

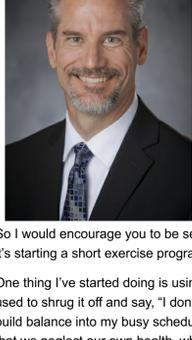


# SIDELINES

## What's New in June 2017!

In the June 2017 edition of *Sidelines* you will find the following content:

- **President Letter:** Written by Jeffrey Bytowski, DO, FAOASM
- **Athletes in the Arts Update:** Written by Rebecca Rodriguez, DO
- **OMED 2017**
- **The President's Council on Fitness, Sports & Nutrition**
- **AOASM Members in Action**
- **Journal Article Spotlight:** *Clinical Journal of Sports Medicine*
- **Journal Article Spotlight:** *British Journal of Sports Medicine*



### From the President: Jeffrey Bytowski, DO, FAOASM

I hope everyone is finding or planning some time to recharge over the summer! As there are more and more demands on our time with EMRs, peer to peers, in-baskets, calls, messages, etc., we need to be able to find that balance. The Summer is usually a good time to do it, especially for those of us who cover football at some level in the Fall.

It is unfortunate that more and more athletes train year-round, so even Summer doesn't seem to slow down like it used to as sports physicians continue to trudge through right into the fall.

So I would encourage you to be selfish and take time to create balance in your day—whether it's starting a short exercise program, yoga, meditation, or other mindfulness activities.

One thing I've started doing is using the breathe reminder on my Apple watch daily. I always used to shrug it off and say, "I don't have time to breathe!" but now I do it once a day to help build balance into my busy schedule. We can often be so busy taking care of everyone else that we neglect our own health, which doesn't help us or the patients we serve.

I hope you all have a wonderful Fourth of July weekend. Grill, chill, and unwind with friends and family.

Sincerely,

Jeff

Jeffrey Bytowski, DO, FAOASM

President, American Osteopathic Academy of Sports Medicine



## Athletes and the Arts

Written by: *Rebecca Rodriguez, DO*

### Cross-Training in Ballet Dancers

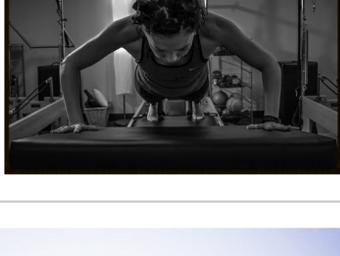
There are many facets to a dancer as an athlete. Football players cross-train with ballet, and basketball players cross-train with pilates. Ballet dancers use lots of lower body strength with ballet and with pointe shoes. Many have hip, knee, and foot/ankle injuries. It is important to recognize which sports are going to be healthy for dancers to cross-train in to strengthen their main sport of ballet. Dancers are looking for ways to excel and advance themselves in their sport without causing stress and strain on their feet (their livelihood).

Ballet dancers are always placing stress and strain on the lower extremity. As sports medicine physicians, we can help recognize and support cross-training activities both during the ballet season, off season, and when dancers have lower extremity injuries. Many sports can allow for functional "turned out" or external rotation movement for dancers and aid strength building.

Swimming is a great sport that removes gravity on lower extremities and promotes excellent cardiovascular fitness in athletes. For training during and off season, dancers can use swimming, kick-board exercises, and floaties on legs and arms for strength and cardio. Yoga is also a wonderful exercise for dancers to stretch and strengthen different planes (parallel and internal rotation). Yoga can decrease anxiety and relieve stress from the intense demand of dance. A type of rhythmic yoga, called flow Vinyasa yoga, can help with abdominal and upper body strength as well as balance. Both of these exercises have low impact on the lower extremity.

