AMSSM Members Gain Global Perspective at International Events

This summer, several AMSSM members added some memorable chapters to their sports medicine careers by participating in the world-renowned Tour de France and Olympic and Paralympic Games. Some of them shared their personal experiences and reflected on what it meant to be an important part in some of the premier international competitions.

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Issues in Sports Medicine: PRO & CON

PRO: Overhead Throwing Injuries – Overuse versus Biomechanics in Adolescents. Overuse is the Main Culprit

By Jason L. Zaremski, MD, CAQSM, FACSM

There are more than four million baseball players aged 6-12 in the United States as of 2014 and more than 1.7 million overhead sports participants in the 2014-2015 year alone. The incidence of shoulder and/or elbow pain has been reported to range from 13% to 45% in one season at the youth and adolescent levels. If solely looking at the ulnar collateral ligament (UCL, aka the Tommy John Ligament), UCL injury and resulting surgical reconstruction

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CON: Overhead Throwing Injuries – Overuse versus Biomechanics in Adolescents. Teach a Kid to Throw

By Kate Berz, DO, FACOP, FAOASM and Jason Hugentobler, PT, DPT, SCS, CSCS

Baseball is one of the most popular US high school sports for male athletes. Considered one of the more complex and demanding movements in sport, the baseball throw has a joint velocity of greater than 6,000 degrees per second which is among the fastest in sports. It is no surprise that the shoulder is one of the most commonly injured body parts in baseball, accounting for 17.6% of injuries. In addition, 29.2% of youth baseball players reported elbow pain in a 2012 study and 50%

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**AMSSM NEWS**

**AMSSM MEMBERS GAIN GLOBAL PERSPECTIVE**

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**Erik Brand, MD**

*(Olympic Games, Rowing Course)*

At my first Olympics, I volunteered in the parking lot. I spent 10, nine-hour shifts on a freezing Whistler mountainside in Canada, just to earn my accreditation to shadow Dr. Brian Krabak for one hour in the Olympic Village Polyclinic. Crazy? Perhaps. And totally worth it. He taught me about high ankle sprains on an Olympic competitor.

And I was hooked. London was no easier. It took three years and a 1,500 page application to become a fully registered UK physician. Again, crazy, but worth it. This time, I got to be a doctor.

I was stationed in the Olympic Village Polyclinic for two weeks and farmed out to judo, wrestling, taekwondo and badminton. I loved learning from our international colleagues and gaining confidence in my own training. Thank you to Brian, Joanne, Kelly, Sam and everyone who helped shape me. Once the Olympic doctors became comfortable with this newbie, I was able to cadge a three-week Paralympic stint including my Mecca — rowing.

Why the Olympics? I was never good enough to row there. But I trained side-by-side for six years with some of the best in the world at Oxford and University of Washington, so it was hard not to get infected with the spirit. Though my athletic skill wouldn’t take me there, where there’s a will, there’s a way.

My family didn’t want me in Rio. My pregnant fiancé had fears about Zika virus, and it was hard not to get swept up in the hype about dirty water. But I did my homework.

The GI illness rate among rowers in Rio at Junior Worlds in 2015 was actually lower than that in Germany the year prior. The chances of contracting Zika were less than 1 in 100,000. Plus it was winter, so there were few mosquitos and the main Zika epicenter was further north, not in urban Rio.

After presenting this data, along with a bell curve showing there was a less than one percent chance of our baby coming at week 35, I was reluctantly allowed to go (as early as possible for as short as possible). That’s how I finally met my goal of making it to Olympic rowing — as a doctor.

Rio was full of some of the friendliest and most helpful locals I’ve met — from my airplane seatmate who steered me away from the expensive cash exchange to the flamenco dancer who befriended me when I was lost on the bus, traveling to a dangerous town outside Rio. I’m now Facebook friends with Dudi, the long-haired dude who helped me navigate home.

When I got to the rowing lagoon, I felt a little ridiculous, covered from head to toe in permethrin and DEET. No one else seemed concerned about Zika except the foreigners like me. I didn’t see a single mosquito my entire time there.

What I did see, however, was a city of beautiful landscapes and equally beautiful people. I unknowingly met the reigning sculling champion (in a vendor’s tent, not the clinic, HIPAA police ). Rowing is such a small community that it’s easy to meet some of the best in the business. Where else can you mention Michael in Seattle and a British unisuit vendor will know exactly whom you’re talking about?

After I returned to Seattle, Q13 FOX asked me about Zika seven times in a two-minute interview. Hey, I heard there were some athletes at the Olympics too! Thank you to every sports doc who helped fill the internet with facts, instead of fear, regarding Olympic sport. I tried again on King 5 News to spread a positive message about collegiality at the Olympics, of sport as a means of international dialogue. I spoke about Olympic pin trading, my favorite way to strike up a conversation at the Olympics.

Now back at home, safe and with a baby on the way, I’m glad I went.

Thank you, sports medicine. I’m grateful for this opportunity to serve.

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**David Kruse, MD**

*(Olympic Games, USA Gymnastics)*

Competition at the Olympic Games here in Rio has concluded the culmination of months of Olympic preparation. This was my first journey to the Olympic Games as a physician and it was a tremendous opportunity that I am extremely grateful.

As sports docs, we all understand the team approach to medical care, and I think most of us are in sports medicine because we crave that atmosphere. We all know that success is more likely when we maximize everyone’s strengths, and there is no situation where that is demonstrated

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AMSSM NEWS

AJ Monseau and Jason Crookham

Carolyn Kienstra

Bill Briner

Andrew Gregory

Jason Blackham

Naresh Rao

Lisa Callahan

Kevin deWeber

USA HOUSE

Rio 2016
AMSSM MEMBERS GAIN GLOBAL PERSPECTIVE
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more than here at the Olympic Games.

My Olympic journey actually started as an athlete. I was a gymnast on the U.S. National Team but was not able to secure a spot on an Olympic team.

Once I retired from gymnastics, I went straight to medical school, which also began my volunteerism with USA Gymnastics. I treasured the opportunity to stay involved in my sport, and it helped foster my career in sports medicine. Eventually, my role with USA Gymnastics developed into a role as a team physician and the opportunity to work side-by-side with amazing physical therapists, athletic trainers and physicians.

After our Olympic gymnastics teams were decided, I began working with the rest of our Olympic medical staff to help prepare the athletes for the Games. This has involved near-daily communication about recovery, injury prevention, nutrition and maintenance care for various chronic underlying conditions. Our role as medical staff is to give the athletes everything they need to be successful and allow them to maximize what they are doing in the gym.

