The American Orthopaedic Society for Sports Medicine

News Release

Contact: Lisa Weisenberger, AOSSM Director of Communications at 847/655-8647 or e-mail **lisa@aossm.org**

EMBARGOED FOR RELEASE UNTIL SUNDAY, July 10th at 6:00 AM EST

Concussions on the Rise for Adolescents, Researchers Say

COLORADO SPRINGS, CO – Sustaining a concussion during adolescence may be more common than previous estimates, according to researchers presenting their study at the American Orhopaedic Society for Sports Medicine's Annual Meeting in Colorado Springs, CO today.

"Our team looked at the administrative health records of more than 8.8 million members of a large private payer insurance group and noted that 32 percent of the individuals diagnosed with concussion were between the ages of 10-19 years old with the largest increase in incidence between 2007 and 2014 in that age group. This is the first study to evaluate trends in concussion diagnoses across the general US population in a variety of age groups," said lead author, Alan L. Zhang, MD from the University of California San Francisco Medical Center.

The highest incidence of concussion was seen in the 15-19 age group (16.5 cases per 1,000 patients) followed by the 10-14 (10.5 per 1,000), 20-24 (5.2 per 1,000) and 5-9 (3.5 per 1,000) age groups. Overall, there was a 60% increase in concussion incidence from 2007-2014. The largest increases were in the 10-14 (143%) and 15-19 (87%) age groups. Fifty-six percent of concussions were diagnosed in the emergency room and 29% in a physician's office with the remainder being seen in urgent care or inpatient settings.

Zhang and his team also noted that irrespective of sport, the incidence of concussion in male patients was one and a half times higher than that in female patients.

"The rates at which concussions are rising may in part be due to the rise in youth sports participation and also better diagnostic skills/training for coaches and sports medicine professionals. This trend is alarming however, and the youth population should definitely be prioritized for ongoing work in concussion diagnosis, education, treatment and prevention," said Zhang.

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The American Orthopaedic Society for Sports Medicine

News Release

Contact: Lisa Weisenberger, AOSSM Director of Communications at 847/655-8647 or e-mail **lisa@aossm.org**

EMBARGOED FOR RELEASE UNTIL FRIDAY, JULY 8th at 6:00 AM EST

Hamstring Injuries in Baseball May Be Preventable

COLORADO SPRINGS, CO – Creating a program to prevent hamstring injuries in minor league and major league baseball players might be a possibility say researchers presenting their work today at the American Orthopaedic Society of Sports Medicine's (AOSSM) Annual Meeting in Colorado Springs, CO.

"Hamstring injuries, both acute and chronic are on the rise in baseball and injury prevention programs may help stem this trend," says lead author, Holly Silvers-Granelli, MPT, PhD Candidate at the University of Delaware in Newark, Delaware.

Silvers-Granelli and her team assessed 213 athletes from minor league (173 players) and major league (40 players) teams and provided a portion of these individuals with a hamstring injury prevention program, including both concentric and eccentric hamstring exercises and lumbo-pelvic stability exercises preparing the athlete for the demands of competitive baseball from a neuromuscular perspective. The average weighted utilization of the injury prevention program was 25.3 doses for the uninjured group and 13.53 doses in the injured group. In those individuals who followed the injury prevention program there was a 40% reduction in hamstring injuries. In addition there was a significant reduction in playing time lost due to injury in both groups who participated in the program. For the Major League players there were 9 vs. 25.9 days lost, or a 65% reduction. The Minor League players who participated in the prevention program had a similar reduction of 45.3% in lost playing time.

This research was a prospective cluster cohort study. Each athlete completed a questionnaire detailing their hamstring injury history. The injury prevention program was disseminated to each team medical staff (team physician, certified athletic trainer and strength and conditioning coach). The medical staffs were instructed on how to implement the program. At the end of the season, the data was analyzed for compliance and injury rates and compared to the MLB control date in the HITS database.

"Our study confirmed that utilizing hamstring injury prevention programs can help lessen lost play time and be a cost efficient way to do so. Further research is needed to fine tune the best mechanisms for these injury reduction programs," said Silvers-Granelli.

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EMBARGOED FOR RELEASE UNTIL FRIDAY, JULY 8th at 6:00 AM EST

Composition of Artificial Turf Surfaces Key to Preventing High School Football Injuries, Says New Research

Author Receives Inaugural STOP Sports Injuries Award for Leading Research in Youth Sports Injury Prevention

COLORADO SPRINGS, CO – As artificial turf systems are increasingly used at all levels, new research is needed to understand how these surfaces can impact athlete safety. A study presented today at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Colorado Springs, CO, shows how the infill weight of artificial turf surfaces can directly affect the number of injuries to high school football players.

