



SIDELINES

What's New in August 2020!

In the August 2020 edition of Sidelines you will find the following content:

- **Sidelines New Features**
- All Access: Surfing
- Athletics Post-COVID 19
- New Book: *Best Practices in Sports Medicine*
- Pain Management for the Youth and Adolescent Athlete
- SAOASM Student Spotlight
- Featured Job Postings
- Journal Article Spotlight: *Clinical Journal of Sports Medicine*
- Journal Article Spotlight: *British Journal of Sports Medicine*

Sidelines New Features for Our AOASM Family

Becca Rodriguez Regner DO, FACOFP, FAOASM

A new section called “All Access“: This section will support team physicians in their personal and professional life with focus on our osteopathic tenets: mind, body, and spirit. The COVID-19 pandemic has changed the way we look at sports, fitness, and wellness. Team physician roles, responsibilities, and activities have changed our normal way of life. Many positives have come from this pandemic including increased family time, increased outdoor activities, learning and participating in new sports, better hygiene practices, and personal growth. AOASM hopes to focus on these new changes for team physicians and provide insight, guidance, and physical and mental support for our members.

Please take a moment to participate [here](#), in the AOASM COVID-19 one-question activity poll.

As team physicians, we connect as lifetime athletes and share unity in helping

AOASM BOARD OF DIRECTORS

Executive Committee

William Kuprevich, DO,
FAOASM

President

Rebecca Rodriguez Regner,
DO, FAOASM

President-Elect

Michael Sampson, DO,
FAOASM

First Vice President

Blake Boggess, DO, FAOASM

Second Vice President

Priscilla Tu, DO, FAOASM

Secretary/Treasurer

Shawn Kerger, DO, FAOASM

Immediate Past President

Board of Directors

Warren Bodine, DO, FAOASM

Daniel Day, DO, FAOASM

Brett DeGooyer, DO,
FAOASM

Al Kozar, DO, FAOASM

Kathryn Lambert, DO,
FAOASM

Andrew T. Martin, DO, MBA,
FAOASM

Rance McClain, DO,
FAOASM

Kate Quinn, DO, FAOASM

Mark Rogers, DO, FAOASM

Associate Contacts

Michael Henehan, DO,
FAOASM

CJSM Editor

athletes be at their best. In these times, our success and well-being require adaptation, revision, and flexible change. It is time to step away from the sidelines and access the field or court for growth and development.

1. Mind: information to focus on meditation, brain puzzles (crosswords), education and learning—books, podcasts, brain and immune system nutrition. It will provide ways to still be involved in our sports communities.
2. Body: information to focus on getting involved with or participating in new sports (providing recommendations), discussion of quality exercise videos, discussion on alternative workout equipment, education on prevention of injury with transitioning to new sports/training.
3. Spirit: information to focus on yoga, deep breathing techniques, religion or spirituality, human connection, positive thinking, preparing and creating a plan for success and involvement.
4. A dedicated section Called “COVID-19 Corner“ with updated links on exercise, diet, supplementation, RTT, CDC Guideline changes and updates on sports organizations (NBA, MLB, etc). Information will focus on COVID-19 pandemic pertaining to sports, fitness and wellness, and care of the athlete.

All Access: Surfing

Blake Boggess, DO, FAOAS

While it is still summer and with “Shark Week” recently featured on the Discovery Channel, I thought it would be appropriate to discuss the sports medicine topic of surfing. Surfing is a popular sport enjoyed by many people around the world. Surfing is a water sport that involves riding breaking waves on a surfboard. Surfing has traditionally been done in the ocean, but developments in technology have made it possible to create waves in pools and surfing waves behind boats (called wakesurfing) as an alternative. You do not have to use a board to catch a wave (called bodysurfing).