After arriving in Rio and the Olympic village, we were immediately immersed in the Olympic spirit. It is hard to overstate the magnitude and impact of bringing together athletes from around the world, all working toward a common goal to be their best on the world’s biggest stage.

From a medical perspective, the Olympics brings out the best in everyone. In years past when traveling to gymnastics’ World Championships, I have worked solely with one ATC. Here at the Olympic Games, I have been fortunate to work with USA Gymnastics’ medical staff and the medical staff from the US Olympic Committee (USOC). This has allowed us to provide an extensive, multidisciplinary approach. The staff includes certified athletic trainers, physical therapists, physicians and massage therapists.

In preparing for any international competition, you try to anticipate all potential medical needs of your athletes, assuming that you will not be able to access treatment or find supplies when abroad. Even though we have the full support of the USOC here in Rio, we still came prepared for the individual needs of our own athletes. As medical staff for USA Gymnastics, we traveled to Rio with our own full supply of over-the-counter and prescription medications and additional medical supplies such as suture kits, examination tools, needles and cups, ENT supplies and taping supplies — essentially a fully stocked event medical bag to last three weeks. We also brought recovery tools such as GameReady and Normatec machines.

At the Olympic Games, the International Olympic Committee also provides a multi-disciplinary clinic located in the Olympic Village, termed the Polyclinic. This clinic provides general medical, dental and ophthalmologic specialties. It also provides X-ray, ultrasound and MRI imaging, as well as a pharmacy.

Unfortunately, the gymnastics competition in Rio saw some significant injuries, including a tibia fracture that was well-publicized. These injuries highlight the need to develop relationships with local medical staff when traveling to large international events. When arriving to training and competition venues, it is important to seek out the local medical support staff to discuss their medical protocols, supplies and emergency action plans. Every venue and country has a different approach that needs to fit into the medical demands of the Olympic Committee’s medical guidelines. Reviewing these policies and developing a working relationship with the local medical staff in Rio was a vital part of our medical preparation for the competition.

Medical care at the Olympic Games is the pinnacle of teamwork and demands a multi-disciplinary and comprehensive approach to care. It highlights the principles we uphold, even when covering our local high school football games. At the Olympic Games, we make sure that we leave no stone unturned at this heightened level of play. Go USA!

Brett Toresdahl, MD
(Olympic Games, Polyclinic)

I arrived in Rio de Janeiro the morning after the Opening Ceremonies among a small team of physicians and physical therapists from the Hospital for Special Surgery in New York. We traveled to the Rio Olympics to volunteer at the Polyclinic.

The first task was to pick up the volunteer uniform which took place at a samba school in downtown Rio de Janeiro. Clothing was handed out in a warehouse, surrounded by elaborate Carnival floats. From the city center, a 25-mile drive southwest took me past the Christ the Redeemer statue and eventually to the Barra region where the Olympic Village is located. About 10 miles further down the road is the Olympic Family Housing, where the HSS volunteers stayed. It is essentially a much smaller version of the Olympic Village and was occupied mostly by media, volunteers and a few athletes and staff.

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The Polyclinic was a multidisciplinary clinic located within the Olympic Village and was available to any athlete, coach or staff. It opened about a week before the Opening Ceremony. In the sports medicine area of the clinic, I saw a variety of athletes with both acute and chronic conditions. Many of the athletes utilizing the Polyclinic are from smaller countries that do not travel with medical staff, such as Belize, Djibouti, Rwanda, Morocco, Yemen and Tajikistan. I was faced with having to counsel athletes who have suffered injuries that prevented them from being able to compete. These conversations can be challenging with athletes in my regular office practice, so it becomes that much harder in the context of the Olympics.

Despite the extensive coverage on Zika virus in the United States, there was little talk of the virus in Rio. I didn’t have an athlete or coach ask about it and only had a handful of encounters with mosquitos myself, mostly in the evening at the Olympic Family Village. Nevertheless, I tried to follow the recommendations by wearing long sleeves/pants, frequently applying insect repellant and treating clothing with permethrin.

Now back home safely in New York, I can reflect on how fortunate I was to be able to serve the unique population of elite athletes and staff in the Rio Polyclinic. In many ways, it reminded me of my family medicine training in underserved and international clinics. In the U.S., medical care for elite athletes can at times be associated with excess and overtreatment. In contrast, many of the athletes seen in the Polyclinic came into the games with chronic injuries that had gone unaddressed due to the lack of access to quality medical care in their home countries.

I came away with tremendous admiration for these Olympians who have accomplished so much despite the disparity in medical care, which was likely just one of the many adversities they overcame along their road to the Olympics. I was humbled to have been able to support them for this brief period of time in Rio.

Kevin Sprouse, DO
(Tour de France)

With a degree in exercise science, a CAQ in Sports Medicine and a love of endurance sports, I have always wanted to work with athletes who push the limits of human performance. My practices at home and abroad focus on these athletes. For the past seven years, I’ve served as a team physician for Slipstream Sports, an organization which fields a World Tour cycling team. In cycling, the team names change as sponsors change. This year, our team is called Cannondale Drapac Pro Cycling, and 2016 marked my fourth stint at the Tour de France.

Most years, I will travel to Europe six or eight times to cover races or training camps. I’ve been able to work with the team at nearly all of the major cycling events internationally, but the Tour de France remains in its own league. The Tour is the largest annual sporting event, and it travels around France for a period of three weeks. While the logistics of such an event are quite amazing, they can cause some difficulty when providing medical care. Often, we are in remote areas with few medical resources. It can be almost like Wilderness Medicine at times. Dealing with injuries and illnesses in an alpine village, you’re left with only the resources you can carry in your medical bag. At the Tour, though, we’re fortunate to have a great race medical staff and a traveling radiology suite that accompany the event from town to town. Such resources are rarely available at other races throughout the year.

The medical issues that arise are split pretty evenly between musculoskeletal and general illness. When performing at that level for days on end, viral illnesses are difficult to avoid. Likewise, crashes can be rather dramatic. From road rash to broken hips, anything can happen when a rider hits the ground going 40+ miles per hour.

I’ve greatly enjoyed my opportunity to work in professional cycling, and the Tour de France is the pinnacle of that experience each year. As an international sport, it has also provided many occasions for my family and me to travel throughout Europe. I have assembled a bit of a non-traditional sports medicine practice, but it has been a lot of fun along the way.
**PRO: OVERHEAD THROWING INJURIES**

*Continued from page 1*

(UCL-R) has been increasing in significant numbers at all levels of play since the 1990s. Un fortunately, research indicates this trend of increasing UCL-R will likely continue, specifically in the 15-24 year-old age group, through at least 2025. The dilemma facing health care providers who care for this type of athlete is this: what can be done to decrease the volume of overuse throwing injuries?