The study, which is the first to directly compare football injuries as they relate to infill weight, and led by Michael Clinton Meyers, PhD, from Idaho State University in Pocatello, ID, was awarded the AOSSM's first-annual STOP Sports Injuries award. This award recognizes top research in the prevention of traumatic and overuse injuries in youth sports.

"Our research showed that as the artificial infill surface weight decreased, the incidence of game-related high school football trauma significantly increased," noted Meyers. "This trend was consistent across numerous changes in playing conditions as well."

The research included a total of 52 high schools participating across four states, with injuries evaluated over five competitive seasons (2010-14). Infill systems consisted of sand and/or rubber, and were divided into four categories based on pounds per square foot. The injury totals were significantly lower when infill rates were at a level greater than 9 pounds per square foot.

"Based on our findings, we would recommend that high school football fields contain a minimum of 6.0 pounds per square foot of infill weight to optimize player safety on artificial surfaces," Meyers commented. "With the amount of athletes playing football, and the setbacks associated with injuries, we hope this research will help decrease these numbers and make football safer for young athletes."

Researchers noted these conclusions warrant further investigation, and cannot be generalized to other levels of competition beyond those included in the study.

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EMBARGOED FOR RELEASE UNTIL FRIDAY, JULY 8th at 6:00 AM EST

Wearable Neuromuscular Device May Help Reduce ACL Injuries in Female Soccer Players

COLORADO SPRINGS, CO – Using a wearable neuromuscular device can reduce the risk of ACL injury in female soccer athletes, according to new research presented today at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Colorado Springs, CO. The study showed functional improvements in athletes who used the devices in combination with a regular training program.

"Our study showed that training with a wearable neuromuscular (WNM) device improved postural control in athletes, without limiting performance," said Michael John Decker, PhD, from the University of Denver in Denver, Colorado. "Moreover, no athletes in the study experienced an ACL injury during training or over the course of the following season."

A total of 79 elite youth and collegiate female soccer players (age 12-25) in the study trained with a WNM device that applied bi-lateral, topical pressure to the medial quadriceps and hamstring muscles. The athletes performed 7 to 9 weeks of pre-season training with the device consisting of strength and conditioning exercises and on-field team practices.

"Research has shown female soccer players have a three times greater risk of ACL injury compared to males, yet only a small portion of soccer coaches are currently utilizing ACL injury risk reduction programs," commented Decker. "We hope these devices offer coaches a practical means to overcome participation barriers, opening the door for more organizations and teams to implement similar programs."

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EMBARGOED FOR RELEASE UNTIL THURSDAY, JULY 7th at 6:00 AM EST

Treating First Time Shoulder Dislocations with Surgery Can Benefit Young Athletes, Study Shows

COLORADO SPRINGS, CO – Shoulder instability is most common in the young, athletic population, bringing a focus to how these injuries are best treated. Research presented today at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Colorado Springs, CO, demonstrated that surgery after a first-time shoulder dislocation lowered the re-injury risks and need for follow-up surgery when compared to those who were initially treated non-operatively and experienced a repeat dislocation prior to surgery.

The study examined 121 patients at an average of 51 months post-surgery. Of this group, 68 patients had experienced their first dislocation, while 53 had recurrent dislocations after being initially treated non-operatively. After treatment with an arthroscopic bankart repair, the postoperative dislocation rate in the first-time injury group was 29%, compared to 62% in those who did not have surgery after their initial injury. The average age of patients was 19 years old.

"Deciding between a non-operative program or going forward with surgery can be a challenging decision for medical professionals treating shoulder injuries in young athletes," noted the study's lead author Tyler J. Marshall, MD, from Alabama Ortho Spine and Sports in Birmingham, AL. "However, this study shows a substantial benefit for athletes undergoing surgery to prevent recurrent instability down the road."

The research data was collected between 2003 and 2013 from eight fellowship trained surgical practices, with patient ages ranging from 16 to 30 years old. Surveys given to patients during follow-ups asked for information such as test for shoulder functionality, whether patients returned to sport, postoperative instability events, and if further surgery was required on the shoulder.

"While young athletes and parents may be wary of surgery, our study shows the advantages of this treatment approach," commented Marshall. "Physicians should counsel those with first time injuries on these benefits moving forward."

