

# sports medicine

JANUARY/FEBRUARY 2015

UPDATE

## ACL INJURIES

IN SKIERS

**TEAM PHYSICIAN XS & OS**  
**Return to Sport After  
ACL Reconstruction**

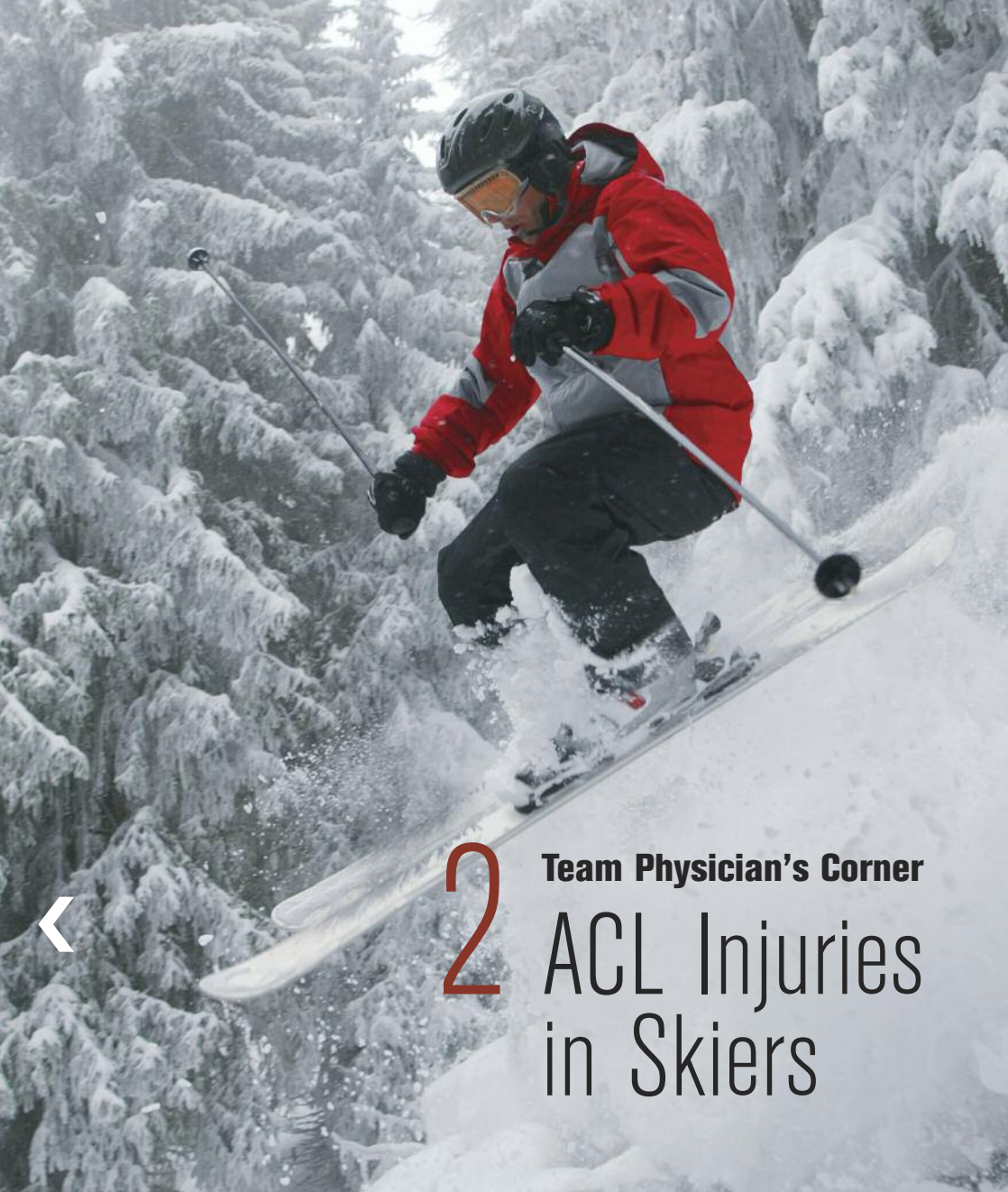
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# 2 Team Physician's Corner ACL Injuries in Skiers

## CONTENTS JANUARY/FEBRUARY 2015

### 1 From the President

### 5 Team Physician Xs and Os Return to Sport After ACL Reconstruction

### 6 STOP Sports Injuries #SportsSafety

### 7 Society News Nominate a Mentor for the Hall of Fame Names in the News

### 8 Research News

### 9 Traveling Fellows Go to Europe

### 11 Washington Update

### 12 Upcoming Meetings & Courses



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**SPORTS MEDICINE UPDATE** is a bimonthly publication of the American Orthopaedic Society for Sports Medicine (AOSSM). The American Orthopaedic Society for Sports Medicine—a world leader in sports medicine education, research, communication, and fellowship—is a national organization of orthopaedic sports medicine specialists, including national and international sports medicine leaders. AOSSM works closely with many other sports medicine specialists and clinicians, including family physicians, emergency physicians, pediatricians, athletic trainers, and physical therapists, to improve the identification, prevention, treatment, and rehabilitation of sports injuries.

