



A Woman of Purpose, Intelligence, and Empowerment

Written By Rebecca Rodriguez, DO

"Be Present; Listen; Collaborate; Be Organized, Prepared, and Decisive." These are the powerful words that represent a great leader in our Osteopathic sports medicine community.

Dr. Marcia Whalen grew up in Hershey, PA, and was running competitively from 6th grade through high school. Now she still is running but competing only against herself. Dr. Whalen attended Villanova University before transferring to and graduating from Elizabethtown College with a BS in Biology and minor in Biochemistry. Dr. Whalen is a proud graduate from PCOM.

AOASM: "Why sports medicine?"

Dr. Whalen strongly noted, "It's not what got me interested in Sports Medicine but who: Michele Gilsenen, DO; Mike Beams, DO; and Vince Disabella, DO." After a brief surgical residency, Dr. Whalen returned to Family Practice and was lucky to be assigned to the outpatient office. Her schedule included two days a week for two years seeing family medicine patients and slowly integrating into seeing sports medicine patients. Dr. Gilsenen was director of the Sports Medicine Fellowship, and the fellow at the time was Dr. Disabella, who was her senior Resident in Philadelphia. Dr. Whalen states, "Needless to say, the combination of OMT and Musculoskeletal medicine I learned during those two years felt natural, and before you know it...I was a fellow!"

The fellowship director was very clear about the level of involvement needed as a fellow within the AOASM. Dr. Whalen presented her original research as a fellow at the annual meeting, as well as case studies. The academic involvement continued for many years while she was a young physician, and eventually she was asked to serve on committees for the Board. With moving from the Northeast to the West Coast, she found the AOASM was always welcoming and kept her connected to medical colleagues. Dr. Whalen eventually was nominated for the Fellow award. As her involvement continued, the Board nominated Dr. Whalen to a member, and she was elected and served as a Board Member for six years. [Read more...](#)



Photo Left: Dr. Marcia Whalen with Team USA ATC



Photo Right: The medical team for Team USA Water Polo



Dr. Marcia Whalen at the Olympic Village in London



USA Women's Water Polo Gold Medals



National Team Men's Water Polo

TUCOM Spotlight: Learning From the Pros

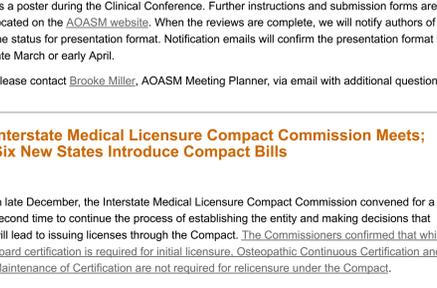
Written By Jason Andrade, TUCOM Chapter Member

TUCOM Chapter was very excited and fortunate to attend the 2nd Annual San Francisco Giants Sports Medicine Conference, presented by Dignity Health. Seven members of our chapter attended this two-day event, which brought together some of the most elite healthcare professionals in the baseball sports medicine community.

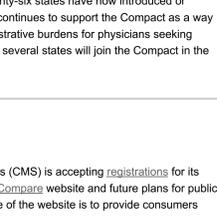
Speakers included athletic trainers, physical therapists, strength and conditioning coaches, and team physicians from the San Francisco Giants medical staff, as well as other well-recognized sports medicine professionals in the baseball community. Main topics of discussion included the growing concern of overuse injuries seen in youth, and the biomechanics, prevention, treatment, and rehab of Tommy John Surgery and SLAP repairs. The biggest takeaway from the event was that, like the San Francisco Giants, success in sports medicine involves a team of medical professionals working together to both limit injuries and assist in a fast recovery.