Surfers are susceptible to acute injuries as well as conditions resulting from chronic environmental exposure. Sprains, lacerations, strains, and fractures are the most common types of trauma. Injury from the rider's own surfboard can also occur. Minor wound infections and jellyfish stings are common as well as additional surfing hazards such as stingrays, coral reefs, and, occasionally, sharks. Otologic issues associated with surfing include auditory exostoses, tympanic membrane rupture, and otitis externa. Sun exposure and skin cancer risk are inherent dangers of this sport as well. (*Am Fam Physician*. 2006 Feb 1;73[3]:392.)

Data collected from surfers during a 10-year period discovered that out of 1,348 surfers surveyed, 1,237 had acute injuries and 477 suffered chronic injuries. Lacerations accounted for 42% of all acute injuries, contusions 13%, sprains/strains 12%, and fractures 8%. Thirty-seven percent of acute injuries were to the lower extremity and 37% to the head and neck. Fifty-five percent of injuries resulted from contact with one's own board, 12% from another surfer's board, and 17% from the sea floor. (*Am J Emerg Med* 2002 May;20[3]:155-60. doi: 10.1053/ajem.2002.32650.)

Compared with other sports, surfing is relatively safe. Contact with the surfboard, rocks,

coral, or sand causes most injuries. Environmental factors such as sun exposure and marine animal bites and stings are other causes of injury. Surfing with common sense, sunscreen, and proper equipment can help prevent injury. (*Curr Sports Med Rep* 2003;2[3]:136-141.)



Thomas Stocklin-Enright, DO, surfing Pacific City, Oregon (circa 2010).



[Click here](#) to view a video of Blake Boggess, DO, FAOASM wakesurfing at Jordan Lake, North Carolina.

Athletics Post-COVID 19

Andrew Martin, DO, AOASM

In an era of uncertainty and changing times, our way of life has been altered drastically and the physical activities and sports that have become an integral part of our lives have been disrupted. As we wait out the season or begin to return to training and events it's important to do so in a manner that is safe.

Re-engaging in sports with teammates has many benefits both physically and psychologically for children and adults. Participating in sports allows individuals to improve their cardiovascular health, strength, body composition, and overall fitness. Mentally, there are benefits from the increased socialization with friends and coaches as well as from the return to a more structured routine. These physical and psychological benefits can help support childhood development and reduce stress for adults. Exercise also has immune system benefits, which become increasingly important in the era of a worldwide pandemic.

If prolonged breaks occur in an individual's sport, the athlete should be encouraged to

maintain their fitness with regular physical activity. Consistent activity will help an athlete stay in shape for when sports return and this can help prevent injuries. Exercise can also help serve as a coping mechanism during this stressful time. Athletic trainers and sports medicine physicians should continue to be utilized during this time to prevent injury, treat injuries, and monitor training.

All athletes should have an annual pre-participation physical by a sports medicine physician. Individuals who have not been physically active prior to the restart of sports may be at higher risk of a deconditioned injury. A gradual increase in frequency, duration, and intensity of exercise should be planned out to help avoid this type of injury. Individuals who are unable to participate in milestone events, such as their final high school sports season or a state championship tournament, may be emotionally affected more than other individuals. This loss can also have a significant emotional impact on parents of athletes who may be heavily invested in their children's sports. All athletes should be monitored for signs and symptoms of depression and anxiety if their sports participation is disrupted. Individuals with a prior history of depression or anxiety may be at greater risk.

References:

[CDC's Considerations for Youth Sports](#)

[Youth Sports Participation During COVID-19: A Safety Checklist](#)

[Youth Sports & COVID-19: Understanding the Risks](#)