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The American Orthopaedic Society for Sports Medicine

News Release

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EMBARGOED FOR RELEASE UNTIL THURSDAY, JULY 7th at 6:00 AM EST

Location of UCL Tears in MLB Pitchers Can Help Determine if Surgery is Necessary

COLORADO SPRINGS, CO – Ulnar collateral ligament (UCL) injuries in Major League Baseball (MLB) pitchers are high-impact due to player time lost and the resulting effect on teams and an athlete's career, making treatment decisions an even greater challenge for physicians. Research presented today at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Colorado Springs, CO, shows that the location of ligament tears within a pitcher's elbow can be key to predicting the success of non-operative treatment for these injuries, and deciding whether surgery should be recommended.

"The goal of our research was to see if an objective measure like physical examination or imaging from an MRI could help predict non-operative treatment failures in these professional pitchers," commented Mark S. Schickendantz, MD the study's senior author from the Cleveland Clinic Sports Health Center in Cleveland, OH. "We determined that distal tears, involving where the ligament attaches to the bone across the joint, had higher rates of failure when not treated with surgery as compared to proximal tears."

The study examined pitchers sustaining UCL injuries between 2006 and 2015 from one professional baseball organization, including both major and minor league teams. A total of 38 players with injury were identified, of which 32 (84%) received non-operative treatment for partial ligament tears. A proximal tear of the UCL was identified in 81% of the patients that were successfully treated non-operatively. By contrast, a distal tear of the UCL was detected in the patients that failed non-operative treatment and required surgical intervention.

"This data gives us a great starting point for using imaging to better prescribe a treatment protocol for professional pitchers," noted Schickendantz. "We can see that pitchers were 12.4 times more likely to fail non-operative treatment with a distal ligament tear, which is significant."

The study is the first to isolate variables that demonstrate successes and failures when it comes to treating professional pitchers with UCL injuries non-operatively.

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EMBARGOED FOR RELEASE UNTIL THURSDAY, JULY 7th at 6:00 AM EST

Females under 25 at Greater Risk for ACL Re-tear, Say Researchers

COLORADO SPRINGS, CO – Graft size, sex and age have a significant effect on the odds of an ACL re-tear post reconstruction with a hamstring graft, say researchers presenting their work today at the American Orthopaedic Society of Sports Medicine's Annual Meeting in Colorado Springs, CO.

"Our research noted that female patients under the age of 25 with a graft size of less than 8 mm have an increased chance of re-tearing their ACL following reconstruction. Another contributing issue to this increased re-tear rate might also be due to pre-disposing factors, including estrogen levels, anatomical differences, and decreased knee strength. More research is needed to further determine the exact causes," said lead author, Duong Nguyen, MD.

Dr. Nguyen and his team, studied a cohort of 503 athletes undergoing primary, autograft hamstring ACL reconstruction. The surgeries were all performed at a single center by a single surgeon between September –December 2012 and were followed for a duration of two years. The average age of the athletes was 27 with 235 females and 268 males taking part in the study. The same surgical technique was used during all of the procedures. Patients were allowed to return to sports participation between six and 12 months post-surgery only if they were pain-free, had equal quadriceps/hamstring strength and if they had graduated from the rehabilitation program.

"Given the results of our study, we feel that surgeons should counsel their younger, female patients accordingly and consider modifying their surgical techniques to utilize larger size grafts and/or rehabilitation strategies to lessen the chance of a re-tear," said Nguyen.

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EMBARGOED FOR RELEASE UNTIL FRIDAY, JULY 8th at 6:00 AM EST

Return-to-Play Rates High for Collegiate Football Players After Shoulder Instability Surgery

COLORADO SPRINGS, CO – Getting back into the game is important for any athlete after a significant injury but shoulder injuries can be tricky, especially for football players. Researchers presenting their work today at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Colorado Springs, CO, note that surgical treatment for shoulder instability in collegiate athletes is often the best medicine for returning to play, especially in those who performed at high levels previously.

"There was no significant statistical difference in return-to-play rates between the various types of shoulder instability surgery. However, athletes who played more games prior to injury and then had surgery were more likely to return," said R. J. Robins, MD, lead author, from the US Air Force Academy Sports Medicine Service.