TUCOM Chapter Members at 2nd Annual San Francisco Giants Sports Medicine Conference



SPORTS MEDICINE CONFERENCE
PRESENTED BY Dignity Health

TUCOM Chapter Members at 2nd Annual San Francisco Giants Sports Medicine Conference



2016 Annual Conference Registration is Now Open!

The 31st Annual Clinical Conference registration is now open! The conference will be held in Tempe, AZ, May 4-7, 2016, with Pre-Conference Workshops May 2-3, 2016. This year's conference will focus on health and wellness, as well as how to maximize performance and prevent injury.

[Click here](#) for the Registration Form.
[Click here](#) for the Preliminary Program Brochure.
[Click here](#) for the Schedule-at-a-Glance.

For additional conference information, visit the [2016 Annual Conference Webpage](#).

Deadline Approaching: AOASM 2016 Research Submission Deadline

The Program Committee for the 31st Annual Clinical Conference of the American Osteopathic Academy of Sports Medicine would like to promote the upcoming meeting in Tempe, AZ, at the Tempe Mission Palms Hotel, May 4-7, 2016.

The Research submission deadline is fast approaching. Submission forms are located on the [AOASM website](#) and are available now for download.

Research Abstract submissions must be received by February 28, 2016. All submissions must be received at the AOASM Office via email by 10:00 p.m. PST. Submissions received after this deadline will be returned.

If your submission is not selected for podium presentation, we encourage you to present it as a poster during the Clinical Conference. Further instructions and submission forms are located on the [AOASM website](#). When the reviews are complete, we will notify authors of the status for presentation format. Notification emails will follow the presentation format in late March or early April.

Please contact [Brooke Miller](#), AOASM Meeting Planner, via email with additional questions.

Interstate Medical Licensure Compact Commission Meets; Six New States Introduce Compact Bills

In late December, the Interstate Medical Licensure Compact Commission convened for a second time to continue the process of establishing the entity and making decisions that will lead to issuing licenses through the Compact. [The Commissioners confirmed that while board certification is required for initial licensure, Osteopathic Continuous Certification and Maintenance of Certification are not required for relicensure under the Compact.](#)

In related news, Wisconsin became the twelfth member state in the Compact and six new states have introduced legislation to join. Twenty-six states have now introduced or adopted bills to become members. The AOA continues to support the Compact as a way for states to work together to ease the administrative burdens for physicians seeking licensure in multiple states. It is expected that several states will join the Compact in the coming legislative cycle.

Physician Compare Webinars

The Centers for Medicare & Medicaid Services (CMS) is accepting registrations for its webinars on recent updates to the [Physician Compare](#) website and future plans for public reporting on Physician Compare. The purpose of the website is to provide consumers information about physicians and other healthcare professionals who take part in Medicare. Each one-hour webinar will provide an opportunity to ask questions about public reporting and quality measures on Physician Compare. Webinars will be conducted via WebEx at the following times:

- Tuesday, February 23, 2016 at 12:00 pm ET/ 9:00 am PT
- Wednesday, February 24, 2016 at 4:00 pm ET/ 1:00 pm PT
- Thursday, February 25, 2016 at 11:00 am ET/ 8:00 am PT

All sessions will present the same information. Multiple times are offered to help best accommodate your busy schedules. During each webinar, the Physician Compare Support Team will present information and then address participant questions. [Click here](#) for an overview of Physician Compare.

CMS EHR Meaningful Use Hardship Exception- Public Policy

The Centers for Medicare and Medicaid Services (CMS) has released details of its new EHR Meaningful Use hardship exception process for physicians and other eligible professionals (EPs). These changes are a result of legislation (the Patient Access and Medicare Protection Act) that Congress passed shortly before the end of the year.

The new applications and instructions for a hardship exception from the Medicare Electronic Health Records Incentive Program 2017 payment adjustment are [available here](#). Applications for a hardship exception are due to CMS by March 15. The new application process has been streamlined to reduce the amount of information that physicians must submit to apply for an exception.

The legislation passed in December established that the Secretary may consider providing blanket hardship exceptions for "categories" of EPs and eligible hospitals identified on CMS' website as of December 15, 2015. Prior to this law, CMS was required to review all applications on a "case-by-case" basis.

