

[Guest Editorial]

Celebrating the Advancement of Science in Sports Medicine: A 10-Year Collaboration Between *Sports Health* and the AMSSM

Primary care sports medicine has enjoyed significant growth over the past 10 years thanks to many partnerships, such as those between *Sports Health* and the American Medical Society for Sports Medicine (AMSSM). As a reflection of the growth in our specialty, for example, AMSSM membership has tripled in size over the past decade, with a current membership of more than 3600 physicians. A listing of the major accomplishments by the AMSSM in the recent decade can be found in Table 1.

The growth in our specialty has coincided with the continued evolution of our society's annual meeting, which has been targeted to be the premier educational venue for the sports medicine physician. As a result, the annual meeting has shifted from topic reviews to increasingly more cutting-edge, evidence-based, clinically relevant content. Further advancement in our field will require enhanced collaborative efforts, continued advancement in the science driving our diagnostic and therapeutic abilities, and the development of efforts that can have considerable impact on the health care system.

COLLABORATION: AN ESSENTIAL BUILDING BLOCK

Growth in primary care sports medicine has hinged on collaboration with other medical disciplines, societies, and sporting organizations. Historically, this has been in the form of exchange lectures with organizations such as the American Orthopaedic Society for Sports Medicine (AOSSM), the American Academy of Pediatrics (AAP), and the American College of Sports Medicine (ACSM). It has also come through the development of position statements and consensus documents, such as the preparticipation evaluation monograph,¹ a collaborative effort between 6 different medical societies. More recently, our annual meeting has grown, with broadening of the exchange lectures, consistent contributions by prominent international experts, and the development of new sessions highlighting partnerships with associations such as the National

Collegiate Athletic Association. Additionally, the number of societies contributing and endorsing documents related to our field has also risen. For example, the recently released international recommendations for electrocardiographic (ECG) interpretation in athletes² was a synthesis from an ECG summit and writing group consisting of sports cardiology experts from 10 different countries around the world, with ultimate endorsement by 17 international sports medicine and cardiology societies. Collaborations such as these have helped to set new standards in sports medicine and are necessary for continued growth in our discipline.

DRIVING SCIENCE FORWARD THROUGH INCREASED RESEARCH PRODUCTIVITY

Researchers in primary care sports medicine have advanced the knowledge of several key domains in our discipline over the past 10 years. Five such fields include sports cardiology, sports ultrasound, sports concussion, youth sports specialization, and mental health of the athlete. Experts in sports cardiology and sports ultrasound have not only performed research to advance their respective niches, but they have taken their work a step further by offering in-person (eg, ECG interpretation workshops, sports ultrasound instructional course lectures) and freely available distance-learning opportunities. Continued physician education and development will be needed for newer diagnostic and therapeutic modalities as our discipline continues to expand.

Development of a robust research infrastructure has recently become the major focus for the AMSSM. In 2016, the AMSSM hired its first research director, Stephanie Kliethermes, PhD, to lead the newly formed AMSSM Collaborative Research Network (CRN). Since its inception, the CRN has focused on several major initiatives. The first priority included a \$300,000 request for proposal (RFP) funded by the AMSSM and the AMSSM Foundation that was geared toward fostering multisite collaborative research with the potential to influence the clinical

Table 1. Major accomplishments by the American Medical Society for Sports Medicine (AMSSM) in the past 10 years

AMSSM Committee	Key Initiatives
Fellowship	<ol style="list-style-type: none"> 1. Cultivation of routine faculty development during the AMSSM Annual Meeting 2. Creation of the Sports Medicine In-Service training examination 3. Development of the Sports Medicine Fellowship Performance Index to improve fellowship training
Research	<ol style="list-style-type: none"> 1. Establishment of the AMSSM Collaborative Research Network (CRN) 2. Growth in research funding opportunities: Young Investigator's (\$5000), Foundation research awards (\$25,000), AMSSM-ACSM research grants (\$20,000), and CRN proposals (\$300,000)
Membership	<ol style="list-style-type: none"> 1. Growth in membership from 1258 in 2008 to 3647 in 2017 2. Creation of Sports Medicine Resident and Student Councils; overall, 2.5-fold increase in AMSSM resident members and 10-fold increase in AMSSM student members
Ultrasound	<ol style="list-style-type: none"> 1. Development of the sports medicine ultrasound online didactic series 2. Publication of the Sports Ultrasound Curriculum for Sports Medicine Fellowships
International	Creation of the AMSSM traveling fellowship (2014), with recent experiences to Australia, South Africa, Italy, and the United Kingdom
Practice/Policy	<ol style="list-style-type: none"> 1. Legislative efforts to support the Sports Medicine Licensure Clarity Act (H.R. 302 passed by the House of Representatives), which seeks to ensure professionals are adequately covered by their liability insurance when they cross state lines 2. Recognized Center for Medicare and Medicaid Services (CMS) specialty codes for sports medicine in 2010
Communications	Creation of a free, online, patient-focused, public education resource for competitive athletes and active individuals (SportsMedToday.com)
Education	<ol style="list-style-type: none"> 1. Development of specialty-specific (emergency medicine, family medicine, internal medicine, pediatrics, and physical medicine and rehabilitation) fellowship preparatory tracks 2. Production of the AMSSM Medcasts (podcasts) for continuing education
Publications	<p>Development of position statements in key areas, including</p> <ol style="list-style-type: none"> 1. Sports Medicine Fellowship Standards of Excellence (2017) 2. Cardiovascular Preparticipation Screening (2016) 3. Viscosupplementation for Knee Osteoarthritis (2015) 4. Overuse and Burnout in Youth Sports (2014) 5. Interventional Musculoskeletal Ultrasound in Sports Medicine (2014) 6. AMSSM Recommended Sports Ultrasound Curriculum for Sports Medicine Fellowships (2014) 7. Overuse Injuries and Burnout in Youth Sports (2014) 8. Concussion in Sport (2012) 9. ADHD and the Athlete (2011) 10. Mononucleosis and Athletic Participation: An Evidence-Based Subject Review (2008)