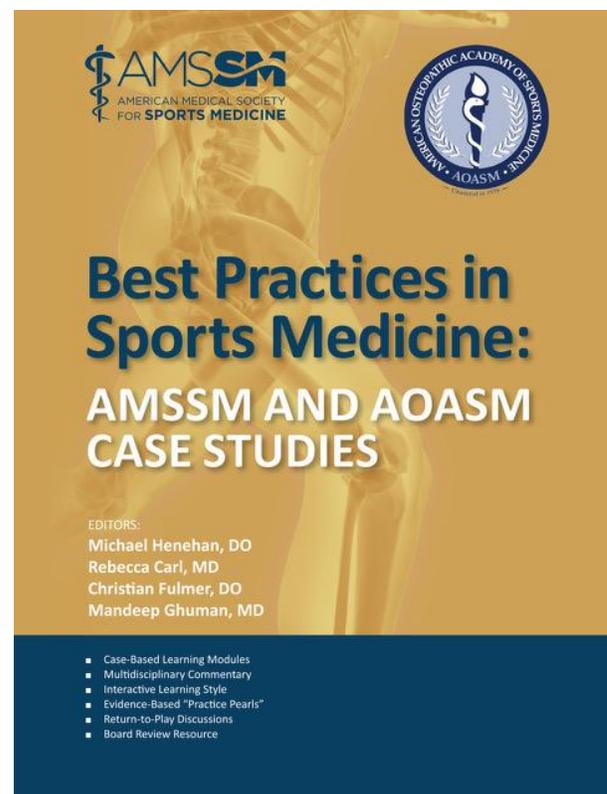
Best Practices in Sports Medicine: AMSSM and AOASM Case Studies

Publication Date: June 2020

This new book features 74 of the best cases presented at the annual meetings of AMSSM and AOASM. Organized by anatomic subject, these cases touch on nearly every area of clinical interest in the field of sports medicine. Topic areas are modeled on content areas in the American Board of Family Medicine Certificate of Added Qualifications (CAQ) in Sports Medicine exams. The clinical cases reveal the nuances in sports medicine – the grey areas where decision points can go either way – as well as the fact that a patient's journey back to health can take different roads.

Editors:

Michael Henehan, DO
Rebecca Cari, MD
Christian Fulmer, DO
Mandeep Ghuman, MD



Click here to order at healthylearning.com and enter code SAVAO for a 10% discount.

New Recommendations Steer Doctors Away from Opioids to Treat Pain in Adolescent Athletes

Athletes at all levels and ages commonly experience pain during practice and in competition. Identifying and appropriately managing acute and chronic pain is fundamental for short- and long-term health. This is especially true for adolescent athletes for whom inadequate or inappropriate pain management can lead to a lifetime of consequences including an increased risk of opioid misuse. A team physician consensus statement just released by the American College of Sports Medicine (ACSM), The American Osteopathic Academy of Sports Medicine, and four other professional sports medicine organizations shares guidelines to identify and manage pain in athletes ages 10 to 18. It urges team physicians and pediatricians to use nonpharmacologic treatments before prescribing opioids.

“Adolescents are often initially exposed to opioids through prescriptions to treat pain,” said Stanley A. Herring, MD, FACSM, the facilitator of the team physician project-based alliance and a clinical professor in the Departments of Rehabilitation Medicine, Orthopaedics and Sports Medicine and Neurological Surgery at the University of Washington in Seattle. “This paper gives health care providers, including team physicians, pediatricians and athletic trainers, a roadmap to navigate the diagnosis and treatment of chronic and acute pain in adolescent athletes.”

The new statement, titled, “[Select Issues in Pain Management for the Youth and Adolescent Athlete](#),” presents epidemiological data about the incidence and prevalence of pain in adolescents, defines acute and chronic pain, as well as provides recommendations to diagnose and treat both. Suggested interventions focus on comprehensive nonpharmacological, pharmacological, and psychosocial treatments based on the athlete, the injury, and the demands of the sport.

The statement summarizes the essential knowledge and preferred actions for team physicians and/or pediatricians. For acute pain, they should:

- Understand that the diagnostic process must evaluate all aspects (anatomical and psychosocial) of pain causation.
- Understand that nonpharmacological treatments are fundamental to treat acute and post-acute pain from injuries.
- Understand that medications, in particular opioids, if prescribed, should be utilized at the lowest effective dose for the shortest duration.
- Recognize the signs and symptoms of potential problematic opioid use.
- Understand the role of exercise to improve pain and function from acute injury.

- Educate athletes and parents so that pain management goals are well understood and realistic.

