



What's New in November 2017!

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November 29, 2017

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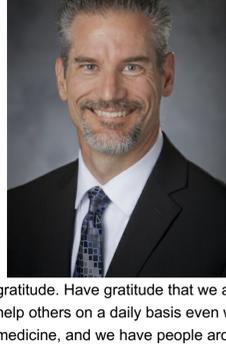
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From the President: Jeffrey Bytowski, DO, FAOASM

Winter is coming...

Or it might already be here for some of you! As we move through November and into the holiday season, many of us have extra stressors of family gatherings, shopping lines, parties, and wintery weather travel delays. For some, it is a time of reflection of family loss as well. It is supposed to be the most joyous time of year, but somehow we can get lost if we don't keep our bearings during this busy time.

One word to remember during this busy season is gratitude. Have gratitude that we are so fortunate to live where we do, we have the ability to help others on a daily basis even when we can get dragged down in the business of medicine, and we have people around us who love us for who we are.

Many of you I am sure do not listen to the band, Linkin Park (stay with me here as I digress), but one of its singers committed suicide in July. Like a lot of troubled souls, he was abused as a child. There have been many suicides of famous people, and especially for him, he seemed to have it all: loving family, successful career, and surrounded by friends. But he still couldn't escape his demons. I don't know why, but his death has stuck with me much more than others. It is amazing though, as I listen to their last recent record, many of the songs reflect his struggle with depression. The song, "One More Light," is especially compelling in him singing about a loved one or friend who has passed. Mental health issues are difficult for many, and the holidays can magnify this in both our patients and loved ones.

So I would encourage us this holiday season to be grateful for where we are in this journey called life and to remind those around us how much they mean to us. I know I am grateful to be your President and thankful for the fellowship of the AOASM. May we be one more light during this reflective season.

Peace,

Jeff

Jeffrey Bytowski, DO, FAOASM

President, American Osteopathic Academy of Sports Medicine

American Osteopathic Conjoint Sports Medicine Examination Committee: Subspecialty Certification in Sports Medicine Exam

The American Osteopathic Sports Medicine Conjoint Examination Committee's (AOCSMEC) 2018 Examination and Recertification Examination for Subspecialty Certification in Sports Medicine (formerly known as Sports Medicine CAQ) will be given during the AOASM 33rd Annual Clinical Conference in Columbus, Ohio.

Examination Date: Tuesday, May 1, 2018

Initial Application Deadline: February 9, 2018 – no late fee

Final Application Deadline: March 9, 2018 – \$100 late fee applies

Applications are available online at www.aoesm.org

All Applicants must be primary board certified by one of the six entities: AOBNMM, AOBIM, AOBPMR, AOBEM, AOBP, or AOBFP.

Sports Medicine fellows may take the exam prior to the completion of their training but must have completed 9 months (sometimes an exception is made for 7 or 8 months due to early offering of exam) of their fellowship program and must submit a letter of recommendation from their fellowship director stating that the fellow is qualified to take the exam. The fellow will be required to sign a waiver attesting to the fact that board scores will not be released until the fellow has submitted all required documentation, has successfully completed the fellowship program and has been approved by all involved agencies.



Athletes and the Arts

Written by: Melanie Gray, DO

Upper Body Conditioning for Dancers

Dancers, specifically ballerinas, are known for their perfect posture and effortless movement. Dance training is started very young so the musculoskeletal system can be shaped into a spinal alignment that allows it to function with strength and grace.



It is now being observed for the first time in dance history that our young girls are unable to demonstrate or maintain this most coveted attribute through routine training. A recent survey from Canada noted that nearly half of female ballet students ages 10-15 were unable to achieve classical ballet posture, which mirrors a general populational trend for this age group as well. The hypothesis is that our electronic-centric youth are averaging 6.3 hours a day in a rounded forward position, and it is counterproductive to the 1-3 hours a day spent practicing proper ballet port-de-bras (the movement and posing of the arms).

It is now apparent that special postural conditioning classes for the pre-teen and early teenagers will be necessary. One group of instructors in Canada is currently developing and implementing a new exercise program to augment dance curriculum beyond Pilates, yoga, or other full-body conditioning methods. One sample demonstration showed them taking students through a very basic 45-minute port-de-bras movement session. They have found it extremely helpful for correcting and strengthening back, neck, and shoulder instabilities to better maintain their upper body carriage.