The overwhelming majority of research has shown that overuse will lead to throwing injuries. One study revealed that the risk for developing an injury increased by 36 times in pitchers who continued playing with arm fatigue. A second study quantified the incidence of throwing injuries in youth baseball pitchers over a 10-year period on the basis of cumulative innings thrown per year. Athletes who pitched more than 100 innings in a year were 3.5 times more likely to suffer a throwing injury.

There has been recent research into the concept that cumulative, year-round overuse — by pitching in a warm weather climate compared to a cold weather climate — may also lead to an increased risk of throwing injury. Erickson et al. examined all Major League Baseball pitchers who suffered UCL rupture and subsequent reconstruction and their location of residence as youth baseball players. Their study revealed that 56% pitched in warm weather locations in high school, as opposed to 44% in cold weather locations. Zaremski et al. compared UCL-R interventions in collegiate baseball pitchers from northern versus southern NCAA Division I conferences. Data revealed a 5.5% increased risk of UCL-R in the Southeastern Conference compared to the Big Ten Conference, as well as a 6.2% increased risk of UCL-R in southern high school pitchers compared to northern high school pitchers irrespective of location of collegiate baseball participation.

Other factors associated with overuse throwing injuries are the anatomical differences with skeletally immature versus mature throwers. The growth plate, or the physis, is the weak link of the joint. When subjected to repeated stress using fatigued muscles, patients are at risk for bony avulsion injuries. Syndromes such as Little League Shoulder (LLS, aka Glenohumeral Epiphysiolysis), which typically affects throwing athletes from ages 11-16, are being diagnosed with greater frequency. Anatomically over time, the proximal humeral physis widens due to weaker developing epiphyseal plates, torque during maximum external shoulder rotation and excessive laxity in the young thrower. In addition to skeletal differences, there are physiological differences within the collagen make-up of adolescents. The amount of extremely elastic type III collagen produced in adolescents is significantly greater than in adults. This leads to excessive laxity in the shoulder capsule and its ligaments. A combination of weaker epiphyseal plates and increased laxity of supporting structures in the setting of significant forces, torque and velocity about the shoulder region, coupled with cumulative stresses from repetitive overhead throwing, leads to increased risk of injury.

Sport specialization is significantly associated with overuse throwing injuries at the youth level, as well. Playing in a single sport, participating with multiple teams at the same time, pitching more than 8 months per 12 month period, accumulating over the recommended pitches per game or innings pitched per season and playing catcher in addition to pitching are all factors associated with increased risk of elbow injury. Preventing overuse injuries is the key to decreasing this dilemma facing health care providers.

There are multiple studies that look at the biomechanical components of overuse injury. For example, there has been significant controversy as to whether throwing a curveball is associated with injury risk. However, a recent systematic review determined that biomechanical and epidemiologic data do not indicate an increased risk of injury when compared with the fastball. Additionally, kinetic data at different levels of participation (youth, high school, collegiate and professional) were insignificant when analyzing fastballs. A recent study analyzed biomechanics changes during the later stages of a game when fatigue begins. Sixteen healthy high school-aged baseball pitchers in Taiwan each threw 100-pitch bullpen sessions. Isometric muscle strength and joint kinematic data were obtained before and after each throwing session, as well as the mean Borg Rating of Perceived Exertion (RPE). The RPE after each session was rated as more than 14; “fairly hard” on the scale. The study revealed that as fatigue set in, ball velocity and the biomechanics of pitching changed. Additionally, muscle strength of the upper extremity was decreased for two full days after each bullpen throwing session. This study concluded that fatigue leads to poor biomechanics and that adolescent aged pitchers need to be carefully observed during the course of a baseball game to minimize the risk for overuse injuries. Prevention is the key to decreasing
PRO: OVERHEAD THROWING INJURIES
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Overuse throwing injuries in adolescents. Major League Baseball, USA Baseball and the American Sports Medicine Institute have collaborated to develop MLB PitchSmart. 26 30 MLB PitchSmart is a website that provides a series of practical, age-appropriate guidelines to help parents, players and coaches avoid overuse injuries youth pitchers. 30 Information available on this website includes pitch count limits and rest-day recommendations based upon age, links to review the latest research on risk factors for throwing injury, resources on appropriate prevention techniques and the latest news related to baseball throwing injuries (such as Tommy John Surgery). While prevention might seem like a simple concept, misconceptions still exist about overuse throwing injuries. One recent study revealed that more than 25% of all baseball coaches, players and parents do not believe that pitch count is a risk factor for elbow injury. The same study revealed that 37% of parents and 51% of high school athletes believed that UCL-R should be performed prophylactically without elbow injury to improve performance. 31 When assessing knowledge of coaches, only 40-43% had correct knowledge of pitching guidelines. 32-33

Olsen et al. proposed overuse as the major risk for injury but admit that individual pitchers have additional vulnerability to injury due to genetics and pitching mechanics. Throvers use proprioception to stabilize the glenohumeral joint. As proprioception diminishes with muscle fatigue, altered biomechanics and increased risk for injury can occur. 7

Phases of throwing
Throwing requires a complex series of sequential motions, which can be challenging for a young thrower to complete just one repetition let alone many.8 9 Force generation originates from the lower body, followed by a transfer of energy through the trunk and core as the thrower begins to rotate toward their target. Ultimately, a rapid force acceleration and deceleration occur about the shoulder and elbow as the ball is released.2 There are a number of potential areas within the baseball throw for patheomechanics to develop, leading to loss of efficiency, decreased performance and tissue breakdown.10

In order to decrease the trend of overuse throwing injuries, it is imperative to continue to increase awareness of pitch count and number of rest day recommendations. Practitioners must continue to stress that single-sport specialization will lead to poor outcomes. Lastly, it should be emphasized that if an overhead athlete has pain with throwing, he or she needs to let a medical professional know to prevent further exacerbation of symptoms. While biomechanics are certainly vital for sports performance and minimizing risk of injury, the evidence overwhelmingly reveals that overuse is the main culprit for overhead throwing injuries in adolescent athletes. ■

References

CON: OVERHEAD THROWING INJURIES
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of pitchers ages 9 to 14 experienced shoulder or elbow pain within a single season in a separate study.4 The cause of upper extremity pain and injury in overhead sports like baseball is a combination of poor biomechanics and overuse. Throwing mechanics set the foundation for success or injury. Throwing-related injuries are different for younger versus older athletes. The proximal humeral epiphysis and the medial epicondyle are common sites for baseball induced throwing injuries. Fragmentation of the capitellum in osteochondritis dissecans or other physeal microtrauma have been well described and are known risks in the overhead thrower.4 Injuries occur with improper use of an unprepared system and can be avoided by preparing the system – in this case teaching kids to throw and condition properly.

