suggestions or would like to join, please contact Holly Benjamin at education@amssm.org.

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RESEARCH COMMITTEE

BY JONATHAN DREZNER, MD, CHAIR

[RESEARCH](#) | [FROM C1](#) | [A1](#)**Chairperson:** Jonathan Drezner, MD**Members:** [AMSSM Research Committee](#)**Mission:** *The AMSSM Research Committee seeks to facilitate the pursuit of scientific investigations in sports medicine for the purpose of the advancement of the knowledge base in the discipline.*

Research and scholarship continue to be areas of tremendous growth and increasing strength within our organization. This was another remarkable year for the AMSSM Research Committee with many achievements and contributions. On behalf of AMSSM, I'd like to thank all of the Research Committee members for their dedication and commitment. Some of the accomplishments of the past year and ongoing works are highlighted below.

On-Going Projects:1) **2009 AMSSM 18th ANNUAL MEETING**a) **Research Abstracts:**

This year we had 52 research abstracts submitted. As usual, the quality and diversity of the projects were impressive. The review process was blinded to both authors and institution and a revised scoring guideline was utilized. 25 Research Committee members participated in the abstract review process. 13 abstracts were accepted for podium presentation, 38 accepted for poster presentation, and 1 abstract was rejected. All accepted abstracts were published in the March/April 2009 issue of the *Clinical Journal of Sports Medicine*.

b) **Awards Recipients:**

Research podium presentations were highlighted at our annual meeting during a dedicated session. Congratulations to our 2009 research award winners:

i) **Best Overall Research Award**

Cynthia LaBella, MD for her presentation on "Effectiveness of a Neuromuscular Warm-up in Reducing Injuries Among Racially Diverse Female Athletes in Urban Public High Schools: A Cluster-Randomized Controlled Trial."

ii) **Harry Galanty Young Investigator Award**

Jessie Fudge, MD for her presentation on "Warning Symptoms and Family History in Children with Sudden Cardiac Arrest."

iii) **NCAA Research Award**

Ashwin Rao, MD for his presentation on "Sudden Cardiac Arrest at Collegiate Athletic Venues."

2) **AMSSM RESEARCH FOUNDATION GRANT AWARDS**

- a) The AMSSM Foundation has generously committed \$50,000 in support towards the second year of the AMSSM Research Foundation Grant Awards program.
- b) **Grant application deadline is October 1, 2009.** Information TBA.

3) **FELLOWS' RESEARCH WORKSHOP**

- a) The 2009 Fellows' Research Workshop, **July 31-August 2, 2009**, is hosted in Minneapolis, MN and chaired by Suzanne Hecht, MD.

Future Projects:1) **AMSSM COLLABORATIVE RESEARCH NETWORK**

- a) Initial efforts are in progress to develop an AMSSM Collaborative Research Network. The mission of the CRN is to help establish AMSSM as an international leader in the scientific community and the preeminent medical organization conducting multi-center research in sports medicine.

2) **RESEARCH WORK-SHOP AT 2010 ANNUAL MEETING**

For the 2010 AMSSM 19th Annual Meeting, The Research Committee, in collaboration with the Program Committee, is developing a Research Workshop directed at practicing physicians interested in starting or learning more about research. Stay tuned for more information . . . see you in Cancun!

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MEMBER IN THE SPOTLIGHT

Written by Michael Krafczyk, MD

SPECIAL MEMORIAM IN HONOR OF VITO PERRIELLO, MD

In this edition of "Member in the Spotlight," we would like to honor Dr. Vito Perriello, Jr., an adored husband, father, grandfather, and a pediatric sports physician.



Dr. Perriello was recently honored by Dr. Katherine Dec at the 18th Annual Meeting of the AMSSM, held in Tampa, FL. Although I personally did not know him, it became apparent through conversations with others that he was truly a special person. Dr. Dec summed up the feelings of others: "Vito exemplified the balance sought by many with

regards to family and having a sports medicine career. Even though he was very involved, he still prioritized time with family. He had the warmest heart and sincerity in his work and leadership positions. He served with humility, and his example will be felt for many generations in the Virginia sports medicine community."

Dr. Perriello was born in Dunbar, WV, in 1941. He went on to graduate from the University of Virginia where he was very active in many organizations. After undergraduate studies, he went on to Duke University Medical School where he met and married his wife Linda. Upon completion of medical school, he honorably served his country in the US Army as Chief of Pediatrics at the Fort MacArthur Hospital in San Pedro, California.

He then returned to Charlottesville, where his love for Cavalier sports never waned. There, he helped establish Pediatrics Associates. He was known for always being there for his patients, whether it was to take a call in the middle of the night, or to answer questions at sporting events. He embodied the true essence of the local primary care physician. He took care of multiple generations of families. He considered it a gift, not a job, for him to have had so much impact on the lives of so many others.

Dr. Perriello was well known not only for being an excellent and caring pediatrician, but also for his expertise in attention deficit hyperactivity disorder and sports medicine. He authored many articles and gave lectures around the country in these areas. He was actively involved in local and state athletics, authoring manuals for coaches regarding concussions and weight loss in wrestling. His expertise and involvement in these areas earned him the "Dr. Frank McCue III Sports Medicine Award" and admission into the Virginia High School League Hall of Fame.