This newsletter is also available on the Society's website at [www.sportsmed.org](http://www.sportsmed.org).

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## FROM THE PRESIDENT



Permit me in this column to be a bit more flowery with the written word. This is really a very exciting and challenging time for our organization. When I look back 18 years ago and see how we've grown from about 700 members to more than 3,000 today, and the different changes, and challenges we face, I literally have to take a breath.

One of the enormous changes being implemented recently was the move to our new building. It is difficult to grasp how rapid things have moved from putting a shovel in the ground to moving into this spectacular new structure in only 15 months! This will be the home for us, AAOS, and many of our subspecialty colleagues for many years to come, not to mention the new Orthopaedic Learning Center that will facilitate learning as never before experienced by our members, with tremendous flexibility and efficiency. Another item worth mentioning is that none of this is possible without the tremendous work ethic and effort of our staff. As president, I have the opportunity to interact with other organizations and our staff led by Irv Bomberger and Camille Petrick have no peers in this regard. I cannot express enough gratitude for their unfailing loyalty and commitment to making our Society the premier subspecialty organization.

As many of you know, although the Board's primary mission is to oversee the implementation of the best sports medicine education curriculum, there are increasing demands for the Board's input, policy development, and representation in the actual practice of our subspecialty. The Society's continued devotion to establishing performance standards which are workable for everyone is critical. This AAOS directive will allow us to be reimbursed based on our ability collectively and individually to demonstrate tangible performance criteria. Further, this will segue to the concept of value based care that again third party payors and the federal government will reimburse us for. Our efforts are not being performed in a silo. Recently, we have communicated with members of the American Shoulder and Elbow Society and the Arthroscopy Association of North America to develop a more unified set of standards and outcomes especially with the many areas we share in patient treatment. We plan to meet as a group to establish performance measures that everyone can live with, while demonstrating the high level of care we provide.

The other item I wanted to briefly mention is the role many of us provide as team physicians. There have been several concrete scenarios that threaten our ability to care for our athletes. One is the travel of our members as team physicians into states in which they do not hold a license and the reality that the letter of the law does not allow us to care for our own athletes. Under Chris Kaeding's guidance and initiative, the Council of Delegates and the Committee on Legislative and Regulatory Affairs have helped draft bills and introduce discussions at the federal and state levels that will accommodate the traveling team physician so he/she is not at risk. The other item with regard to team physician coverage is the traditional carrying of medications, specifically Class II pain medication, across state lines and dispensing these on rare but necessary occasion to our injured athletes without prescription. As many of you know, the recent investigations by the DEA of NFL team planes underscores the need for guidance and policy development so our members, many who volunteer their services, are not being put at further risk. The Society's newly formed Team Physician Committee, chaired by Tim Hosea, is actively working with legal counsel to provide guidance to members in these critical areas.

Switching gears, the Annual Meeting Program Committee has been working diligently to bring together a program for this year's upcoming meeting in Orlando that will truly be a unique educational experience. The ability to have three concurrent sessions for three days will provide a rich didactic experience. The surgical demonstrations and Instructional Course lectures will enhance a full innovative science program that is being developed from more than 440 abstract submissions. I encourage everyone to set aside time and make arrangements for the meeting!

Bob Arciero, MD



# ACL Injuries in Skiers

BY ROBERT BROPHY, MD

For many, the approach of winter brings the excitement of returning to the slopes for downhill skiing. Unfortunately, that also means a risk of injuring the anterior cruciate ligament (ACL) in the knee. Alpine, or downhill, skiing has a long association with ACL injury and treatment.



ACL injuries have been shown to make up a sizable proportion of all ski injuries, with a stable or even increasing prevalence over the last several decades.<sup>4, 9, 17</sup> These injuries strike skiers of all levels and ages and both sexes, with conflicting data on whether males or females have a higher rate of injury.<sup>2, 11, 15, 16</sup> A number of studies have demonstrated no sex based difference in the rate of ACL tears among elite Alpine skiers.<sup>2, 11, 16</sup>

ACL injuries most often occur while skiing through a forward, twisting fall, often via the “slip-catch” mechanism.<sup>1</sup> In the slip-catch mechanism, the inner edge of the outer ski catches the snow during a turn, forcing the knee into valgus and the tibia into internal rotation.<sup>3</sup> Other mechanisms of injury include landing back weighted and the dynamic snow plow.<sup>1</sup> The loading pattern of the knee in the dynamic snowplow is similar to the slip-catch mechanism, with internal rotation and valgus of the knee.<sup>1</sup> Poor conditions have been shown to be associated with a higher risk of ACL injury for novice and experienced skiers alike.<sup>7, 12</sup> Skiers have been shown to have approximately double the risk for ACL tears if either parent has a history of this injury.<sup>9</sup> Also, the risk for ACL tear has been shown to vary in association with the menstrual cycle for female skiers, with higher risk in the preovulatory phase.<sup>4, 17, 19</sup> Female recreational skiers have also been shown to be at greater risk for on-contact ACL tears on their non-dominant lower extremity.<sup>13</sup>