The role of fatigue
Studies have found that pitching with arm fatigue is a major risk factor for injury.6 In their study of injured and uninjured pitchers,
pitching parameters and found that youth pitchers with better pitching mechanics generated lower humeral internal rotation torque (HIRT), lower elbow valgus load (EVL) and more efficiency than those with improper mechanics. They concluded that decreasing the HIRT and/or the EVL could potentially reduce the cumulative microtrauma experienced in the upper extremity over years of pitching.\(^7\) Matsuura et al. found that young catchers had a higher incidence of elbow pain, compared with pitchers and fielders. They postulated that moving from the crouched catching position to a throwing position to make a quick throw sacrifices the contribution of the pelvis and trunk, contributing to elbow pain. In the same study, being a pitcher was not associated with shoulder or elbow pain. In addition, the number of training hours per week was not a risk factor for shoulder pain.

The key to preventing significant injury in the young thrower is identifying those athletes who are at risk for injury, or who are already injured, and then implementing a program for safe participation. When examining the young thrower, take into account his or her growth status, but also thoroughly examine the components of the kinetic chain. Use the Trendelenburg test to screen for gluteal and abductor strength; observe wall push-ups to look at scapular motion; evaluate hamstring flexibility; assess the shoulder, elbow and wrist; and finally, have the athlete demonstrate a throw. In some cases, video analysis or a formal throwing evaluation is helpful. When deficits are identified, recommend a rehabilitation program which focuses on correcting the site of dysfunction, enhancing shoulder stability, proprioception and neuromuscular control.\(^7\)

As clinicians, we should not only discuss pitch counts and rest days, but we must also identify and treat the young athlete with poor biomechanics. ■

References

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**AMSSM Legislative Update**

*By Michael O’Brien, AMSSM Legislative Consultant*

On Wednesday, July 13th, the United States House Committee on Energy and Commerce unanimously passed an amended version of HR 921, the Sports Medicine Licensure Clarity Act of 2016. The bill, authored by Health Subcommittee Vice Chairman Brett Guthrie (R-KY), would clarify medical liability rules for physicians, athletic trainers and other medical professionals to ensure they are properly covered by their malpractice insurance while traveling with athletic teams in another state.

This represents a significant step in the legislative process, and the next step is passage on the U.S. House of Representatives floor. AMSSM and its members have been instrumental in moving this legislation forward since its introduction. We will continue to call for your support to help move the bill through the U.S. Senate and then on to the President’s desk. ■

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**2016 Fellows Conference Recap**

*By Donella Headlee, MD, MEd*

This year marked the 20th year of the AMSSM Fellows Conference, which was held in Cincinnati, OH. Incoming fellows attended the four-day conference, where participants laid the groundwork for upcoming research projects.

Fellows were exposed to step-by-step planning of research through lectures and small group sessions. Several speakers discussed important topics in research, ranging from developing a hypothesis performing effective literature searches, designing... continued on page 9
2016 FELLOWS CONFERENCE RECAP

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a study and using biostatistics in sports medicine. In small groups, fellows discussed research ideas, helped one another identify confounding factors and worked on troubleshooting their research protocols. Each fellow developed an individual presentation of their research project to present to their group, and one person from each group was selected to present their research idea to all fellows and faculty.

Just like the past two years, the conference started with an introduction to sports ultrasound—a half-day course covering the basics of ultrasound coupled with hands-on experience. The next day, many fellows participated in the ½ day Sports Trauma and Event Medicine (S.T.E.M.) Pre-Conference discussing sports medicine emergencies and sideline assessments. Fellows also had the opportunity to practice face mask, shoulder pad and helmet removal, as well as spine-boarding. They were introduced to large-event medicine, with an exercise in disaster management, using an event scenario involving “bicyclists” involved in a large accident needing triage and medical management.

Leadership concepts were introduced through the integration of lunch, with AMSSM Board Members and speakers focusing on the importance of leadership in our positions as sports medicine physicians. AMSSM Past President Jon Divine, MD, MS discussed the importance of understanding your leadership style and how service and leadership are intertwined. He encouraged all fellows to become mentors to others and promote the vision of AMSSM. He and Irfan Asif, MD also shared personal stories of how they developed interest in sports medicine and how their mentors shaped them into the physician-mentors they are today. Tom Best, MD, PhD, provided insight into the academic world of sports medicine and important aspects such as promotion. Finally, a panel conducted a discussion about job hunting, positions and work expectations.

Along with the important learning topics discussed at the conference, there was significant building of camaraderie among the fellowship class. This year’s social event included attending the FC Cincinnati soccer game against Charleston Battery on Saturday evening, and several fellows experienced a “behind the scenes” tour of the stadium. Throughout the conference, fellows also took in local fare, and many even met for an afternoon run from the hotel. Between sessions, you could find fellows getting to know each other, sharing interests in everything from bicycling to preferred ice-cream flavors. The Fellow Committee Liaisons met one another and discussed their positions and goals for the upcoming year. This year’s Fellow Representative, Andrea Kussman, MD, gave a presentation and led a discussion on current concerns of fellows. Overall, the conference taught the importance of research and leadership and also helped develop a sense of community among fellows that will assist us throughout our journeys as Sports Medicine Fellows.

The 2016 Fellows conference was very successful! This was the largest attendance ever for this event as a whole, and the Ultrasound Conference registration actually sold out (although additional registrants were accommodated). A special thank you to AMSSM and FUJIFILM SonoSite, Inc. for their support of this initiative, without which this conference would not be possible. In addition, thank you to Paul Gubanich, MD, MPH, the Program Chair, and the more than 35 faculty who volunteered their time for this event; many of whom have been present since its inception. Their hard work and dedication to this conference is unmatched. We look forward to next year’s offering, tentatively scheduled for late July in Colorado.
Update from the AMSSM MSIG
A Medical Student Interest Group led by AMSSM Student Members

MESSAGE FROM ONE OF OUR CHARTER MEDICAL SCHOOLS INVOLVED WITH THE AMSSM MSIG: Georgetown University Sports Medicine Interest Group — Becoming Involved in Concussion Research
By Victoria Angelucci M2018 Georgetown School of Medicine

As a first year medical student at Georgetown University School of Medicine, I was privileged to have the opportunity to perform concussion research under the guidance of AMSSM Member B. Elizabeth Delasobera, MD and her team. Beginning medical school, I never anticipated how much I would get to connect medicine to lifelong interests and be a part of helping to solve issues that impacted people very close to me.

