



SIDELINES

June 22, 2016



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From the President: R. Rob Franks, DO, FAOASM



I hope this message finds you all enjoying the beautiful weather and all of the fun and activities that Summer brings. It is always my favorite time of year filled with weekend trips to the beach here on the East Coast. However, mixed with all these fun activities, Fall is just around the corner and so continues the work of the American Osteopathic Academy of Sports Medicine.

I would like to welcome Dr. Bill Kuprevich to the Executive Committee of the AOASM in his role as Secretary/Treasurer, and Drs. Kate Quinn and Warren Bodine as new members of the Board of Directors.

This month I will be traveling with Bill Kuprevich to the House of Delegates in Chicago to represent the interests of AOASM. Issues of concern at this meeting will be the continued evolution of the common pathway with ACGME, and, if it moves beyond Committee evaluation, discussion of the White Paper on Concussion.

Several of our members are currently preparing and training to travel to the Summer Olympics in Rio De Janeiro. Some will be providing team coverage, while others will be working exclusively on the medical staff. I wish all of those members traveling overseas the best of luck and best wishes from the Academy membership as they represent all of us in Brazil. We are proud of you.

I wanted to remind the membership that OMED 2016 will be early this year, September 16–20, 2016, in Anaheim, California. Deepak Chopra, MD, will be the OMED keynote speaker. Shawn Kerger is planning an excellent program representing AOASM at this meeting. Our Board of Directors will also be having its Fall meeting at OMED.

Our committees continue to work hard to meet the changing needs of our Academy. The Website Committee, lead by Drs. Daniel Day and Daniel Clearfield, has been hard at work in the planning phase of this project, which we hope to have up and running by Spring 2017.

Drs. Kate Quinn and Angela Cavanna, who are now the co-Chairs of the Student/Intern/Resident/Fellow Committee, are assisting our new student Officers in their transition after their election in Tempe. [Read More...](#)

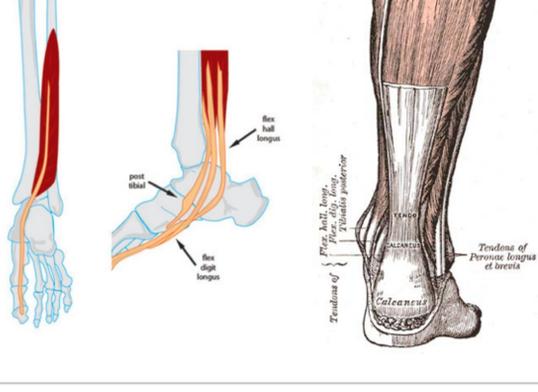


Athletes and the Arts

Written By: Carmen Jaramillo, DO

CLINICAL INSIGHT:

Dancers make up a unique population of athletes who are predisposed to many overuse injuries due to the high demands they require of their bodies. The most notable injury is flexor hallucis longus tendonitis, otherwise known as "dancer's tendonitis." The FHL is one of the three deep muscles of the posterior compartment of the leg that attaches distally to the plantar surface of the great toe. The repetitive actions of jumping, dancing en pointe, demi-relevé, demi-plié, and grand plié all force the FHL tendon to be repeatedly stressed and consequently develop painful inflammation. Although the treatment approach ranges from conservative physical therapy to surgical treatment followed by rehabilitation, it is important for those involved in treatment to have an understanding of this injury to facilitate a timely recovery. Dancer's tendonitis, among other injuries found in the dancing population, can be detrimental to a dancer's career, and creative strategies are necessary to return to full dancing activity.