While there is limited evidence that a subset of recreational skiers may be able to return to skiing without surgery,<sup>6</sup> patients are usually treated with ACL reconstruction after tearing their ACL, especially if they want to return to the slopes. Autograft is likely preferable over allograft for skiers as in other active patients.<sup>8</sup> Upon return to skiing after ACL reconstruction, there is an elevated risk for re-tearing the graft.<sup>10</sup> In one series,



hamstring autografts were more likely to re-tear in skiers than bone-patella tendon-bone autografts.<sup>10</sup> Fortunately, there is some evidence that functional bracing reduces the risk of subsequent knee injury in skiers with a history of previous ACL reconstruction.<sup>14</sup>

Considerable effort has gone into efforts to reduce the risk of ACL injury among skiers. Bindings designed to reduce the risk of leg and ankle injuries have paradoxically been associated with an increased risk of ACL injury.<sup>4, 9</sup> While at least one study demonstrated that targeted training can reduce the risk of ACL injury in skiers,<sup>5</sup> there is little data on the

effectiveness of ACL injury prevention programs for this population, which could likely benefit from programs similar to those applied in other sports. Athletes returning to skiing after ACL reconstruction may have the most to gain from prevention efforts.

In summary, skiers are at risk for ACL injury on the slopes. Poor conditions are associated with a higher risk of injury and ACL tears are often treated with surgical reconstruction of the ligament. More effort should be focused on identifying modifiable risk factors for ACL injury among skiers, particularly in skiers with a history of previous ACL reconstruction.





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## The Role of Functional Sports Assessment in the Return to Sport After ACL Reconstruction

T. Sean Lynch MD, Brian J. Cole, MD, and Christopher S. Ahmad, MD

While anterior cruciate ligament (ACL) reconstruction in injured athletes who desire a return to cutting and pivoting sports has become the standard of care, consensus regarding criteria for return to play is unfortunately lacking. The criteria for return to play is heavily debated and not as simple as following a timeline after surgery. An athlete's safe return requires sophisticated assessment of strength, endurance, and neuromuscular control.

Neuromuscular deficits are common to those athletes who sustain an ACL injury and undergo ACL reconstruction. Data from the MOON ACL study group suggests that ACL failure rates of the contralateral and reconstructed knees are both 3 percent at 2 years after surgery.<sup>1</sup> In a systematic review with a minimum of 5-year follow-up after reconstruction, this risk increases to 11.8 percent for the contralateral knee and 5.8 percent for the reconstructed knee.<sup>2</sup> As one would expect, the outcomes after a second ACL injury and subsequent ligament reconstruction are far less favorable,<sup>3</sup> therefore, re-injury prevention by minimizing neuromuscular discrepancies should be the priority of the rehabilitation course.

The pressures that an athlete might experience from coaches, parents, and/or teammates can further complicate the ideal timing of return to sport. It is noteworthy

to physicians and therapists that research indicates that only half of the athletes who undergo reconstruction return to athletics within the first year of surgery.<sup>4</sup> Sharing this information and managing realistic expectations with all stakeholders will reduce "return-to-play stress" and decrease the chance of re-injury.

Criteria for return to sport is complex and therefore no single test can determine an athlete's readiness to return. Our current practice is to include a battery of clinical measures that include: pain level, patient's confidence with their knee, range of motion, core and lower extremity strength and endurance, and patient-reported outcome scores.

In addition to these measurements, assessment of neuromuscular control is essential to determine an athlete's preparedness to return to sport. This can be evaluated with a specialized Functional Sports Assessment that requires the athlete to perform real game-like activities that measure agility, endurance, strength, and stability. Specific tests include: hop tests, box jumps, as well as maneuvers requiring lateral movement, acceleration, and deceleration. This assessment is videotaped and analyzed for ideal form and deviations in lower extremity alignment. Any deficiencies are then corrected with guided rehabilitation

prior to return to play. When used in conjunction with objective measures, we feel that the Functional Sports Assessment helps the physician and the therapist determine the patient's progress and provides the athlete with safest return to play following ACL reconstruction.



### Submit Your Team Physician Xs & Os for the AOSSM Team Physician Bag

*Sports Medicine Update* is looking for your tools and tips for the team physician. Please submit your pearls of wisdom to Lisa Weisenberger at [lisa@aossm.org](mailto:lisa@aossm.org). Items can be clinical, rehabilitation, or on field-strategies for success. Please include images when possible.

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## GO SOCIAL for Sports Safety

STOP Sports Injuries hosts monthly tweet chats to provide a forum for discussing youth sports safety concerns—with topics ranging from common injuries to prevention plans and tips. These hour-long sessions draw a broad audience, including athletes, parents, and coaches, as well as health professionals from varying fields who are charged with the care of injured athletes.

Join the Twitter conversation Wednesday, January 14 (and every second Wednesday of the month) at 9 PM ET / 8 PM CT under the #SportsSafety hashtag. Just a simple tweet can help keep athletes in the game!