Playing four varsity sports in college, I witnessed several teammates cope with concussions and never knew how the long term impact would affect their quality of life. When, after joining the Georgetown University Sports Medicine Interest Group, one of the group leaders and AMSSM MSIG At-Large Member (MS2), Jack Penner (M2018), helped connect me with Sports Medicine physician, Dr. Elizabeth Delasobera, I jumped at the opportunity. Through the Sports Medicine Interest group, I was not only able to participate in this research, I was also able to meet friends and mentors that shared similar interests. Dr. Delasobera’s accomplishments quickly inspired me and showed me the impact a sports medicine physician can have. She has demonstrated the significance of serving the community as a compassionate and dedicated physician, and also shown the importance of continuing research to help patients and their families.

Now beginning my second year of medical school, I feel privileged to have Dr. Delasobera as a mentor. It is because of this summer’s research experience that I aspire to become a physician dedicated to performing research and working to share what I learn with patients and fellow colleagues. I will strive to follow in Dr. Delasobera’s footsteps and one day give back to the sports medicine community, with hopes of sparking a potential career for a future medical student the way she has for me.

Please contact the MSIG Officers if you would like your medical school’s interest group featured in an upcoming edition of The Sideline Report. continued on page 11

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DETAILS OF UPCOMING WEBINAR WILL BE FORTHCOMING

It is the goal of the AMSSM MSIG Officers to host “live” webinars approximately every two months presented by AMSSM members on sports medicine topics to AMSSM Student members that pre-register to attend the “live” webinar. Past webinars are posted on the “Student” page of the AMSSM website so Student members will in turn have the opportunity to share the webinar session with sports medicine interest groups within their respective schools.

Please contact the MSIG Officers with your ideas or suggestions for future webinar topics!

STUDENT MEMBERS: OCTOBER WILL BE "CALL FOR 2017 MSIG OFFICER NOMINATIONS"

Please consider serving in a leadership role by nominating yourself for one of the 2017 MSIG Officer positions or AMSSM members can nominate an interested medical student for office. Nominations will be requested in October, and Elections will be held over a two-week period in November. The month of December will allow the current 2016 MSIG Officers to transition with the newly elected Officers. The 2017 MSIG Officers will serve a one-year term (January - December) with the following leadership structure:

- President (Current 3rd Year, Class of 2018)
- Vice President (Current 3rd Year, Class of 2018)
- Secretary (Current 3rd Year, Class of 2018)
- Immediate Past President (Office begins in 2017, would serve 2nd half of 4th year of medical school/1st half of Residency Year-One)
- At-Large Members consisting of:
  - 2 At-Large Members (Current 2nd Year, Class of 2019)
  - 2 At-Large Members (Current 1st Year, Class of 2020)

Abstracts Now Being Accepted for 2017 Annual Meeting

2017 CASE DEADLINE: The morning of Nov. 8, 2016 (11:00 am CT)

Abstracts for the 2017 AMSSM 26th Annual Meeting in San Diego, CA are now being accepted. As a reminder:

- Each AMSSM member will be allowed to submit one (1) case abstract for the Annual Meeting (multiple research abstract submissions are still allowed).
- You cannot submit the same case abstract that was submitted for the New Showcase Speaker session, unless the case was not accepted for the Showcase session. The decisions for the cases submitted for the New Showcase Speaker session will be sent out no later than October 15, 2016.
- The primary author is required to be an AMSSM member at the time of submission. Student members can submit an abstract but must have a senior author listed that is a member.
- The primary author submitting the abstract must also be the presenter. Presenter substitutions will only be allowed for significant changes in life circumstance and will require the written approval of the Education or Research Committee Chair(s).

Prospective members interested in presenting/submitting an abstract must join AMSSM prior to the abstract submission deadlines, rather than waiting until the abstract is accepted. If they apply now, their membership will run through 2017. Please encourage those interested to apply for membership here.

To submit, log in to the AMSSM website and access the Abstract Submission link under Education. The deadline to submit Case Abstracts is 11 am CT on November 8, 2016. The Research Abstract deadline is 11 am CT on December 6, 2016.

If you have questions regarding case abstract submissions, please contact Michele Lane or for membership questions contact Joan Brown.
Groundwork being put in place for AMSSM Collaborative Research Network

AMSSM’s Collaborative Research Network (CRN) is off to a great start as it begins developing the framework and organizational strategy for the network. The CRN is in the final stages of forming the CRN Leadership Team, which is currently chaired by AMSSM member Anthony Beutler, MD. This team is tasked with (1) developing infrastructure and policies for the operations of the CRN, (2) identifying, developing and executing key research priorities and (3) identifying and securing funding for continued and sustained success of the CRN. The CRN is also forming a CRN Advisory and Oversight Panel consisting of experienced researchers and clinicians who will provide invaluable direction, advice and support to the CRN Leadership team. This panel is currently chaired by AMSSM member Jon Drezner, MD.

The first in-person meeting of the CRN Leadership Team will occur in early October at the University of Wisconsin-Madison, which houses the CRN and AMSSM’s Research Director, Stephanie Kliethermes, PhD. Goals of this meeting include finalizing the CRN’s first research initiative, developing key infrastructure policies and discussing strategies to obtain network funding. This fall, look for the CRN to announce ways in which AMSSM members can be involved with the network!

News from the Editor

This issue features great perspective from several of our members who have taken care of teams at international events, including the Olympics. It has been fun talking to them and seeing their articles roll in. Thanks to Drs. Brand, Kruse, Toresdahl and Sprouse, all of whom agreed to write for us prior to their event and gave us quick turnaround as they finished. The providers who went to the Olympics are able to comment on how information on and precautions against the Zika virus affected, or did not affect, them. It is interesting to compare how we, as a population, may view an issue, versus the smaller population who are theoretically at higher risk, and I appreciate being reminded of this.

Another wonderful feature in this issue is a report from the 2016 Fellows Conference. This was the first conference I participated in since being a fellow and found it exciting and inspiring. I got as much out of it as the fellows did; hearing about their dreams, plans and experiences as new fellows was a grounding experience. The group was huge and made me realize how far we have come as an organization. My conference class fit in one room! The responsibility we all have to our trainees is big, but it is also wonderful and enriching. Dr. Paul Gubanich worked very hard on planning, scheduling, confirming (reconfirming) and adjusting on-the-fly to make it a great conference for everyone. Thank you, Paul.