Pilates is one of the most common and favorite forms of cross-training exercises for ballet dancers. It is an exercise of core strength, which helps to strengthen every single part of the body and does many exercises in the "turned out" or external rotation position. Reformer pilates machines allow dancers to work strength via resistance through springs and also have low impact on the lower extremity joints. Pilates offers many machines/apparatuses to work on upper/lower body and abdominal strength and flexibility. Pilates reformer machines can also enable sculpt classes for cardiovascular exercise on spring boards. Many dancers enjoy pilates in their post-professional years as a career and continued form of regular exercise.

Dancers who are injured can also be offered these exercises for cross-training and physical therapy. Swimming, yoga, and pilates can sustain endurance, strength, and flexibility of the injured and noninjured dancer. Every dancer is unique, and it is important for sports medicine physicians to customize care and include the dancer in cross-training design of exercises.



# OMED® 17

## OCTOBER 7-10



# Philadelphia

**"BELOW THE KNEE, ABOVE THE NECK"**

**AOASM will cover the biomechanics of the foot and ankle, which are needed for quality performance, competitive edge development, and injury mechanics.**

Sideline management of maxillofacial injuries and new thoughts on concussion will expand our presentation.

We will address imaging and recovery issues, while reviewing an osteopathic approach to our treatment plans for these medical challenges below the knee and above the neck.

For more OMED 17 conference information go to: <http://omed.osteopathic.org> and don't forget to register as **Sports Medicine** on the OMED Registration Form.

## The President's Council on Fitness, Sports & Nutrition Announcements

The President's Council on Fitness, Sports & Nutrition (PCFSN) is pleased to share the following two announcements from our partners in the Office of Minority Health and the Office of Disease Prevention and Health Promotion here at the U.S. Department of Health and Human Services:

### New FY 2017 Funding Opportunity Announcement

The Office of Minority Health (OMH) at the U.S. Department of Health and Human Services administers cooperative agreement and grant programs to support projects that implement innovative models to improve minority health and reduce health disparities.

OMH has released a new competitive funding opportunity announcement (FOA) for which applications are now being accepted. Applications are due by August 1, 2017 at 5 PM ET.

**Announcement Number:** MP-CPI-17-004

**Opportunity Title:** Empowered Communities for a Healthier Nation Initiative

**Estimated Funding Level:** \$5 million per one-year budget period, for a project period of three years

The Office of Minority Health (OMH) at the United States Department of Health and Human Services announces the availability of Fiscal Year 2017 cooperative agreement funds for the Empowered Communities for a Healthier Nation Initiative. The Empowered Communities for a Healthier Nation Initiative seeks to reduce significant health disparities impacting racial and ethnic minorities and/or disadvantaged populations through implementing evidence-based strategies with the greatest potential for impact.

The program is intended to serve residents in communities disproportionately impacted by the opioid epidemic; childhood/adolescent obesity; and serious mental illness.

[Learn more about this FOA and how to apply.](#)

### Register for the Fourth Physical Activity Guidelines Advisory Committee Meeting

The 2018 Physical Activity Guidelines Advisory Committee will convene its fourth public meeting July 19-21, 2017. Registration is now open. The live videocast will air on July 19, 2017, from 1:00 p.m.-5:00 p.m. ET; July 20, 2017, from 8:00 a.m.-5:00 p.m. ET; and July 21, 2017, from 8:00 a.m.-11:00 a.m. ET. Learn the latest on how physical activity affects quality of life, how much physical activity children under age 6 need, if sedentary behavior has an impact on weight status, and more! [Click here](#) for more information.

## AOASM Members in Action

The 64th annual American College of Sports Medicine (ACSM) Annual Meeting was held in Denver, Colorado from May 30-June 3, 2017. Pat Leary, DO, FAOASM, was chair for a Foot and Ankle symposia (photo left), and Bhavesh Joshi, DO, presented his research (photo right).