### Welcome to Our New Collaborating Organizations!

Thank you to the newest STOP Sports Injuries collaborating organizations for their commitment to keeping young athletes safe. Interested in having your practice or institution listed in the next *SMU*? Head over to [www.STOPSportsInjuries.org](http://www.STOPSportsInjuries.org) and click "Join Our Team" to submit an application!

#### Sports Medicine Practices

**Axiom Physical Therapy & Occupational Therapy**  
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#### Sports and Recreation Organizations

**iCoachHitting.com**  
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## Nominate a Mentor for the Hall of Fame

Do you know someone who deserves to be put into the AOSSM Hall of Fame? Submit your nomination by January 15, 2015, at [www.sportsmed.org/apps/HallofFame](http://www.sportsmed.org/apps/HallofFame). Questions? Contact Camille Petrick at [Camille@aossm.org](mailto:Camille@aossm.org).



## TELL US WHAT YOU DO

*Sports Medicine Update* is looking for individuals to highlight the various activities, teams, and work our members do every day in their local communities and institutions. Whether you've been practicing sports medicine for 40 years or just five, or know someone who is performing some amazing feats caring for athletes of all levels and ages, we'd love to hear about it! Please forward your story or your colleague's to Lisa Weisenberger at [lisa@aossm.org](mailto:lisa@aossm.org).

### Join the Conversation

Stay in the know on all the Society happenings and recent articles by liking or following our social media sites:

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## Join an AOSSM Committee

Are you looking to become more involved in the Society? Join a committee! Submit your



qualifications online at [www.sportsmed.org](http://www.sportsmed.org). Deadline for submissions is February 2, 2015. Committee selections will be made in April and members notified of their selection in May. Questions? Contact Camille Petrick at [Camille@aossm.org](mailto:Camille@aossm.org).

## New Nominating Committee Members

Congratulations to the following individuals voted by membership as the 2014–2015 Nominating Committee:

Christopher Harner, MD, Chair  
 Mary Lloyd Ireland, MD  
 Augustus D. Mazzocca, MD, MS  
 Felix H. (Buddy) Savoie, III, MD  
 Marc R. Safran, MD  
 Jo Hannafin, MD, PhD, Past Chair (non-voting Ex-Officio)



## AOSSM MOVED

We are now in our new space with a new address at 9400 W. Higgins Road, Suite 300, Rosemont, IL 60018. All phone numbers and e-mail addresses remain the same. Thanks for your patience during the transition.



## NAMES IN THE NEWS

### DeHaven Inducted

Congratulations to AOSSM Past President and Hall of Famer, **Ken DeHaven, MD**, on his recent induction into the Ivy League Football Association Hall of Fame. Every other year each of the eight Ivies names one of its former players who have become distinguished leaders in their life following football—be it business, government, sports, law, medicine, religion, academia, the arts, etc. Dr. DeHaven is the eighth honoree from Dartmouth College.

### Hodge Named New Director of Education



AOSSM would like to welcome our newest staff member and Director of Education, **Heather Hodge**. Heather has more than 10 years of experience in continuing medical education, most recently as the Director of Education at the Congress of Neurological Surgeons. Previously, she was education manager at the American Society of Anesthesiologists and the American Association of Neurological Surgeons. Heather's education experience includes didactic meetings and courses, skills education, enduring education, self assessment, webinars, learning management systems, and graduate medical education. She also has been directly involved with several ACCME re-accreditations.

After graduating from Indiana University (Telecommunications and History), she worked as Director of Conferences at Vanderbilt University and Director of Public Health Programs at Texas Medical Association before moving back to the Chicago area. She is currently completing coursework for her MEd in Adult Education and Training at Colorado State University.

### Got News We Could Use? **Sports Medicine Update** Wants to Hear from You!

Have you received a prestigious award recently? A new academic appointment? Been named a team physician? AOSSM wants to hear from you! **Sports Medicine Update** welcomes all members' news items. Send information to Lisa Weisenberger at [lisa@aossm.org](mailto:lisa@aossm.org). High resolution (300 dpi) photos are always welcomed.



## RESEARCH NEWS

### OA Grant Deadline Approaching

The deadline for the AOSSM/Sanofi Biosurgery Osteoarthritis (OA) Grant is January 15, 2015. The \$50,000 grant funds investigations related to early OA and/or the prevention of OA progression, including either a clinical research study or a lab/basic science project. Proposed studies need not relate specifically to sports injuries and should also have broad applicability to OA in the general population. Projects involving viscosupplementation will not be considered. For more information and to apply visit: [www.sportsmed.org/researchgrants](http://www.sportsmed.org/researchgrants).

### USBJI Grant Funding Available

The United States Bone and Joint Initiative (USBJI) and Bone and Joint Canada are dedicated to raising public awareness and to increasing research of musculoskeletal diseases. Research in the musculoskeletal diseases performed by young investigators is not keeping pace with the increasing burden of these diseases. In response, the Young Investigator Initiative is a career development and grant mentoring program providing early-career investigators an opportunity to work with experienced researchers to assist them in securing funding and other survival skills required for pursuing an academic career.