For chronic pain, team physicians and pediatricians should:

- Understand that treatment is best offered as part of an interdisciplinary approach.
- Understand that a multimodal care plan (e.g., exercise, nutrition, cognitive behavioral techniques, relaxation, improved sleep) is safer, possibly more effective, and probably more durable than pharmaceuticals.
- Understand that opioids should not be used in this age population without specialty consultation.
- Educate student athletes and parents regarding what pain is and how it is relieved because expectations and misunderstandings affect response to treatment.

ACSM, the American Academy of Family Physicians, the American Academy of Orthopaedic Surgeons, the American Medical Society for Sports Medicine, the American Orthopaedic Society for Sports Medicine and the American Osteopathic Academy of Sports Medicine collaborated to develop this statement.

This statement is the newest paper in a series published by the six professional associations since 2000 that addresses pertinent topics for athlete care, such as return-to-play decision, concussion treatment, injury and illness prevention, sideline preparedness and psychological issues. Team physician consensus statements serve as a reliable resource for team physicians and other medical professionals and can provide peace of mind for coaches, athletes, parents, and the public.

“Select Issues in Pain Management for the Youth and Adolescent Athlete” was jointly published in the September 2020 issue of *Medicine & Science in Sports & Exercise*[®], ACSM’s flagship research journal, and the August 2020 issue of *Current Sports Medicine Reports*. All team physician consensus statement documents can be found on [ACSM’s website](#).

SAOASM Student Spotlight

Hi, I'm Trent Griner. I am a second year DO student at the Philadelphia College of Osteopathic Medicine–South Georgia. Michael Sampson, DO, FAOASM, has been a mentor to me since my acceptance to PCOM South Georgia and I recently had the honor of joining Dr. Sampson and his medical staff at an All Elite Wrestling event in Jacksonville, Florida. All Elite Wrestling is a professional wrestling company for which Dr. Sampson is the ringside physician. Knowing that it is my goal to become a primary care sports medicine physician and that I have been a lifelong professional wrestling fan, Dr. Sampson invited me to Jacksonville to learn from him and his team.

During this experience, I had the opportunity to learn about many different treatment and rehabilitation modalities used in sports medicine, the treatments for a wide variety of injuries, and how to coordinate a sports medicine team to deliver the highest quality care possible. Dr. Sampson and his team were incredibly generous with their time and energy to teach me all that they could during the event about technical procedural skills as well as establishing and maintaining an effective provider-patient relationship. This

experience has furthered my desire to become a sports medicine physician and I am very thankful to Dr. Sampson, his medical staff, and AEW for the opportunity to learn in that environment.



SAOASM Webpage

If there is ever anything you would like to learn about or see happen through the SAOASM, please reach out to our Executive Board at studentAOASM@gmail.com

SAOASM Facebook Group

We love hearing from you and providing you with the best opportunities to learn and have fun in sports medicine!

A banner for the American Osteopathic Association (AOA) Board Certification. On the left is the AOA logo with the text "AMERICAN OSTEOPATHIC ASSOCIATION". In the center, it says "CHOOSE AOA BOARD CERTIFICATION. I did." On the right, there is a portrait of Becca Rodriguez Regner, DO, FACFP, with her name and credentials. Below her name, it says "Team USA Physician Olympic Training Site Chula Vista, CA" and "AOA-board certified Family Medicine and Sports Medicine".

Want to Be in the SAOASM Student Spotlight? Fill Out the Form Here!

Featured Job Openings from the [AOASM Career Center](#)

- [Director of Sports Medicine](#) at Louisiana State University in Alexandria.

Journal Article Spotlight: *Clinical Journal of Sports Medicine*

Sport Preparticipation Screening for Asymptomatic Atlantoaxial Instability in Patients With Down Syndrome

Journal Article Spotlight: *British Journal of Sports Medicine*

Epidemiology of injuries in Olympic-style karate competitions: systematic review and meta-analysis

Click Here for Full Article

Click Here for Full Article

American Osteopathic Academy of Sports Medicine | www.aoasm.org