It is time to firm up your plans for abstract submissions for the 2017 Annual Meeting and think about applying for the Foundation Humanitarian Service Project funding. There are plenty of dates and deadlines to get on your calendar, and this is the issue where you’ll find them.

Happy Fall, everyone!
Kelsey Logan, MD, MPH
Editor-In-Chief
GPS Monitoring Helps Predict and Potentially Prevent Injury Risk

Researchers from the University of Birmingham worked in tandem with members of the Southampton Football (soccer) Club in the UK to monitor players’ activity utilizing GPS devices, and from that data have been able to identify patterns of training that increase risk for injury. GPS equipment worn by elite youth footballers from Southampton FC tracked total distance covered, distance covered at high speed, total load/forces experienced and short bursts of speed over a four-week period. The data was then analyzed, along with injuries that resulted in an absence from participating in training or competition. Based upon this data, the researchers were able to conclude that:

- Excessive workloads and too-rapid progression in training workload increased both non-contact and overall injury risk.
- High distances covered in training (over 112 km) over a four-week period, or high distances in individual weeks, also increased risk of non-contact and overall injuries.
- Even moderate distances (as well as high), when covered at a high speed, increased injury risk.
- High total episodes of intense, short-burst speed also correlated with an increased risk of injury.

Researcher Dr. Francois-Xavier Li stated that, “To increase the chances of success, coaches give players training loads which push the boundaries of what footballers can achieve without exceeding what their bodies can tolerate.

“An appropriate balance is required between training, competition and recovery to hit peak performance, whilst avoiding injury. However, this balance is not always adequately maintained – highlighted by the higher injury rate in football than many other team sports.”

Interestingly, the study highlighted the fact that speed, distance, intensity and duration of activity not only correlated to non-contact injuries but also increased the risk of players experiencing contact injuries. This suggests that fatigue plays a significant role, possibly from a diminished ability to react to circumstances where contact injuries occur or that fatigued muscles and joints become more susceptible to contact injury.

Further reading | Original article

Researchers Identify Risk Factors for High-Magnitude Head Impacts in Football

A newly published study in Pediatrics reports that certain factors are linked to a higher magnitude of head impact in high school football players. The researchers outfitted 32 players over 13 games with helmets equipped to record impact force. The researchers then analyzed game film coinciding with the recorded impacts. They determined that head impacts are more severe when players collide with each other, rather than with the ground. Impacts are also more severe after running long distances prior to contact. Impacts appeared to be most severe in the second quarter of a game. Julianne D. Schmidt, PhD, ATC, lead author of the study, remarked, “Teaching kids to keep their head out of tackling and enforcement of current rules on targeting and head to head contact are supported by this study.”

Further reading | Original article

Lack of Physical Activity Second Only to Smoking as Mortality Risk Factor

A recent study published in the European Journal of Preventive Cardiology followed 792 men for 45 years in Gothenberg, Sweden, to find risk factors for cardiovascular disease and mortality. The group was subjected to exercise tests early on and had VO2 max testing done. Every 10 years, a physical exam was performed. The researchers broke the participants into three groups according to their VO2 max. They found that for each increase of VO2 max from one group to another, there was a 21% lower risk of death over the course of the study. Researcher Dr. Per Ladenvall stated, “We found that low aerobic capacity was associated with increased rates of death. The association between exercise capacity and all-cause death was graded, with the strongest risk in the tertile with the lowest maximum aerobic capacity. The effect of aerobic capacity on risk of death was second only to smoking.”

Further reading

Disclaimer: The information provided in this section does not necessarily represent the official view of AMSSM but is nonetheless available for consumption and consideration of the membership.
I just returned from our Summer AMSSM Board Meeting, which was held in conjunction with the 2016 Fellows Conference in Cincinnati, OH. Our summer communication is usually done with a conference call, as we are sensitive to the fact that Board members volunteer their time, and asking them to take time away from their families a third time each year is a lot.

However, Dr. Jon Divine and our Executive Committee felt this face-to-face opportunity was extremely important, and wisely suggested, for this meeting. There are some big projects and issues on the horizon, and it was a bonus to spend time with the new fellows and the conference faculty. Our future leaders will come from here!

There is a tremendous amount of activity going on in our organization. We have a relatively new Board of Directors, and not all of us have had the ability to work closely with each other. As AMSSM continues to grow, our capacity to work closely together and understand one another is crucial. For this reason, part of our meeting included a four-hour session with AMSSM Past President and Founder Dr. E. Lee Rice, who now helps organizations improve their communication and culture. We had the chance to understand how we engage with one another and how others may perceive our interactions and intentions. It was amazing to see all the different ways in which we communicate.

We also had the opportunity to sit with AMSSM Past President and Founder Dr. Jim Puffer to discuss AMSSM’s possible participation in the PRIME Registry, which is conducted by the ABFM. Understanding all the complexities associated with payment models is very difficult, but it seems to be clear that we, as primary care sports medicine physicians, need to move toward developing quality measures that best fit our specialty and reflect our values to patients within the healthcare system. Using a registry, both for reimbursement issues and for data collection, will help us move toward that goal. More to come soon on this important endeavor.

Additionally, I would like to share a few lessons from my first official Board meeting as President:

1. Having a strong team makes great things possible. The AMSSM staff does an amazing job organizing our Board Meetings, ensuring that important topics receive the needed attention. This allows the Executive Committee and the Board of Directors to focus our limited time on important issues for our members.

2. Understanding how we best communicate — and acknowledging how others prefer to communicate — can really help clear up misconceptions and eliminate unhealthy conflict. Remember the familiar saying about “assuming”!

3. Healthy discourse is vital to organizational health. Maybe I am just getting old, but it seems like we have moved toward a society where a difference of opinion automatically becomes an insult and an offense. Our Board Members and AMSSM’s membership are diverse groups with vastly different backgrounds and perspectives. This can prove to be a great strength when we listen and open ourselves to other possible views or solutions. Think about point No. 2 if you feel offended or if someone seems offended by a discussion. As always, please feel free to reach out to me with any questions, comments or concerns.

Respectfully,
Matt Gammons, MD
2016-17 AMSSM President
president@amssm.org
News from the Board

Membership Committee Short
By Marci Goolsby, MD

The Membership Committee is excited to report a continued increase in our membership numbers. There are currently 3,067 AMSSM members, with the breakdown of members below.