## Journal Article Spotlight: *Clinical Journal of Sports Medicine*



### Blood Flow Restriction Training After Knee Arthroscopy: A Randomized Controlled Pilot Study

**Introduction:** Quadriceps strength after arthroscopic knee procedures is frequently diminished several years postoperation. Blood flow restriction (BFR) training uses partial venous occlusion while performing submaximal exercise to induce muscle hypertrophy and strength improvements. The purpose of this study was to evaluate BFR as a postoperative therapeutic intervention after knee arthroscopy.

**Methods:** A randomized controlled pilot study comparing physical therapy with and without BFR after knee arthroscopy was conducted. Patients underwent 12 sessions of supervised physical therapy. Subjects followed the same postoperative protocol with the addition of 3 additional BFR exercises. Outcome measures included thigh girth, physical function measures, Knee Osteoarthritis Outcome Score (KOOS), Veterans RAND 12-Item Health Survey (VR12), and strength testing. Bilateral duplex ultrasonography was used to evaluate for deep venous thrombosis preintervention and postintervention.

**Results:** Seventeen patients completed the study. Significant increases in thigh girth were observed in the BFR group at 6-cm and 16-cm proximal to the patella ( $P = 0.0111$  and  $0.0001$ ). All physical outcome measures significantly improved in the BFR group, and the timed stair ascent improvements were greater than conventional therapy ( $P = 0.0281$ ). The VR-12 and KOOS subscales significantly improved in the BFR group, and greater improvement was seen in VR-12 mental component score ( $P = 0.0149$ ). The BFR group displayed approximately 2-fold greater improvements in extension and flexion strength compared with conventional therapy (74.59% vs 33.5%,  $P = 0.034$ ). No adverse events were observed during the study.

**Conclusions:** This study suggests that BFR is an effective intervention after knee arthroscopy. Further investigation is warranted to elucidate the benefits of this intervention in populations with greater initial impairment. [Read more...](#)

## Journal Article Spotlight: *British Journal of Sports Medicine*

### Should exercises be painful in the management of chronic musculoskeletal pain? A systematic review and meta-analysis

**Background:** Chronic musculoskeletal disorders are a prevalent and costly global health issue. A new form of exercise therapy focused on loading and resistance programmes that temporarily aggravates a patient's pain has been proposed. The object of this review was to compare the effect of exercises where pain is allowed/encouraged compared with non-painful exercises on pain, function or disability in patients with chronic musculoskeletal pain within randomised controlled trials.

**Methods:** Two authors independently selected studies and appraised risk of bias. Methodological quality was evaluated using the Cochrane risk of bias tool, and the Grading of Recommendations Assessment system was used to evaluate the quality of evidence.

**Results:** The literature search identified 9081 potentially eligible studies. Nine papers (from seven trials) with 385 participants met the inclusion criteria. There was short-term significant difference in pain, with moderate quality evidence for a small effect size of  $-0.27$  ( $-0.54$  to  $-0.05$ ) in favour of painful exercises. For pain in the medium and long term, and function and disability in the short, medium and long term, there was no significant difference.

**Conclusion:** Protocols using painful exercises offer a small but significant benefit over pain-free exercises in the short term, with moderate quality of evidence. In the medium and long term there is no clear superiority of one treatment over another. Pain during therapeutic exercise for chronic musculoskeletal pain need not be a barrier to successful outcomes. Further research is warranted to fully evaluate the effectiveness of loading and resistance programmes into pain for chronic musculoskeletal disorders. [Read more...](#)

June 29, 2017



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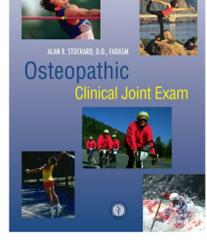
Priscilla Tu, DO, FAOASM

### Associate Contacts

Michael Henehan  
*CJSM Editor*

### Executive Director

Susan Rees



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American Osteopathic Academy of Sports Medicine  
2424 American Lane, Madison, WI 53704  
+1-608-443-2477 • [info@aoasm.org](mailto:info@aoasm.org) • [www.aoasm.org](http://www.aoasm.org)

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