Robins' team of researchers surveyed seven Division I collegiate football programs form the PAC 12, SEC and ACC. Inclusion criteria in the study included all intercollegiate football athletes who were active on their teams' rosters during the 2004-2013 seasons and sustained at least one shoulder instability event which eventually required surgical stabilization treatment. Data was analyzed to determine overall return-to-play rates based on type of shoulder surgery treatment. One hundred seventy-seven shoulder injuries in 153 athletes were identified and met inclusion criteria.

Overall, 85.4% of players who had arthroscopic surgery without concomitant procedures returned, while 82.4% of players who underwent anterior labral repair, 92.9% posterior labral repair and 84.8% who underwent combined anterior-posterior repair returned to play. Percentage of games played prior to injury was 49.9% and rose to 71.5% following surgery. Ninety-eight percent of athletes who were starters prior to injury were able to return as starters following surgery.

"Having a scholarship also seemed to significantly correlate to individuals returning following surgery," said Robins. "Our findings suggest that the majority of players who have some form of shoulder instability repair are able to return and progress as players in their respective football programs."

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EMBARGOED FOR RELEASE UNTIL SATURDAY, JULY 9th at 6:00 AM EST

Osteochondral Allograft Transplantation Effective for Treating Knee Cartilage Injuries in Active Individuals, Research Shows

COLORADO SPRINGS, CO – For athletes and highly active patients who sustain cartilage injuries to their knee, an osteochondral allograft transplantation can be a successful treatment option, according to research presented today at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Colorado Springs, CO. The study showed these patients were consistently able to return to sport or recreational activities after the surgery, though frequently at a lower activity level.

"We examined the success of osteochondral allograft (OCA) transplantation in 149 knees, and found 113, or 76% of those treated with the surgery, had returned to activity at an average follow-up of 6 years," commented William Bugbee, MD, lead author from the Scripps Clinic in La Jolla, CA. "Patients who are highly active can be discouraged by these types of injuries, so we are happy to see the success of this treatment option."

An OCA involves transplantation of donated osteochondral tissue to a defect in the recipient patient's knee joint. In this study, the average age of the subjects was 31 years old, with 59% being male. While the study showed positive statistics relating to general return to activity, only 28% returned at the same level pre-injury, and 48% returned to one or more but not all of the same sports and activities.

"We also saw an overall 90% survivorship of the transplanted grafts at a 6-year follow-up," noted Bugbee. "This presents further evidence that the procedure, especially in those individuals who are highly active, can be positive for recovery and future athletic goals."

This study adds to previous research which shows long-term functional improvement in knees after OCA transplant.

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The American Orthopaedic Society for Sports Medicine

News Release

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FOR IMMEDIATE RELEASE

American Orthopaedic Society for Sports Medicine (AOSSM) Presents Prestigious Research Awards at Annual Meeting

COLORADO SPRINGS, CO – In order to recognize and encourage cutting-edge research in key areas of orthopaedic sports medicine, the American Orthopaedic Society for Sports Medicine (AOSSM) will present research awards and grants during its Annual Meeting, July 7-10 in Colorado Springs, CO. As a leader in orthopaedic sports medicine, AOSSM annually provides more than $350,000 to research initiatives and projects around the country. Highlights of this year's award recipients include:

2016 Steven P. Arnoczky Young Investigator Grant
The Young Investigator Grant (YIG) is specifically designed to support young researchers who have not received prior funding, and is supported by individual giving to the Society. This year AOSSM selected Alan Zhang, MD (UCSF), for his research, "Quantitative Magnetic Resonance Imaging for Femoroacetabular Impingement of the Hip."

2016 Sandy Kirkley Grant
To honor the memory and spirit of Dr. Kirkley, AOSSM established a grant of $20,000 that provides start-up, "seed," or supplemental funding for an outcome research project or pilot study. This year's recipient is Jason Dragoo, MD (Stanford), for "Autologous Stem Cell Application versus Microfracture for the Treatment of Isolated Cartilage Defects."

2016 AOSSM/Sanofi Osteoarthritis Grant
The annual AOSSM/Sanofi Osteoarthritis Grant was awarded to Cecilia Pascual-Garrido, MD (University of Colorado - Denver) for her research titled "Cartilage Repair with Mesenchymal Stem Cells (MSCs) Delivered In A Novel Chondroitin Sulfate/Polyethylene Glycol Hydrogel in an Equine Animal Model." This one-year award of $50,000 supports a lab/basic science project and is chosen by the AOSSM Research Committee.