Dr. Perriello's selfless dedication to his community was never-ending. He was active in many aspects of his community, including the Charlottesville free clinic, high school sports physicals and game coverage, playing the saxophone in local jazz and municipal bands, coaching numerous little league teams, and

volunteering for 36 years as a camp doctor. His interest in lacrosse earned him the honor of serving as the US Lacrosse team physician. His involvement in sports medicine did not end there. He served on many leadership and board positions. He was Chair of the Sports Medicine Advisory Committee for the National Federation of State High Associations, Physician Director of the Board of Certification for the National Athletic Trainers' Association, Member of the US Lacrosse Rules Committee, and Chair of the Medical Advisory Committee for the Virginia High School League.

His dedication to sports medicine was echoed by Dr. Stephen Rice, who had a special bond to Vito as part of the "senior generation:" "Vito was small in stature but large in compassion and accomplishment. He was a quiet and



humble leader, nuanced in understanding how to get things done without ruffling feathers. That served him (and us) very well as chairman of the national high school federation sports medicine committee. I, along with many others, will miss him deeply. He was a true friend to sports medicine pediatricians, his patients, the athletes of Virginia and the entire nation."

Dr. Perriello's true love, though, was spending time with his family. His dedication to his family lives on through the legacy of his children. He recently was involved in the successful campaign of his son, Tom Perriello, for Virginia's 5th District seat in the House of Representatives. In addition, his daughter, Paige, joined him as a member of his pediatric practice prior to his retirement in January of 2009. He has two other children, Elizabeth and Vito III. Aside from his four children, he is survived by his wife of 43 years, Linda.

Dr. Margot Putukian also knew Vito well, and had these kind words to say about him, which perhaps would best summarize this testament to his life, one that was well lived:

"He was one of the kindest, gentlest, most genuine people that I have had the opportunity to work with. He was always very appreciative of others' efforts, and yet humble about his own accomplishments. As a true pediatrician, he was never one to raise his voice or appear angry, and yet he was incredibly dedicated to his passions: family and medicine. He was loved by everyone on the US Lacrosse Committee, and his tireless efforts and kindness are what we most remember him for."

The Vito Perriello Foundation has been set up to honor Dr. Perriello's legacy. The organization was developed to promote his values and the community he loved. Contributions can be sent to CACF, P.O. Box 1767, Charlottesville, VA 22902. They should be clearly designated for the Dr. Vito A. Perriello, Jr. Fund RETURN AT

Odds and Ends

Articles Written by Section Editor: Chris Meyering, DO

Writing Opportunities

1. Work Starting on the 2nd Edition of 5 Minute Sports Medicine Consult:



AMSSM will be a partner in the writing of the 2nd Edition of the *5 Minute Sports Medicine Consult*. All of the topics have been assigned and authors will begin work this summer.

Authors should have received an email instructing them to log on to the publication website by June 1st. After that date, any unregistered chapters will go to those on our waiting list.

2. US Youth Soccer Project Continues:

The new cooperative project continues between AMSSM and US Youth Soccer. The overall mission is to share information with coaches, players and their parents on a variety of topics. Dr. Geoffrey S. Kuhlman covered the first topic on warming up and cooling down, and additional subjects are soon to follow. Any members interested in providing topics or in contributing to the project can contact Christopher Meyering, DO at christopher.meyering@us.army.mil

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WHAT OUR MEMBERS ARE DOING

“Thumping Chests and Pinching Lips”

Dr. Don Cooper from Oklahoma State University is one of Sports Medicine's pioneers and has literally made an impact on the medical world since first starting medicine in 1953. As an intern, he pounded in anger on the chest of a patient who received an accidental overdose of sedative (given by Dr. Cooper) and revived him; accidentally giving one of the first precordial thumps.

Dr. Cooper has an incredible wit and has shared countless stories and treatment techniques with his colleagues. For example, if you ever have a muscle cramp in front of Dr. Cooper, don't be surprised if he grabs you by your upper lip and pinches you for 30 seconds with his thumb and forefinger. Although Dr. Cooper admits there is no scientific evidence to support the Acupinch technique for muscle cramp relief, he anecdotally reports a 90% success rate. According to Dr. Cooper, “don't knock it until you've tried it.”

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STORY ON AN AMSSM SPEAKER

Fulfilling Promises

Michael J. Ackerman, MD, PhD, a pediatric cardiologist at the Mayo Clinic, made a surprise visit to one of his patients, Stephani Pentiuik. Ten years earlier, Stephani was going into surgery for a heart transplant when she asked Dr. Ackerman if she was going to live. He not only promised her she would live, but he would also dance with her at her prom.

On April 25, 2009 he fulfilled that promise by flying to Michigan and surprising Stephani with a dance. Soon afterwards, he was driven 5 hours to the airport to speak at our annual meeting. To read more about this wonderful story visit [Promise Kept](#).

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UPCOMING CONFERENCES

AMSSM RESEARCH WORKSHOP FOR SPORTS MEDICINE FELLOWS

JULY 31 - AUGUST 2, 2009

HOLIDAY INN SELECT
INTERNATIONAL AIRPORT HOTEL
BLOOMINGTON, MN

FOR ROOM RESERVATIONS:
PLEASE CALL 1-800-465-4329
REQUEST GROUP RATE

AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE

PRE-CONFERENCE WORKSHOP
“Sports Trauma and Event Management”
Friday Morning: July 31, 2009

Registration will be available: amssm.org



ADVANCED TEAM PHYSICIAN COURSE

DECEMBER 3-6, 2009

POINTE SQUAW PEAKS RESORT
PHOENIX, AZ

MORE INFORMATION TO FOLLOW



AMSSM 19TH ANNUAL MEETING

APRIL 17-22, 2010

HILTON CUNCUN GOLF AND SPA RESORT
CUNCUN, MEXICO

PASSPORTS REQUIRED



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