Coaches and their healthcare teams postulate that these muscle imbalances are also taking a toll on other performing artists, such as musicians and singers, as well as sports athletes in general. If we cannot convince our patients to enjoy more electronic-free time, then we need to help them have more awareness of their upper body positioning during normal daily activities and offer correctional therapies.



Mayall, E., Higgins, S., & Sherman, A. (October 12). Death of the classical port de bras. Smart exercises to correct a generational problem. Lecture presented at IADMS Annual Conference in Houston, Texas, USA.

SAOASM Update

Written by: Justin Stumph, National Vice Chair

SAOASM will host its second webinar of the year on Tuesday, December 5, 2017. Dr. Priscilla Tu, AOASM Board Member, will present "Getting Involved in AOASM" will focus on research presentations at AOASM Clinical Conferences. [Click here](#) to register for the webinar!

Journal Article Spotlight: *Clinical Journal of Sport Medicine*



Treatment of Primary Acute Patellar Dislocation: Systematic Review and Quantitative Synthesis of the Literature

Purpose: The aim of this study was to evaluate clinical outcomes, rate of redislocation, and complications after conservative or surgical procedures used to treat primary acute patellar dislocation.

Methods: A comprehensive search of PubMed, Medline, CINAHL, Cochrane, Embase, and Google Scholar databases using various combinations of the keywords "patella," "dislocation," "treatment," "acute," "primary" was performed. The following data were extracted: demographics, chondral defects and soft tissue lesions, outcome measurements, type of management, recurrence of instability, and complications.

Results: A total of 2134 knees in 2086 patients were included, with an average age at dislocation of 20.3 years. The average Kujula score was 75.6 for patients treated conservatively and 88.7 for patients undergoing surgical treatment in the short-medium follow-up (less than 5 years); the average Kujula score was 87.5 for patients treated conservatively and 86.6 for patients undergoing surgical treatment in the long-term follow-up (more than 5 years). The rate of recurrence was significantly lower in the surgical group (25%) than in the conservative group (36.4%). The overall complication rate was 6.5% (29 of 441 knees) in the surgical management group. No complications were reported for patients treated conservatively.

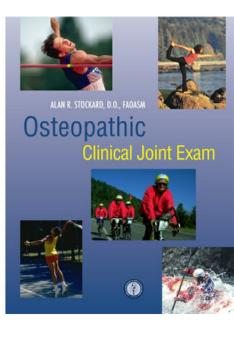
Conclusions: Surgical treatment of primary acute patellar dislocation leads to significantly lower rate of redislocation and provides better short-medium clinical outcomes, whereas in the long-term follow-up, results of patients treated conservatively were as good as those of surgical patients. Further randomized controlled trials, describing anatomical abnormalities and soft-tissue integrity that may influence the choice of treatment, are needed.

Level of Evidence: Systematic review, level IV. [Read more...](#)

Journal Article Spotlight: *British Journal of Sports Medicine*

Return to play after hamstring injuries in football (soccer): A worldwide Delphi procedure regarding definition, medical criteria and decision making

There are three major questions about return to play (RTP) after hamstring injuries: How should RTP be defined? Which medical criteria should support the RTP decision? And who should make the RTP decision? The study aimed to provide a clear RTP definition and medical criteria for RTP and to clarify RTP consultation and responsibilities after hamstring injury. The study used the Delphi procedure. The results of a systematic review were used as a starting point for the Delphi procedure. Fifty-eight experts in the field of hamstring injury management selected by 28 FIFA Medical Centres of Excellence worldwide participated. Each Delphi round consisted of a questionnaire, an analysis and an anonymised feedback report. After four Delphi rounds, with more than 83% response for each round, consensus was achieved that RTP should be defined as 'the moment a player has received criteria-based clearance and is mentally ready for full availability for match selection and/or full training'. The experts reached consensus on the following criteria to support the RTP decision: medical staff clearance, absence of pain on palpation, absence of pain during strength and flexibility testing, absence of pain during/after functional testing, similar hamstring flexibility, performance on field testing, and psychological readiness. It was also agreed that RTP decisions should be based on shared decision-making, primarily via consultation with the athlete, sports physician, physiotherapist, fitness trainer and team coach. The consensus regarding aspects of RTP should provide clarity and facilitate the assessment of when RTP is appropriate after hamstring injury, so as to avoid or reduce the risk of injury recurrence because of a premature RTP. [Read more...](#)



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