Fellow Research Award – Clinical Science
The Fellow Research Award, formerly the Aircast Award, is determined by the AOSSM Fellowship Committee. The award is given to the best papers in clinical science and basic science submitted by a sports medicine fellow. Each recipient receives $1,500 and an award plaque. This year's winning paper is: "Anisometry of Medial Patellofemoral Ligament Reconstruction in the Setting of Patella Alta and Increased Tibial Tubercle-Trochlear Groovev (TT-TG) Distance," from author Lauren H. Redler MD, Kathleen N. Meyers MS, Jacqueline Munch MD, Elizabeth R. Dennis MD, Joseph Nguyen MPH, and Beth E. Shubin Stein MD.

Cabaud Memorial Award
Given to the best paper researching hard or soft tissue biology, this award is selected by the AOSSM Awards Subcommittee with winners receiving $2000. This year's winning paper is: "Platelet Rich Plasma Activates Pro-Inflammatory Signaling Pathways and Induces Oxidative Stress in Tendon Fibroblasts." Contributing authors to this research include Joshua L. Hudgens MD, Christopher Mendias PhD, ATC, Kristoffer B. Sugg MD, Jeremy A. Grekin MS, Jonathan P. Gumucio BS, and Asheesh M. Bedi MD.

Excellence in Research Award
This award is selected by the AOSSM Awards Subcommittee with principal investigators receiving $2,000. This year's winning paper was from Jason M. Schon, BS, Gilbert Moatshe, MD, Alex W. Brady, MSc, Raphael Serra Cruz, MD, Jorge Chahla, MD, Grant J. Dornan, MSc, Travis Lee Turnbull, PhD, and Lars Engebretsen, MD, PhD, titled "Anatomic Anterolateral Ligament Reconstruction of the Knee Leads to Overconstraint at any Fixation Angle."

O'Donoghue Sports Injury Research Award
The 2016 recipients include Matthew R. Titchenal, MS, Constance R. Chu, MD, Jennifer C. Erhart-Hledik, MS, PhD, and Thomas P. Andriacchi, PhD, for their research titled, "Early Changes in the Knee Joint Center of Rotation During Walking Following Anterior Cruciate Ligament Reconstruction Correlate with Later Changes in Patient Reported Outcomes." This award is given annually to the best overall paper that deals with clinical based research or human in-vivo research. The awardee is selected by the AOSSM Awards Subcommittee with recipients receiving $2,000.

Hughston Award
This year's recipients of the Hughston Award are Craig R. Bottoni MD, Eric L. Smith MD, James Shaha MD, Steven S. Shaha MD, Sarah G. Raybin MD, John M. Tokish MD, and Douglas J. Rowles MD, for their paper, "Autograft vs. Allograft Anterior Cruciate Ligament Reconstruction: A Prospective, Randomized Clinical Study with a Minimum 10-Year Follow-up." The award, chosen by a panel of *AJSM* editors and reviewers, is given to the most outstanding paper published in the *American Journal of Sports Medicine* and receives $5,000.

***AJSM* Systematic Review Award**
Amelia J. Wiggins DO, Ravi K. Grandhi MD, Daniel K. Schneider MD, Denver Stanfield MD, Kate E. Webster PhD, and Gregory D. Myer PhD, CSCS, received this year's award for their paper, "Risk of Secondary Injury in Younger Athletes After Anterior Cruciate Ligament Reconstruction: A Systematic Review and Meta-analysis." The Systematic Review award is given to the best systematic review paper submitted to the *American Journal of Sports Medicine* during a calendar year, as determined by a panel of *AJSM* editors and reviewers. The award winning authors receive $5,000.

Herodicus Award
This award, given annually by the Herodicus Society, recognizes the best resident paper accepted for the AOSSM Annual Meeting Program. The 2016 award was given to Ujash Sheth MD, David Wasserstein MD, Rahim Moineddin PhD, Richard Jenkinson MD, MSc, FRCSC, Hans Kreder MD, MSc, FRCSC, and Susan Jaglal PhD, for their research, "Practice Patterns in the Care of Acute Achilles Tendon Ruptures: Is There an Association with Level I Evidence?"

T. David Sisk Award for Best Original Research Paper
The winners were selected from the best papers in original research submitted to *Sports Health: A Multidisciplinary Approach*. The award includes a $2,500 cash prize and a plaque. This year's winners were Alisha Hak MSc, Krishan Rajaratnam BSc, MD, FRCSC, Olufemi R. Ayeni MD, MSc, FRCSC, Jaydeep Moro MD, FRCSC, Devin Peterson MD, FRCSC, Shelia Sprague PhD, and Mohit Bhandari MD, PhD, FRCSC, for their study, "A Double-Blinded Placebo Randomized Controlled Trial Evaluating Short-Term Efficacy of Platelet-Rich Plasma in Reducing Postoperative Pain After Arthroscopic Rotator Cuff Repair: A Pilot Study."

