



SIDELINES



From the President: R. Rob Franks, DO, FAOASM

I hope this note finds everyone enjoying the beautiful weather and having a happy and safe summer. It will not be long until our athletes return to school and the fall season is upon us. In my report for July, I want to update you about the progression of AOASM projects thus far this summer.

Dr. Kuprevich and I will travel to Chicago later this month to represent AOASM at the House of Delegates. Several of our members also will attend as members of their state delegation. The resolutions are currently available for review on the [AOA website](#).

I encourage you to review these resolutions, as they not only will shape the future of the AOA but also of the Academy. Of special interest to AOASM members are resolutions on concussion and the continued evolution of OCC and the Common Pathway.

Our website redesign project has completed phase one and will be reviewed at this month's Board of Directors Meeting. Drs. Daniel Day and Daniel Clearfield and their committee members have done an excellent job incorporating the wishes of current members as well as those of our students, interns, residents, and fellows. The goal is to get this new website up and running by early to mid 2017.

There also are plans to compose an update to the Pre-Participation Physical Examination. Dr. Pat Leary and I are on the writing committee for this paper, and the first meeting will be in early fall. This will be a several-month project, and I will update you as the meetings progress.

In addition, with the extreme heat in several areas of the country right now, I encourage everyone to review the heat acclimatization guidelines for their state or institution. Now is also a very good time to review Emergency Action Plans for all venues where your teams participate in practice or games. It is always easiest to do this now before it gets extremely busy with pre-season camps starting, and the rush of athletes and their families to get pre-participation physicals and any baseline testing completed before camp begins.

Finally, I want to wish safe travels to those members who will depart for Rio to represent the United States Medical Team at the Summer Olympics and to those who will head to Germany to represent the Academy at the Sportsosteopathy Meeting. We appreciate all the good work you will be doing.

Everyone have a happy and safe July, and I look forward to updating you in August.

Sincerely,
Rob



Athletes and the Arts

Written by: Rebecca Rodriguez, DO

The Dancer's Hip

The dancer's hip is unique in that the athlete is expected to have a hypermobile joint to create beauty. This joint is the second most important joint of the dancer (second to the foot). It is important to know there is a difference between "turnout" and external rotation. Ideal turnout is described as and is demonstrated by 90 degrees of external rotation starting at the hips, and results in the feet being easily placed in 90 degrees of the floor.

Research suggests that an average of 60% of turnout is created by outward rotation of the hip. Twenty to thirty percent of turnout may then emanate from the ankle, with the remaining percentage created by the tibia and knee joint.

Dancers can safely execute the skills requiring external rotation if they have a solid knowledge of optimal individual skeletal and soft tissue range of motion capabilities. There are many factors that allow a dancer to achieve the turnout. Turnout requires ideal anatomy of the hip joint, activation of gluteal and adductor muscles, activation of pelvic ligaments, rotation of the tibia and ankle, and glide of foot bones at the arch.

Tips for dancer hip evaluation in office:

- Many dancers are unable to attain the perfect turnout because of limitations of the hip-undertucking of the hip.
- This forced posture is done to force turnout.
- Forced turnout limits ROM of hips and actively engages external rotator muscles of the hip.
- Forced turnout places strain on hip flexor muscles and hip labral complex.
- Forced turnout also causes pain in medial knee and can lead to pronation of midfoot.
- Goal of turnout: Tailbone down and core lifted with belly button to spine; starts at the hip.



Photo One: The perfect turnout in first position.



Photo Two: Undertucking of the hip/forced turnout.

SAOASM: Hands-on Summer Learning

Written By: Charlie Kenyon, SAOASM National Chair

At the end of June, students from the Texas College of Osteopathic Medicine joined Dr. Daniel Clearfield as he served as the Medical Director for the USA Judo Junior Olympics at the Irving Convention Center in Irving, TX. Many student chapters stay active during the summer with research and game/event coverage across the country. Stay tuned for more exciting updates from our student chapters as the academic year commences!



Register for OMED 2016 Today!

OMED 2016 will be held in Anaheim, California, from September 17-19, 2016. [Official OMED housing](#) is now open! New for 2016, you can register and book your hotel room in one click; full registration as well as one-day passes are available. If you are in need of Sports Medicine CME, register as Sports Medicine on the OMED Registration Form.

[Click here](#) to register.

[Click here](#) for the OMED 2016 Program.



LECOM Health Challenge Web.Com Golf Tournament

Dr. Patrick Leary and a group of graduating, current, and upcoming fellows provided coverage for the LECOM Health Challenge Web.Com Golf Tournament from July 7-10, 2016, at The Upper Course at Peek'n Peak Resort in Clymer, New York.