This career development and grant mentoring program is open to promising junior faculty, senior fellows, or post-doctoral researchers nominated by their department or division chairs. It is also open to senior fellows or residents who are doing research and have a faculty appointment in place or confirmed. Basic and clinical investigators, without or with training awards, are invited to apply. Investigators selected to take part in the program attend two workshops, 12 to 18 months apart, and work with faculty between workshops to develop their grant applications. The next workshop is scheduled to take place April 24–26, 2015, in Rosemont, Illinois. The unique aspect of this program is the opportunity for attendees to maintain a relationship with a mentor until their application is funded. To apply please visit [www.usbj.org/programs/yii/call-for-applications](http://www.usbj.org/programs/yii/call-for-applications).

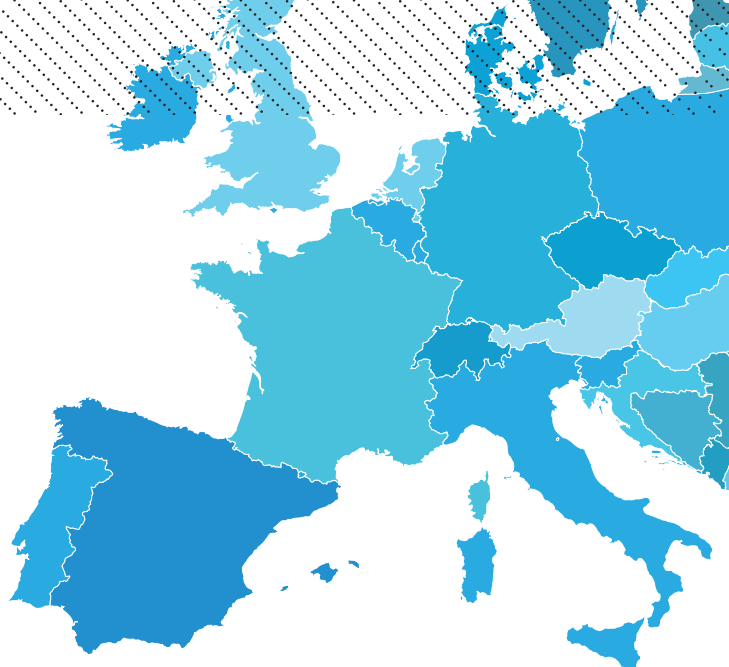




# 2014 AOSSM-ESSKA Traveling Fellows Building Bridges Overseas

Frank Petrigliano, MD, Los Angeles, California

Since 1986, the AOSSM-ESSKA Traveling Fellowship has provided young members of the AOSSM an opportunity to travel around the world to develop professional relationships and see a different perspective on the management of common sports medicine injuries.



The 2014 tour unofficially began at the AAOS meeting in Chicago where the first godmother of the European tour, Dr. Elizabeth Arendt of the University of Minnesota, met with us and described our incredible itinerary. The tour participants immediately discovered that we had a great deal in common. Stephen Brockmeier (University of Virginia), David Flanigan (The Ohio State University), Frank Petrigliano (UCLA), and Dr. Arendt are all collegiate team physicians, and Frank and Stephen were both sports medicine and shoulder surgery fellows at the Hospital for Special Surgery.

## Lyon, France

The three traveling fellows made the transatlantic journey together and arrived in Lyon to the exuberant greetings of Drs. David Dejour, Sebastien Lustig, and Guillaume Demey. After the arrival of our godmother, we walked the charming city of Lyon and met Dr. Nicolas Bonin for drinks and a seafood dinner, including our first night of wine before, during, and after dinner. This pattern was to continue throughout our travels. The next morning we had an enlightening scientific exchange at the Centre Orthopedique Paul Santy where Dr. Pierre Chambat described the history of the Lyon School of Knee Surgery. Following the educational session,

Dr. Dejour hosted a “sheep barbeque” at his family farmhouse where our hosts shared memories of their time in the US as traveling fellows on the ESSKA exchange (thankfully no sheep were hurt).

The following day was spent at the Clinique de la Sauvegarde where we observed many surgeries, including a trochleoplasty, MPFL reconstruction, tibial tubercle osteotomy, and hamstring ACL reconstruction with an extraarticular lateral augmentation. The following day was spent with Dr. Elvire Servien at the Hopital de la Croix-Rousse where we observed a BTB ACL reconstruction using a press-fit femoral bone plug and an HTO, followed by an oyster lunch at Les Halles, the famous open market in Lyon. The evening was highlighted by a splendid dinner at the Michelin three-star restaurant Bourse, which included a private tour of the kitchen and wine cellar. The following day was spent at Hopital Mermoz with Dr. Sonnery-Cottet and colleagues where we observed an ACL reconstruction with a lateral tenodesis and an all-inside meniscal repair utilizing a posteromedial portal.