T. David Sisk Award for Best Review Paper
This year's recipient is the paper "A Systematic Review of Failed Anterior Cruciate Ligament Reconstruction With Autograft Compared with Allograft in Young Patients," from David Wasserstein MD, MSc, FRCSC, Ujash Sheth MD, MSc, Alison Cabrera MD, and Kurt P. Spindler MD. The winners were selected from the best review papers submitted to *Sports Health: A Multidisciplinary Approach*. The award will include a $2,500 cash prize and a plaque.

T. David Sisk Award for Best International Paper
The winners were selected from the best international papers submitted to *Sports Health: A Multidisciplinary Approach*. The award will include a $2,500 cash prize and plaque. This year's winner of the best international research paper is "Impaired Femoral Vascular Compliance and Endothelial Dysfunction in 30 Healthy Male Soccer Players: Competitive Sports and Local Detrimental Effects," from authors Gabriele Cioni MD, PhD, Andrea Berni MD, PhD, Gian Franco Gensini MD, Rosanna Abbate MD, and Maria Boddi MD, PhD.

STOP Sports Injuries Award
This award, established in November of 2015, recognizes outstanding research presented at the Annual Meeting related to youth sports injury prevention, treatment, or rehabilitation. Gregory Clinton Meyer PhD, received the inaugural award for, "Incidence, Mechanisms and Severity of Game-Related High School Football Injuries Across Artificial Turf Systems of Various Infill Weight," which analyzes how the composition of artificial turf surfaces can lead to injuries in young athletes. The winner is selected by the STOP Sports Injuries Outreach Committee and receives a $1,000 award and plaque.

Orthopaedic Journal of Sports Medicine **Award for Best Original Research Paper**
The first recipients of the this new award, established in 2015 by the AOSSM and Editorial Board representatives from partner organizations, were Tara Talaie BS, Stephen J.P. Pratt BS, Camilo Vanegas BS, Su Xu PhD, R. Frank Henn III, MD, Paul Yarowsky PhD, and Richard M. Lovering. PhD, PT, for their research "Site-Specific Targeting of Platelet-Rich Plasma via Superparamagnetic Nanoparticles."

Orthopaedic Journal of Sports Medicine **Award for Best Review Paper**
The first recipients of the this new award, established in 2015 by the AOSSM and Editorial Board representatives from partner organizations, were Brandon J. Erickson MD, Randy Mascarenhas MD, FRCSC, Bryan M. Saltzman MD, David Walton MD, Simon Lee MD, Brian J. Cole MD, and Bernard R. Bach Jr., MD, for "Is Operative Treatment of Achilles Tendon Ruptures Superior to Nonoperative Treatment? A Systematic Review of Overlapping Meta-Analyses."

For more information on AOSSM research projects and awards please visit www.sportsmed.org and click on the "Research" tab.

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Duke University Orthopaedic Surgeon, Annunziato (Ned) Amendola, MD Inducted as AOSSM President

COLORADO SPRINGS, CO – Annunziato Amendola, MD renowned orthopaedic surgeon from Duke University will be installed as the 45th president of the American Orthopaedic Society for Sports Medicine (AOSSM) on Saturday, July 9th, 2016, during the Society's Annual Meeting in Colorado Springs, CO.

Dr. Amendola is a professor of orthopaedic surgery and Vice Chair in the Department of Orthopedic Surgery, and the Chief for the Division of Sports Medicine at Duke University. He is involved in the sports medicine and foot and ankle fellowship programs. His clinical and research interests focus on improving the understanding, prevention, treatment, and rehabilitation of sports and activity-related problems of the lower extremity.

He recently moved to Duke, from the University of Iowa, where he was a Professor of Orthopedic Surgery, Director of Sports Medicine and held the Kim and John Callaghan Endowed Chair in sports medicine from 2001-2015.

Dr Amendola earned his medical degree and completed his orthopedic residency at the University of Western Ontario in London, Ontario. Prior to joining the University of Iowa in 2001, he was an Associate Professor and Chief of Orthopedic Surgery at the University of Western Ontario University Hospital. He completed fellowships at the University Hospital Western Ontario; the University of Verona, Verona, Italy, the Crystal Clinic in Akron, Ohio and took part in the AOSSM European Sports Medicine Traveling Fellowship.