Pictured left to right: Patrick Leary, DO, LECOM Medical Director; Andrew Barclay, DO, LECOM Fellow; Bhavesh Joshi, DO, LECOM Fellow; Farzad Pourarian, DO, LECOM Graduating Fellow; Dominic Vanchieri, DO, MSIV LECOM

Virginia Tech Helmet Ratings Symposium

On August 16, Virginia Tech is hosting the 2016 Virginia Tech Helmet Rating Symposium in Washington DC, at the Marriott adjacent to Dulles airport. [Click here](#) to view the Symposium PDF that details the discussion topics, including:

- Adult football helmets and new adult Football STAR
- Youth football helmets and new youth Football STAR
- Head impact sensors and new Sensor STAR
- Bicycle helmets and new Bicycle STAR
- Soccer head gear and new Soccer STAR
- Hockey helmets and results from Hockey STAR

The conference fee is \$395 if registered prior to July 16 and will be used to cover the costs of hosting the meeting. By moving the symposium to Washington DC, our hope is that overall travel time and costs will be reduced. The meeting will run from 10:00 a.m. to 3:00 p.m., thus allowing for same day travel where possible. [Click here](#) to register!

Single GME Update: For Program Directors & DMEs

SAS Application Assistance Program: Free Consultants to Help You

Since the May launch of the Single Accreditation System Application Assistance Program, the AOA has received dozens of inquiries from programs seeking direction, information, or support.

We are committed to helping your program make this transition. Staff and consultants are standing by to assist you in moving forward into the new Single GME Accreditation system.

Experts are available to provide assistance with applications in most specialties as well as sponsoring institutions and financial aspects of accreditation. For information or assistance, call 312-202-8272 or email singleGME@osteopathic.org. **This service is available to you at no cost.**

[View the flyer](#) to learn more.

Journal Article Spotlight: Clinical Journal of Sport Medicine



Physical Activity Prescription: A Critical Opportunity to Address a Modifiable Risk Factor for the Prevention and Management of Chronic Disease: A Position Statement by the Canadian Academy of Sport and Exercise Medicine

Noncommunicable disease is a leading threat to global health. Physical inactivity is a large contributor to this problem; in fact, the World Health Organization ranks it as the fourth leading risk factor for overall morbidity and mortality worldwide.¹ In Canada, at least 4 out of 5 adults do not meet the Canadian Physical Activity Guidelines of 150 minutes of moderate-to-vigorous physical activity (MVPA) per week.^{2,3}

Prescription of physical activity (PA) is a key element of the multifaceted societal approach needed to address inactivity.^{4,5} Substantial evidence exists to support the benefits of exercise on at least 30 chronic diseases⁶⁻¹⁰ and the cost-effectiveness of exercise prescription in primary care,^{11,12} even for cardiovascular (CV) disease alone.¹³ [Read more...](#)

Journal Article Spotlight: British Journal of Sports Medicine

2016 Consensus statement on return to sport from the First World Congress in Sports Physical Therapy, Bern

Deciding when to return to sport after injury is complex and multifactorial—an exercise in risk management. Return to sport decisions are made every day by clinicians, athletes, and coaches, ideally in a collaborative way. The purpose of this consensus statement was to present and synthesise current evidence to make recommendations for return to sport decision-making, clinical practice and future research directions related to returning athletes to sport. A half-day meeting was held in Bern, Switzerland, after the First World Congress in Sports Physical Therapy. 17 expert clinicians participated. 4 main sections were initially agreed upon, then participants elected to join 1 of the 4 groups—each group focused on 1 section of the consensus statement. Participants in each group discussed and summarised the key issues for their section before the 17-member group met again for discussion to reach consensus on the content of the 4 sections. Return to sport is not a decision taken in isolation at the end of the recovery and rehabilitation process. Instead, return to sport should be viewed as a continuum, paralleled with recovery and rehabilitation. Biopsychosocial models may help the clinician make sense of individual factors that may influence the athlete's return to sport, and the Strategic Assessment of Risk and Risk Tolerance framework may help decision-makers synthesise information to make an optimal return to sport decision. Research evidence to support return to sport decisions in clinical practice is scarce. Future research should focus on a standardised approach to defining, measuring and reporting return to sport outcomes, and identifying valuable prognostic factors for returning to sport. [Read more...](#)

July 25, 2016



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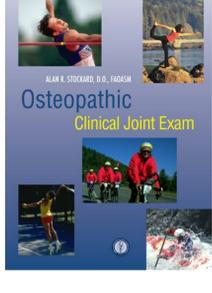
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