## Geneva, Switzerland

We traveled from Lyon via high-speed train to Geneva where we were greeted by our energetic host Dr. Jacques Menetrey. After the excess of Lyon, we enjoyed a light

dinner with Jacques and Dr. Vitoria Duthon. The following day included a visit to the Red Cross Museum and the HUG-Cressy Olympic Center where the fellows were humbled by the results of our VO2 max testing! The evening was spent with Dr. Daniel Fritschy, a former ESSKA godfather, on Lake Geneva where we enjoyed the local lake trout and a few bottles of wonderful Swiss wine. The next day we visited the OR where Dr. Menetrey performed a meticulous MCL repair and ACL-PLC reconstruction with technical ease.

For our last day in Geneva, we were VIP guests with IAM cycling for the Tour De Romandie World Tour Professional Cycling Race. We were able to be a part of all aspects of the race: preparation, on-course nutrition, and VIP tent fanfare. Our day was complete when we sampled a variety of local fondue in the mountainside town of Gruyere.

## Paris, France

Our stay in Paris began with lunch on the Champs-Elysees and a leisurely boat tour down the Seine hosted by Dr. Patrick Djian. The academic session at the Hôpital Ambroise Paré was highlighted by a spirited discussion between Dr. Phillippe Hardy and Dr. Stephen Brockmeier regarding the relative merits of biceps tenotomy versus tenodesis. The following morning we met



Dr. Phillipe Beaufile at the University of Versailles where we watched an open meniscal repair and discussed his approach to trochleoplasty and patellofemoral surgery. That afternoon was highlighted by a personal tour of Versailles with Dr. Beaufile and lunch with his wife in their lovely home in the city. The following day was spent in the OR with Dr. Djian where we observed three ACL surgeries with three different grafts: quadriceps tendon, hamstring, and BTB.

### Milan, Italy

Drs. Matteo Denti and Pietro Randelli greeted us in Milan where we had a wonderful meal at Dr. Randelli's home. The next day was spent at the Policlinico San Donato IRCCS Hospital. Dr. Denti performed a total knee replacement utilizing a novel accelerometer-based navigation system, while Dr. Randelli demonstrated his approach to a coracoid transfer and an arthroscopic transosseous rotator cuff repair. The academic exchange was a fantastic educational event for all and included residents, physical therapy students, and orthopaedists. The highlight lectures included a great presentation by Dr. Elizabetha Kon from Bologna who provided an update on novel matrix-based cartilage repair technologies that have demonstrated very promising early clinical results in Europe, and a sneak preview of a highlight ESSKA paper by Dr. Randelli and his student.

The next day we boarded a private water taxi for a tour of Lake Como with the Randelli family. We stopped at the lakeside village of Bellagio, enjoyed a meal of the local lake trout for lunch, and then were

treated to a personal bird's eye view of the lake and Alps on a single-engine float plane. The evening was highlighted by a sumptuous northern Italian meal at a rustic restaurant where we ate and laughed with our Italian hosts and their residents over hand-made pasta and spit-roasted steaks!

The following morning Dr. Randelli took us on a tour of downtown Milan where we had a small group viewing of Leonardo Da Vinci's *The Last Supper* and visited the Teatro alla Scala, the oldest opera house in Italy. Before we departed, Dr. Randelli also insisted that we stimulate the Italian economy by purchasing some fine leather goods and scarves for our spouses on the Via Montenapoleone.

### Oslo, Norway

We arrived in Oslo to a warm welcome by Dr. Lars Engebretsen. Lars and his wife, Brit, hosted us at his home and shared a number of stories with us of his time with Dr. Arendt at the University of Minnesota. Dr. Engebretsen arranged for us to stay at the Norwegian Olympic training center where we were impressed and humbled by the world-class facilities, staff, and athletes. The first day was spent with Lars touring the beautiful city of Oslo, where we visited the Holmenkollen Ski Museum and the Vigelandspark sculpture park. Over the ensuing two days we were given a unique insight into the Norwegian approach to sports science, including lectures by Drs. May Arna Risberg and Roald Bahr who provided us with an overview of the ACL and cartilage registry. We also learned of a very practical project in which the Norwegian Olympic athletes utilize a smart phone based application to track chronic

overuse injuries with the aim of focusing attention on the most prevalent injuries to develop prevention programs. We ended our journey with a great dinner oceanside with Norwegian fish and more wine.

### Amsterdam, Netherlands

Our last stop was at the ESSKA Congress in Amsterdam where we were reunited with our spouses. It was a great opportunity to share our incredible journey with our families. We took a channel tour, visited the museums, and reunited with many of our European hosts. The ESSKA Presidential Gala at the Dutch Maritime Museum concluded our trip and included a performance by the national ballet company and an original jazz composition *Loose Bodies* followed by dining and dancing late into the night. We were also excited to see some familiar faces when we were joined by current AOSSM president Dr. Jo Hannafin and past presidents Drs. Freddie Fu, Christopher Harner, and Peter Indelicato. At the ESSKA meeting, Dr. Brockmeier provided the membership with a great recap of our journey and the friends we had made along the way.