Throughout his career, Dr Amendola has received numerous peer- reviewed grants, and published more than 200 peer-reviewed articles. He has won several AOSSM research related awards, including the Excellence in Research Award, Cabaud Memorial Award and the O'Donohue Award. In addition, he received the Achilles Award from the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS), the Samson Award from the Canadian Orthopaedic Association, the Roger Mann Award and the Leonard Goldner Award from the American Orthopaedic Foot and Ankle Society (AOFAS), and the Kappa Delta Award from the American Academy of Orthopaedic Surgeons (AAOS). He has been an invited lecturer nationally and internationally, as well as authored an extensive number of book chapters and served as editor of three textbooks on orthopedic sports medicine and arthroscopy.

Dr Amendola is a Diplomate of the American Board of Orthopedic Surgery, Fellow of the Royal College of Surgeons of Canada, and Diplomate of the Canadian Academy of Sports Medicine. He is also an active member and/or board member of many orthopaedic and sports medicine

organizations, including the American Board of Orthopaedic Surgery, ISAKOS, AAOS and the Arthroscopy Association of North America (AANA). He served as president of the Canadian Academy of Sport Medicine in 1997.

Dr. Amendola is married to Alison and they have 4 children: Richard, Julie, Andrew and Christine.

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The American Orthopaedic Society for Sports Medicine (AOSSM) is a global leader in orthopaedic sports medicine education, research, communication and fellowship, and includes national and international orthopaedic sports medicine leaders. The Society works closely with many other sports medicine specialists, including athletic trainers, physical therapists, family physicians, and others to improve the identification, prevention, treatment, and rehabilitation of sports injuries. AOSSM is also a founding partner of the STOP Sports Injuries campaign to prevent overuse and traumatic injuries in kids.

The American Orthopaedic Society for Sports Medicine

News Release

Contact: Lisa Weisenberger, AOSSM Director of Communications at 847/655-8647 or e-mail **lisa@aossm.org**

FOR IMMEDIATE RELEASE

Renowned, Pittsburgh, Orthopaedic Surgeon, Freddie H. Fu, MD, DSc (Hon), DPs (Hon), Inducted into AOSSM Hall of Fame

COLORADO SPRINGS, CO – Freddie H. Fu, MD will be inducted into the American Orthopaedic Society for Sports Medicine's (AOSSM) Hall of Fame on Friday, July 8th, during the Society's Annual Meeting in Colorado Springs, CO. AOSSM Hall of Famers are individuals who have made a substantial contribution to the sports medicine field.

Dr. Fu is a Past AOSSM President and the David Silver Professor and Chairman of the Department of Orthopaedic Surgery at the University of Pittsburgh School of Medicine. He specializes in sports medicine and holds secondary appointments as Professor of Physical Therapy, Health and Physical Activity, and Mechanical Engineering and serves as the Head Team Physician for the University of Pittsburgh Athletic Department. In 1999, he was awarded an honorary Doctor of Science degree from Point Park University, an honorary Doctor of Public Service degree from Chatham University, and in 2010 was appointed Distinguished Service Professor by the University of Pittsburgh. Dr. Fu received the 2014 Kappa Delta Elizabeth Winston Lanier Award for "Anatomic ACL Reconstruction: A Changing Paradigm" presented by the Kappa Delta Sorority and the Orthopaedic Research and Education Foundation (OREF) and received it at the 2014 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS).

Dr. Fu graduated summa cum laude from Dartmouth College in 1974 and received his BMS in 1975 from Dartmouth Medical School. He earned his medical degree in 1977 from the University of Pittsburgh and completed his general surgery internship at Brown University. He returned to the University of Pittsburgh for an orthopaedic research fellowship and to complete his orthopaedic residency training. During that time, Dr. Fu was an AO International Fellow at the Hannover Trauma Center in Germany and an arthroscopic surgery fellow in East Lansing, Michigan. In 1984, Dr. Fu was selected as an AOA North American Traveling Fellow. As an ESSKA-AOSSM Sports Medicine Travelling Fellow in 1988, he visited more than 30 sports medicine centers in Europe.