Our fastest growing groups are our fellow and medical student members, so much of our current focus is on recruiting and involving our younger members. Jacki Kiefer, DO, the MSIG Subcommittee Chair, and Jonathan Napolitano, MD, our Fellow Liaison to the Membership Committee, are working with the Medical Student Interest Group officers to continue to increase our student members and increase our ties to medical schools. Their efforts will allow medical students to learn and get excited about primary care sports medicine. They have been working on putting out more webinars this year. Our special interest groups have also been working on various projects related to curriculum development, mentorship, education and involvement of their members. Please contact the following SIG leaders if you have additional ideas:

Academics ....... Kimberly Harmon, MD
Emergency Medicine ........ Chris Guyer, MD
Internal Medicine ...... Selina Shah, MD
Pediatrics ............. Mark Halstead, MD
PM&R .................. Ken Mautner, MD
Resident/Student ...... Ryan Lingor, MD

Check Out AMSSM’s Patient-Focused Resource Center On-Line, SportsMedToday.com!

SportsMedToday.com provides an easy-to-navigate, patient-centered resource center for parents, medical professionals and youth organizations interested in prevention and treatment of sports-related injuries.

Visit SportsMedToday.com to find a searchable database with a variety of sports medicine topics arranged by sport, medical condition (injury/illness) and body part, with topics being added and updated continually throughout the year. In addition, healthcare professionals can download tip sheets to share with their patients and partners.
AMSSM Foundation Offering $85,000 in Research Grants

The AMSSM Foundation, in conjunction with the AMSSM Research Committee, is pleased to offer the AMSSM Foundation Research Grant Award program for a 9th year, including grants for AMSSM Young Investigator Research and AMSSM-ACSM Clinical Research.

AMSSM Young Investigator’s Research Grant Awards ($15,000/yr)
DEADLINE – Oct. 3, 2016 – The purpose of these awards is to foster original scientific investigations by members of the AMSSM in the early stages of his/her career. The primary investigator must be an AMSSM member who is five years or less since completion of sports medicine fellowship training. You are only eligible to receive this grant one time. Current AMSSM fellowship and resident members are eligible to apply. Grants will have a maximum of $5,000 per award, with most awards expected to be in the $2,000-3,000 range. Completed grant applications must be submitted by Oct. 3, 2016. More information and the grant application are available by clicking here.

AMSSM Research Grant Awards ($50,000/yr)
DEADLINE – Nov. 1, 2016 – The purpose of the Research Grant Award program is to foster original scientific investigations by members of AMSSM. Research proposals that investigate issues within the broad discipline of sports medicine will be considered, including clinical practice, injury prevention and rehabilitation, basic science, epidemiology and education. Completed grant applications must be submitted by Nov. 1, 2016. To be eligible, the primary investigator must be an AMSSM member. More information and the grant application instructions are available by clicking here.

AMSSM-ACSM Clinical Research Grant Award ($20,000/yr - $10,000 from AMSSM, $10,000 from ACSM)
DEADLINE – Feb. 10, 2017 – The purpose of the AMSSM-ACSM Clinical Research Grant Award is to foster original scientific investigations with a strong clinical focus among physician members of AMSSM and ACSM. The primary investigator must be a physician and a member of both organizations. The maximum grant is $20,000, which will be awarded to a single research proposal for the initial maximum time period of a two-year grant cycle. Completed grant applications must be submitted by the second Friday of February (Feb. 10, 2017). More information and instructions will be posted on the AMSSM website later this Fall.

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AMSSM Humanitarian Service Projects

Giving Back in Houston
Dusty Narducci, MD

On June 25, 2016, the Houston Sports Medicine Physician Society (HSMPS) collaborated with the Langham Creek YMCA to create an event supporting disabled athletes in the Houston community. The HSMPS is a group of primary care sports medicine physicians who live and practice in the greater Houston area. The Langham Creek YMCA is equipped with an adaptive sports playground available for use by disabled athletes and their families. Using a grant received from the AMSSM Foundation, six AMSSM/HSMPS members (Drs. Dusty Narducci, Alysia Robichau, Gillian Wooldridge, Vijay Jotwani, Scott Rand and Will DeSimone) were able to organize and host an event that taught bike riding skills and completed pre-participation sports physicals, as well as advised athletes and their parents on topics ranging from safe sports participation, healthy eating and the importance of staying active.

The event included multiple stations: an insurance company, a local police department which conducted fingerprinting for identification cards, community bike stores, medical equipment repair services and a local hospital that donated bicycle helmets. Multiple adaptive and standard bicycles were available for use that day. Athletes and their families spent the morning being instructed on how to ride a bike, obey traffic laws and the importance of helmet use. Many of the athletes successfully navigated the bicycle obstacle course. Face-painting and stickers made the sports physicals more enjoyable for the athletes. Various bikes, co-pilots, fat-tire training wheels and helmets were raffled to the athletes during this event. Complimentary food and drinks were available throughout the day.

The HSMPS thanks AMSSM for providing funding to create a day of teaching disabled athletes how to ride a bike and ride in traffic safely. AMSSM showed how primary care sports medicine physicians are here for them to provide not only pre-participation physicals but a lifetime of compassion and care.

Giving Back in Oakland
Cindy Chang, MD

Dr. Cindy Chang, an AMSSM Past President, led an AMSSM Humanitarian Service Project on Saturday, July 9 at Oakland Technical High School. Youth coaches gained certification in First Aid and CPR/AED at the event, while other members of the public participated in a series of stations teaching the fundamentals of CPR and AED implementation.

Participants in the event gained valuable training in life-saving techniques with the help of the "Learn Hands-Only CPR" and "It’s Easy to Use an AED" stations, while the "Anyone Can Save a Life" station addressed setting up an Emergency Action Plan in homes, schools and offices.

Several students at the University of California-Berkeley who are also members of Saving Hearts of California Kids (SHOCKS), volunteered their time, and athletic trainers from UCSF Benioff Children’s Hospital taught the free First Aid and CPR/AED certification classes for local coaches. AMSSM members who volunteered included Drs. Meredith Bean, Amy White Hockenbrock, Nancy Rolnik, Maryam Safa and Tara Shaw, along with another pediatric resident and Dr. Chang.

The service project received additional foot traffic and participation thanks to the Fam 1st Football Camp, a local yearly event started by NFL players Marshawn Lynch and Joshua Johnson, taking place at Oakland Tech at the same time. The football camp celebrated its 10th year and drew approximately 1,000 participants.