As we boarded our planes to return home we were able to reflect on this amazing journey. It was four weeks of surgical and scientific learning, international travel, photographs, laughter, and friendship. We would like to thank AOSSM, ESSKA, our hosts and our godmother, as well as DJO Global, for making this once in a lifetime experience possible.





# Washington Update

By Jamie A. Gregorian, Esq., AAOS Senior Manager, Government Relations & Specialties



## Budget Passes

Despite spirited opposition from both conservative and liberal members, the House and Senate passed a \$1 trillion-plus funding bill that will keep the government open. Even private industry got into the fray in the hours before passage, as JPMorgan Chase CEO Jamie Dimon was making calls in support of passage. Failure to pass the bill would have resulted in a government shutdown on December 12.

Liberals were outraged that the so-called “CRomnibus” included a provision that kills planned restrictions on derivatives trading by large banks, one of the pillars of the Dodd-Frank banking reforms. They also voiced strong opposition to the removal of a provision that allows a massive increase in individual contributions to national political parties for federal elections, potentially up to \$777,600 a year.

Conservatives were equally angry over the failure of the bill’s drafters to sufficiently defund any efforts by the Obama administration to protect up to 5 million undocumented immigrants from deportation.

## Upton Presses for “21st Century Cures” Bill Vote by Memorial Day

On November 21, Rep. Fred Upton (R-MI) told patient and pharmaceutical groups that he hopes to see a House floor vote on the long-anticipated “21st Century Cures” bill before Memorial Day and on the President’s desk by the end of 2015. The Energy and Commerce Committee chairman and Rep. Diana DeGette (D-CO) have been holding hearings all year on the discovery, development, and delivery of new cures and treatments. Reps. Upton

and DeGette plan to release a legislative discussion draft in January addressing six areas of reform: integrating patients’ perspectives into the regulatory process, modernizing clinical trials, fostering the future of science, investing in advancing research, incentivizing the development of new drugs and devices for unmet medical needs, and supporting digital medicine.

## Device Tax Repeal

A growing number of Members of Congress expect the 114th Congress to repeal the medical device tax imposed under the Affordable Care Act (ACA). The 2.3 percent excise tax went into effect in 2013 and has been one of the few aspects of the ACA with bipartisan opposition. The medical device industry has aggressively pushed for the device tax’s repeal, saying it hinders job creation, reduces medical innovation, and increases health care costs.

The medical device trade associations have detailed the impact of the tax on their industry since it went into effect at the beginning of 2013. An AdvaMed survey reported job reductions of 14,000 and canceled hiring of 19,000. The Medical Device Manufacturers Association, which represents smaller companies, surveyed 150 members and found two-thirds of respondents were either cutting jobs or moving them outside of the US, and 47 percent of respondents said that they were cutting their R&D budgets. House Speaker John Boehner (R-OH) and the Senate’s incoming Majority Leader Mitch McConnell (R-KY) have made repealing the tax a top priority for the new Congress, which will take office in January. In his post-election news

conference, McConnell declared that the tax has “exported enormous numbers of jobs” and should be abolished.

## KFF Poll Reveals Trends in Advance of ACA Open Enrollment

According to the latest Kaiser Family Foundation tracking poll, 24 percent of consumers who plan to remain uninsured don’t think they will be able to find an affordable plan. About 50 percent of uninsured consumers participating in the poll said they expect to obtain health insurance during the open enrollment period, which started on November 15, and 70 percent reported health insurance is a necessity. Forty-one percent of participants said they think they will remain uninsured and 10 percent were undecided.