Dr. Fu's major research interest lies in anatomic ACL reconstruction, clinical outcomes, and bioengineering of sports-related problems. Dr. Fu has been honored with more than 260 professional awards and honors, made over 1,150 national and international presentations, co-authored 173 books chapters, is an author of over 570 peer-reviewed articles, and edited 30 major orthopaedic textbooks. He is a member and has held offices in numerous academic organizations, including the Herodicus Society and the American Orthopaedic Association. He has served as President of the Pennsylvania Orthopaedic Society, AOSSM and the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS). He has held board positions with the Arthroscopy Association of North America and the Orthopaedic Research and Education Foundation and AOSSM.

He was primarily responsible for the conception and oversight of the design and construction of the $80 million UPMC Rooney Sports Complex, a 60-acre state-of-the-art sports medicine complex which opened in October 2000. Using this first complex as a blueprint, a second Center, the UPMC Lemieux Sports Complex, opened in August 2015. The new location is an elite, first-of-its-kind facility dedicated to hockey-related training, rehabilitation, and injury prevention, and will unite world-class sports medicine and hockey under one roof. The complex is used as a model in more than ten countries and has been a magnet for more than 600 visiting surgeons and fellows from over 50 countries in six continents.

Dr. Fu is married to Hilda Pang Fu, a porcelain painter as well as founder and president of Luminari, a Pittsburgh based non-profit formed to broaden minds and inspire innovation. They have two children, Gordon and Joyce.

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The American Orthopaedic Society for Sports Medicine

News Release

Contact: Lisa Weisenberger, AOSSM Director of Communications at 847/655-8647 or e-mail **lisa@aossm.org**

FOR IMMEDIATE RELEASE

Indianapolis, Orthopaedic Surgeon, K. Donald Shelbourne, MD Inducted into AOSSM Hall of Fame

COLORADO SPRINGS, CO – K. Donald Shelbourne, MD will be inducted into the American Orthopaedic Society for Sports Medicine's (AOSSM) Hall of Fame on Friday, July 8th, during the Society's Annual Meeting in Colorado Springs, CO. The AOSSM Hall of Famers are individuals who have made a significant contribution to the field of sportsm medicine. Sixty-six North American and International individuals have been named to the Hall of Fame since 2001.

Dr. Shelbourne began his orthopaedic sports medicine career in 1982. He graduated from Wabash College in 1972, where he was a first team Academic All-American as a football player and he received an NCAA post-graduate scholarship for wrestling. He completed medical school and his orthopaedic residency at Indiana University Medical School from 1972 through 1981. Dr. Shelbourne obtained additional training by completing a sports medicine fellowship with William Clancy, MD at the University of Wisconsin in 1981-82.

Dr. Shelbourne served as the team physician for the Indianapolis Colts from 1984 through 1998, and has been an orthopaedic consultant to Purdue University, Wabash College, and area high schools since 1982. He is an associate clinical professor at Indiana University School of Medicine at Indianapolis. He is also on the editorial board of the *American Journal of Sports Medicine* and serves as a reviewer for many other orthopaedic journals.

Dr. Shelbourne became interested in sports medicine when he tore his anterior cruciate ligament while playing football in college. He knew when he began his practice that he wanted to concentrate on the treatment, rehabilitation, and research of ACL injuries. Since the beginning of his practice, he established a research department and prospective database for continually recording and evaluating his outcomes after surgery. He has performed more than 6,500 ACL reconstructions, and the follow-up he has obtained on these patients has allowed him to identify problems with treatment and the factors associated with optimum long-term outcomes. Dr. Shelbourne is best known for his advancement of ACL rehabilitation for obtaining a predictable, successful result while returning patients back to athletic activities quickly. In addition, the successful results from surgery have been maintained in the long-term without causing range of motion or strength loss in the knees. He has published more than 250 journal articles and book chapters, and has presented his findings at national and international meetings.

Dr. Shelbourne has won many prestigious awards, including:

- AOSSM Hughston Award (2000 and 2010)
- Honorary Doctorate of Science Degree, Wabash College (2001)
- Athletic Hall of Fame, Wabash College (1986)
- Indiana High School Wresting Hall of Fame (1991)
- Indiana Football Hall of Fame (2000)
- Division III Wresting Hall of Fame (2011)

Dr. Shelbourne was elected to the Herodicus Society in 1988. In addition to the Herodicus Society, Dr. Shelbourne is a member of American Academy of Orthopedic Surgeons, The American Orthopaedic Association, American Orthopedic Society for Sports Medicine, ACL Study Group, and Arthroscopy Association of North America.

Dr. Shelbourne is currently the medical director for the Shelbourne Knee Center at Community Westview Hospital in Indianapolis and continues to conduct long-term outcome research for knee conditions and injuries.

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