Virginia Tech Helmet Ratings Symposium

On August 16th, Virginia Tech is hosting the 2016 Virginia Tech Helmet Rating Symposium in Washington DC, at the Marriott adjacent to Dulles airport. [Click here](#) to view the Symposium PDF that details the discussion topics that includes the following:

- Adult football helmets and new adult Football STAR
- Youth football helmets and new youth Football STAR
- Head impact sensors and new Sensor STAR
- Bicycle helmets and new Bicycle STAR
- Soccer head gear and new Soccer STAR
- Hockey helmets and results from Hockey STAR

The conference fee is \$395 if registered prior to July 16th and will be used to cover the costs of hosting the meeting. By moving the symposium to Washington DC, our hope is that overall travel time and costs will be reduced. The meeting will run from 10 am to 3 pm, thus allowing for same day travel where possible. [Click here](#) to register!

Single GME Update: For Program Directors & DMEs

SAS Application Assistance Program: Free Consultants to Help You

Since the May launch of the Single Accreditation System Application Assistance Program, the AOA has received dozens of inquiries from programs seeking direction, information, or support.

We are committed to helping your program make this transition. Staff and consultants are standing by to assist you in moving forward into the new Single GME Accreditation system.

Experts are available to provide assistance with applications in most specialties as well as sponsoring institutions and financial aspects of accreditation. For information or assistance, call 312-202-8272 or email singleGME@osteopathic.org. **This service is available to you at no cost.**

[View the flyer](#) to learn more.

Webinar: New Opioids Limitations -- What Does it Mean for You?

A growing awareness of the severity and impact of opioid misuse in our nation has led to a flurry of governmental efforts to address this epidemic. From new CDC prescribing guidelines, to state mandates to check state drug registries or PDMPs before prescribing, to recommendations to the FDA to mandate prescriber training—these efforts will impact how you practice as a physician.

Join the AOA on **June 28 at 7 pm ET** for a free member-wide webinar to learn more about what these efforts mean for you, and what the AOA is doing to ensure policymakers hear the voice of the osteopathic profession, especially to understand OMT's role as an effective non-pharmacological modality. The AOA will offer 1.5 credits of Category 1-B CMEs.

To register, please [click here](#) and enter in your information. [Click here](#) to receive your unique access details for the webinar. Please consider sharing this communication with your osteopathic colleagues.

Second round of Support and Alignment Networks announced for Transforming Clinical Practice Initiative

The Centers for Medicare & Medicaid Services (CMS) today launched the second round of the Support and Alignment Networks under the Transforming Clinical Practice Initiative (TCPI). This opportunity will provide up to \$10 million over the next three years to leverage primary and specialist care transformation work and learning that will catalyze the adoption of Alternative Payment Models at very large scale, and with very low cost. The Support and Alignment Networks 2.0 represents a significant enhancement to the TCPI network expertise and will help clinicians prepare for the proposed new [Quality Payment Program](#), which CMS is implementing as part of bipartisan legislation Congress passed last year repealing the Sustainable Growth Rate.

The Transforming Clinical Practice Initiative is one of the largest federal investments uniquely designed to support clinician practices through nationwide, collaborative, and peer-based learning networks that facilitate practice transformation. Up to five potential awardees are anticipated to be announced in Fall 2016.

Applications will be accepted from eligible applicants for the cooperative agreement funding opportunity starting June 10, 2016. Applicants are encouraged, but not required, to submit a letter of intent by July 1, 2016.

For additional information, please visit the Support and Alignment Networks 2.0 section of the [TCPI web page](#).

A [blog post](#) by Patrick Conway, MD, MSc, CMS Acting Principal Deputy Administrator and Chief Medical Officer, regarding this funding opportunity is also available.

[Click here](#) for the TCPI Fact Sheet.

[Click here](#) for the TCPI Blog PDF.

Journal Article Spotlight: *Clinical Journal of Sport Medicine*



Complications and Adverse Events of a Randomized Clinical Trial Comparing 3 Graft Types of ACL Reconstruction

Objective: Complications/adverse events of anterior cruciate ligament (ACL) surgery are underreported, despite pooled level 1 data in systematic reviews. All adverse events/complications occurring within a 2-year postoperative period after primary ACL reconstruction, as part of a large randomized clinical trial (RCT), were identified and described.