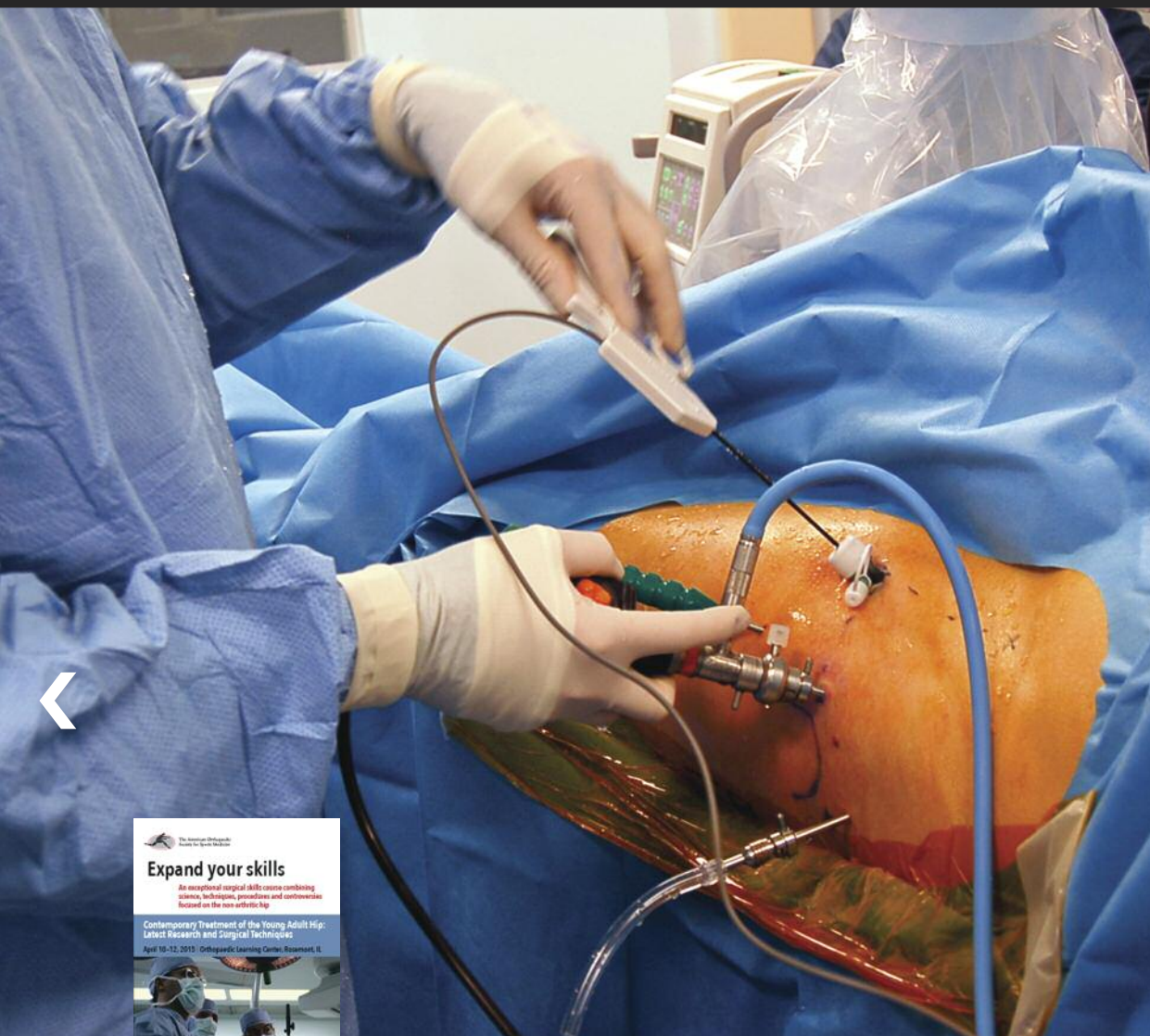
## House GOP Files Lawsuit over Health Law

House Republicans have filed a lawsuit against the Obama Administration alleging that the way in which the White House implemented the health law violates the Constitution. Filed in federal court in Washington, D.C., the lawsuit escalates a brewing battle between GOP lawmakers and the White House over separation of powers. The complaint cites two specific actions by the Obama Administration regarding the implementation of the health care law. The first zeroes in on the decision to delay for one year the requirement that employers with more than 50 employees provide health care coverage or pay penalties. The second maintains it was illegal for the Treasury Department to transfer billions of dollars that Congress has not approved to insurance companies to share the costs of providing new health plans.



# UPCOMING MEETINGS & COURSES

For information and to register, visit [www.sportsmed.org/meetings](http://www.sportsmed.org/meetings).



## Expand Your Hip Surgical Skills

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If hip arthroscopy is an important part of your practice, AOSSM's upcoming course **Contemporary Treatment of the Young Adult Hip: Latest Research and Surgical Techniques**, April 10–12, 2015, will help sharpen your skills. To be held in the new Orthopaedic Learning Center in Rosemont, Illinois, course Co-Chairs, J. W. Thomas Byrd, MD, and Shane Nho, MD, have assembled a faculty of more than 20 sports medicine specialists to provide you with personalized instruction in a hands-on, cadaveric lab experience.

*Space is limited. To register and view the Preliminary Program visit [www.sportsmed.org/hipsurgicalsills](http://www.sportsmed.org/hipsurgicalsills). Deadline for registration is March 25, 2015.*

### **AOSSM 2014 Specialty Day**

March 28, 2015  
Las Vegas, Nevada  
Register at [www.aaos.org](http://www.aaos.org)

### **16th Annual AAOS/AOSSM Sports Medicine Course: Elite Athletes to Weekend Warriors**

February 25–March 1, 2015  
Park City, Utah  
Register at [www.aaos.org](http://www.aaos.org)

### **Contemporary Treatment of the Young Adult Hip: Latest Research & Surgical Techniques**

April 10–12, 2015  
Rosemont, Illinois

### **AOSSM 2015 Annual Meeting**

July 9–12, 2015  
Orlando, Florida

### **AOSSM/AAOS Review Course for Subspecialty Certification in Orthopaedic Sports Medicine**

August 14–16, 2015  
Chicago, Illinois

### **Keep Your Edge: Hockey Sports Medicine in 2015**

August 28–30, 2015  
Toronto, Ontario, Canada

### **Consensus and Controversy: Advanced Techniques for the Athlete's Shoulder**

October 23–25, 2015  
Orthopaedic Learning Center  
Rosemont, Illinois



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## SPORTS MEDICINE UPDATE

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