practice of sports medicine. While the funding of high-caliber research was the primary goal, secondary aims comprised the ability for researchers within the AMSSM to develop partnerships inside and outside the organization. After thorough scientific review, the RFP was awarded to Drs John Leddy, MD, Christina Master, MD, and William Meehan, MD, who seek to determine whether subsymptom threshold aerobic exercise within 1 week of sports-related concussion speeds recovery in adolescents compared with rest/education.

A major challenge to developing a robust research portfolio in our discipline is identifying ways to engage the average sports medicine clinician. While many within the organization may not have the time to conduct their own investigations, any contributions (eg, identification of topics for exploration, connection with potential data sources, review of proposals) are still extremely valuable. To this end, the AMSSM CRN Leadership Team has developed a research session during the 2018 Annual Meeting using a "Shark Tank" format, which is

meant to be entertaining and engaging. In this session, researchers will compete for \$25,000 in grant funding (donated by Sanofi) toward osteoarthritis research in front of the audience and a panel of “sharks.” The award winner will be selected based on scientific review (50%), audience vote (25%), and “shark” scoring (25%). Given the format and funding potential, this session represents a bold move forward by the organization and will hopefully lead to increased member interest in future research endeavors.

Looking into the future, the AMSSM CRN Leadership Team will be hosting a research summit coinciding with the 2019 Annual Meeting that is focused on the topic of youth sports specialization and athlete development. The aim of this summit will be to develop a roadmap for driving future research in this field. Non-AMSSM medical and stakeholder organizations will be invited to participate in the summit, which will focus on 3 key areas: child and human development, early sports specialization, and alternatives/interventions/guidelines for youth sport participation. While the AMSSM has published several consensus statements and guidelines, this will be the first research summit of AMSSM and non-AMSSM members held by the organization and represents a large step forward in developing research as a priority for the society.

SPORTS MEDICINE VERSUS SPORTS AND EXERCISE MEDICINE: IMPACT ON THE HEALTH CARE SYSTEM AT LARGE

Rates of obesity in children and adults have continued to rise within the United States. Simultaneously, the health care system has attempted to adopt a value-based health care model focused on providing high-quality, low-cost medicine where disease prevention is incentivized. This climate provides a ripe environment for our physicians to apply the principles learned during their sports medicine training of increasing physical activity and healthy eating to a broader population, thereby increasing the impact and visibility of the discipline. Worldwide,

clinicians in our specialty are known as “sports and exercise medicine” (SEM) physicians and are considered the experts in driving the physical activity movement forward in their respective regions. The current rate of training within the primary care sports medicine workforce in the United States (nearly 250 graduates per year) is likely unsustainable if the focus is solely on the elite, or even the collegiate, athlete. Embracing the SEM model may actually be a better descriptor of all the services our discipline provides—from the high-level athlete to the general population—thereby increasing the value of our specialty, opening new job opportunities, and ultimately providing a means for improving the health of our country.

CONGRATULATIONS!

Primary care sports medicine has enjoyed tremendous growth over the past 10 years thanks to partnerships and collaborations, such as those between AMSSM and *Sports Health*. It is clear that collaboration, research, and specialty expansion are, and will continue to be, major areas of focus for our specialty. Congratulations to those who have been involved in the collaboration between the AMSSM and *Sports Health* over the previous 10 years, and here's to the next 10 on the horizon!



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2. Drezner JA, Sharma S, Baggish A, et al. International criteria for electrocardiographic interpretation in athletes: consensus statement. *Br J Sports Med*. 2017;51:704-731.

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Each issue of *Sports Health* in 2018 will feature a Guest Editorial highlighting changes seen in both the Journal and the disciplines of athletic training, orthopaedic surgery, primary care, and sports physical therapy over the past 10 years. Be sure to look out for the continuation of this series in the May/June issue!