Design: Prospective, double-blind randomized clinical trial. Patients and the independent trained examiner were blinded to treatment allocation.

Setting: University-based orthopedic referral practice.

Patients: Three hundred thirty patients (14–50 years; 183 males) with isolated ACL deficiencies were intraoperatively randomized to ACL reconstruction with 1 autograft type. Graft harvest and arthroscopic portal incisions were identical.

Intervention: Patients were equally distributed to patellar tendon (PT), quadruple-stranded hamstring tendon (HT), and double-bundle (DB) hamstring autograft ACL reconstruction.

Main Outcome Measures: Adverse events/complications were patient reported, documented, and diagnoses confirmed.

Results: Two major complications occurred: pulmonary embolism and septic arthritis. Twenty-four patients (7.3%) required repeat surgery, including 25 separate operations: PT = 7 (6.4%), HT = 9 (8.2%), and DB = 8 (7.3%). Repeat surgery was performed for meniscal tears (3.6%; n = 12), intra-articular scarring (2.7%; n = 9), chondral pathology (0.6%; n = 2), and wound dehiscence (0.3%; n = 1). Other complications included wound problems, sensory nerve damage, muscle tendon injury, tibial periostitis, and subcutaneous abscesses. Overall, more complications occurred in the HT/DB groups (PT = 24; HT = 31; DB = 45), but more PT patients complained of moderate or severe kneeling pain (PT = 17; HT = 9; DB = 4) at 2 years.

Conclusions: Overall, ACL reconstructive surgery is safe. Major complications were uncommon. Secondary surgery was necessary 7.3% of the time for complications/adverse events (excluding graft reinjury or revisions) within the first 2 years.

Level of Evidence: Level 1 (therapeutic studies).

Clinical Relevance: This article reports on the complications/adverse events that were prospectively identified up to 2 years postoperatively, in a defined patient population participating in a large double-blind randomized clinical trial comparing PT, single-bundle hamstring, and DB hamstring reconstructions for ACL rupture. [Read more...](#)

Journal Article Spotlight: *British Journal of Sports Medicine*

Hamstring injuries have increased by 4% annually in men's professional football, since 2001: a 13-year longitudinal analysis of the UEFA Elite Club injury study

Background There are limited data on hamstring injury rates over time in football.

Aim To analyse time trends in hamstring injury rates in male professional footballers over 13 consecutive seasons and to distinguish the relative contribution of training and match injuries.

Methods 36 clubs from 12 European countries were followed between 2001 and 2014. Team medical staff recorded individual player exposure and time-loss injuries. Injuries per 1000 h were compared as a rate ratio (RR) with 95% CI. Injury burden was the number of lay off days per 1000 h. Seasonal trend for injury was analysed using linear regression.

Results A total of 1614 hamstring injuries were recorded; 22% of players sustained at least one hamstring injury during a season. The overall hamstring injury rate over the 13-year period was 1.20 injuries per 1000 h; the match injury rate (4.77) being 9 times higher than the training injury rate (0.51; RR 9.4; 95% CI 8.5 to 10.4). The time-trend analysis showed an annual average 2.3% year on year increase in the total hamstring injury rate over the 13-year period (R²=0.431, b=0.023, 95% CI 0.006 to 0.041, p=0.015). This increase over time was most pronounced for training injuries—these increased by 4.0% per year (R²=0.450, b=0.040, 95% CI 0.011 to 0.070, p=0.012). The average hamstring injury burden was 19.7 days per 1000 h (annual average increase 4.1%) (R²=0.437, b=0.041, 95% CI 0.010 to 0.072, p=0.014).

Conclusions Training-related hamstring injury rates have increased substantially since 2001 but match-related injury rates have remained stable. The challenge is for clubs to reduce training-related hamstring injury rates without impairing performance. [Read more...](#)

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