Funds from the AMSSM Foundation Grant helped pay for the training and certifications, along with food and supplies for the event. Any additional funds will be used to provide additional free First Aid and CPR certifications for high school coaches in the Oakland Unified School District during another class in August.

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AMSSM FOUNDATION

AMSSM HUMANITARIAN SERVICE PROJECTS
Continued from page 17

Giving Back in St. Louis
Mark Halstead, MD

A group of five AMSSM members served the St. Louis community, as part of the inaugural AMSSM Humanitarian Grant program this year. The physicians included Drs. Mark Halstead, Terra Blatnik, Tyler Wadsworth, John Metzler, and Minh-Ha Hoang. In conjunction with the Supporting Positive Opportunities for Teens (SPOT) clinic, a unique health clinic located in an inner city high school in Jennings, 42 young athletes from grade school to high school received free pre-participation physicals and health counseling on Saturday, July 17th. The event was very successful, and the St. Louis group hopes to continue these efforts.

AMSSM DONOR LIST 2015-2016* & FOUNDERS’ CIRCLE RECOGNITION

*Only donations received after the 2015 Foundation Reception up to the 2016 Foundation Reception were counted.

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AMSSM member to give 42 free pre-participation physicals at a health clinic in the St. Louis area.
Member in the Spotlight

Holly J. Benjamin, MD

By Lauren M. Simon, MD, MPH

“Love and Passion.”
That’s how our Member in the Spotlight — Holly Benjamin, MD, Pediatric Sports Medicine physician from the University of Chicago — describes her feelings when asked about what is essential to her work life.

That passion to become a physician started after she performed several lake rescues as a summer lifeguard. It developed further after her medical school mentor, Dr. Joe Congeni, MD at Children’s Hospital Medical Center of Akron, encouraged her to pursue both pediatrics and sports medicine. That encouragement was a continuation of what she constantly received from her parents, who served as Officers in the United States Navy. While growing up, they supported her activities as a scholar-athlete and instilled her drive and desire to serve others as a physician. Her spouse, Spiros, encouraged her to pursue her dream of being a sports medicine physician. She says her “home team” — Spiros and their three wonderful children — “remind me every day to show pride, dedication, integrity and appreciate love, life and good health.”

Dr. Benjamin is passionate about the opportunities she has received as an active member in a national sports medicine organization such as AMSSM. Through AMSSM, she has developed a network of friends and colleagues from all geographies. In addition to engaging her love of exercise by waking up at 4:45 a.m. to do “boot camp” classes, running, doing yoga, being Mom, spouse and practicing 18 years as a sports medicine physician, she has also shared her knowledge and enthusiasm on many AMSSM activities.

Since joining AMSSM in 1997, she has served on multiple committees, including Education (Chair for three years), Publications, Research, Governmental Relations and Program Committees (four years). From 2006 to 2010, Holly was elected to two terms on the AMSSM Board of Directors and spent an additional two years as the AAP-AMSSM Liaison. She was a co-author of AMSSM Pediatric Overuse Injury Position Statement and has presented at several Annual Meetings, in addition to attending 18 consecutive times! What better way to show her love for AMSSM.

Day to day activities include 18 years in academic medicine at the University of Chicago, where she is a Professor of Pediatrics and Orthopedic Surgery, Director of the Primary Care Sports Medicine Program and an Associate Program Director for the University of Chicago PCSM Fellowship at Northshore. Her track record includes being the first pediatrician in Illinois and the 47th in the country to be fellowship trained and receive a CAQSM. Clinical activities include pediatric sports medicine clinics, undergraduate and graduate student clinics. She also serves as a team physician for a high school and the University of Chicago, a Division III athletic program. Four of the local PCSM fellowship programs send their fellows to rotate through her pediatric sports clinics. Finally, one night per week is spent in the Pediatric Emergency Department, keeping her general and procedural skills sharp.

Dr. Benjamin’s educational background includes graduating from high school in Aurora, OH, where she was her class Valedictorian and still holds the school record for the discus throw, set in 1986. She attended Kent State University and Northeastern Ohio Universities College of Medicine (now NEOMED) in the combined six-year BS/MD program, with a major in Integrated Life Sciences. Residency training in Pediatrics was completed at the University of Chicago, followed by a Sports Medicine Fellowship at Lutheran General Hospital in Park Ridge, IL.

Dr. Benjamin loves spending time with family, traveling with her family is one of Dr. Holly Benjamin’s favorite activities, especially when it involves visiting her husband’s home country, Greece. University and Northeastern Ohio Universities College of Medicine (now NEOMED) in the combined six-year BS/MD program, with a major in Integrated Life Sciences. Residency training in Pediatrics was completed at the University of Chicago, followed by a Sports Medicine Fellowship at Lutheran General Hospital in Park Ridge, IL.

Dr. Benjamin loves spending time with family, visiting her husband’s home country of Greece, enjoying the mountain and beach activities and sampling the delicious cuisine of the region. She loves to cook and experiment with new recipes she discovers, as the trips to Greece fill her mind with fresh, healthy recipe ideas. Antiquing is a favored hobby with a particular interest in collecting French Haviland china, crystal and Depression-era glass items.

AMSSM members know that sports participation and physical activity have a great impact in medicine and in life. Dr. Benjamin says her love and passion for her work, family life and AMSSM embody the “sound mind, sound body” philosophy she tries to live by. It’s no surprise that her “dream job” outside of being a Primary Care Sports Medicine physician is to be a “boot camp” and yoga instructor (on the beach of course.) Perhaps she could give us a demonstration at the next AMSSM meeting in San Diego. ■
Calendar of Events

Available Now
2016 Fellows ITE and 2016-17 AMSSM Recertification Prep Exam

Now through 9/16/16
2016 Fellows ITE Pretest

Now through 10/03/2016 (11 a.m. CT)
The New Speaker Showcase Abstract submission deadline is October 3, 2016 at 11:00 a.m. CT. Showcase selectees and alternates will be notified on or before October 15, 2016.

Now through 11/08/2016 (11 a.m. CT)
Call for Case Abstracts
Submissions are now being accepted for the 2017 AMSSM 26th Annual Meeting.

11/11/16 through 11/13/16
AMSSM/OHSU Basic and/or Intermediate US Courses
Portland, OR

Now through 12/06/2016 (11 a.m. CT)
Call for Research Abstracts
Submissions are now being accepted for the 2017 AMSSM 26th Annual Meeting.

12/8/15 through 12/11/15
2015 Advanced Team Physician Conference
San Diego, CA

5/8/16 through 5/13/16
2017 AMSSM Annual Meeting
San Diego, CA

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