In addition, CMS will now allow groups of providers to apply for a hardship exception on a single application. Under the group application, multiple providers and provider types may apply together using a single submission. Providers will have the option to submit an electronic file (in excel or csv formats) with all National Provider Identifiers (NPIs) or CMS Certification Numbers (CCNs) for providers within the group or use a multiple NPIs or CCN form to submit their application. In addition, facilities which include both inpatient and outpatient settings may include both the individual NPIs for any eligible professionals and the CCN for the eligible hospitals and CAHs on the same single submission for their organization.

The AOA is seeking further clarification from CMS on how blanket exceptions will be determined by the agency in this new process, and will provide additional details once they are established.

AAOM Prolotherapy Workshop- Cancun, Mexico

Patrick F. Leary, DO, FAOASM, participated in the American Association of Orthopaedic Medicine 2016 Cancun Prolotherapy and Regenerative Injection Therapy Workshop in Cancun, Mexico in early February 2016.



Journal Article Spotlight: Clinical Journal of Sport Medicine

Double-Blind Randomized Controlled Trial: Injection of Autologous Blood in the Treatment of Chronic Patella Tendinopathy: A Pilot Study

Objective: To assess the efficacy of autologous blood injections (ABIs) against saline in patients with chronic recalcitrant patella tendinopathy (PT).

Design: Double-blind randomized controlled study.

Setting: Homerton Hospital Sports Medicine department.

Patients: Those with a diagnosis of refractory patellar tendinopathy were recruited between March 2010 and March 2012.

Interventions: Using 2 practitioners, patients were randomized to either receive ABIs or saline injections.

Main Outcome Measures: All patients completed the Short-Form McGill Pain Questionnaire (MPQ), a visual analog scale (VAS), and a Victoria Institute of Sport Assessment for Patella Tendinopathy scale over a 12-month period.

Results: Twenty-two patients completed the final review at 12 months and were included in the study. Subjects ranged in age from 22 and 61 years and were randomized to 11 in each ABI and saline groups. Autologous blood injection group had a mean duration of symptoms of 16.7 months, whereas that of the saline group was 19.2 months. The saline group mean VAS score was reduced from 7.9 to 4.5 at 1 month (P = 0.003) and 3.3 (P = 0.005) at 1 year. With ABI, the score was reduced from 7.5 to 4.5 (P = 0.005) at 1 month and 3.1 (P = 0.003) at 1 year. Victoria Institute of Sport Assessment for Patella Tendinopathy, MPQ, and VAS scores improved significantly in both groups.

Conclusions: This study demonstrated that both the ABI and saline groups experienced a significant improvement in symptoms. However, when the results were compared, there was no statistical difference between the 2 groups.

Clinical Relevance: This research showed that tendon fenestration is an alternative cost-effective treatment for recalcitrant PT. [Read more...](#)

Journal Article Spotlight: British Journal of Sports Medicine

'Serious thigh muscle strains': beware the intramuscular tendon which plays an important role in difficult hamstring and quadriceps muscle strains

Why do some hamstring and quadriceps strains take much longer to repair than others? Which injuries are more prone to recurrence? Intramuscular tendon injuries have received little attention as an element in 'muscle strain'. In thigh muscles, such as rectus femoris and biceps femoris, the attached tendon extends for a significant distance within the muscle belly. While the pathology of most muscle injuries occurs at a musculotendinous junction, at first glance the athlete appears to report pain within a muscle belly. In addition to the musculotendinous injury being a site of pathology, the intramuscular tendon itself is occasionally injured. These injuries have a variety of appearances on MRIs. There is some evidence that these injuries require a prolonged rehabilitation time and may have higher recurrence rates. Therefore, it is important to recognise the tendon component of a thigh 'muscle strain'. [Read more...](#)

February 23, 2016



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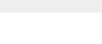
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