



SIDELINES

What's New in September 2017!

In the September 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 Steven Karageanes, DO, FAOASM
- **OMED 2017**
- **SAOASM Update**
- **Journal Article Spotlight:** *Clinical Journal of Sports Medicine*
- **Journal Article Spotlight:** *British Journal of Sports Medicine*

September 28, 2017

Save the date



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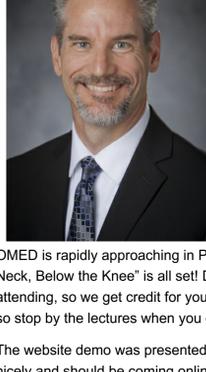
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From the President: Jeffrey Bytowski, DO, FAOASM

I hope your Fall is going well and you are finding balance while getting people to move and eat well!

This is such a great time of year for many in sports medicine. Football is in full swing, along with the other fall sports. Plus, many people are able to do many activities outdoors due to the great Fall weather for most. Unfortunately, the southern U.S. has been hit with many storms and possibly more on the way. Our thoughts go out to those in need, of course. It always reminds us how sports take a huge back seat to what is really important in those times.

OMED is rapidly approaching in Philadelphia, October 7-10, and our lineup of "Above the Neck, Below the Knee" is all set! Don't forget to register under sports medicine if you are attending, so we get credit for your attendance. I would love to say hello to anyone attending, so stop by the lectures when you can.

The website demo was presented to the Board on our last call, and it is shaping up very nicely and should be coming online very soon. There will be a lot of new, great features, including easier payment options and educational development tracking, along with social media features, etc. It will work on mobile as well. We hope to have some robust features for you by the time of the Annual Clinical Conference in Columbus, Ohio, in May 2018.

AOASM will also continue to be represented in writing the next edition of the Team Physician Consensus statement. Rob Franks and I will be representing AOASM at the meeting.

See you in Philly soon. Last time I checked they hadn't fixed the Liberty Bell yet, so I will need to run by it before running up the "Rocky" steps!

Best,

Jeff

Jeffrey Bytowski, DO, FAOASM

President, American Osteopathic Academy of Sports Medicine



Athletes and the Arts

Written by: Steven Karageanes, DO, FAOASM

The Injury Dancers Ignore: Hearing Loss

In dance, there's little argument that the perfect music with the perfect steps can be transcendent. But too much of a good thing can be harmful. In this case, the music.

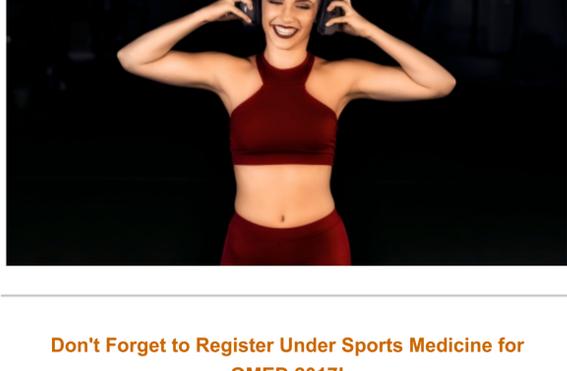
Did you know that music may be damaging your hearing without your realizing it?

Manufacturing, military, and music industries have struggled with noise-induced hearing loss for years. A 2014 study found a nearly fourfold increase in the rate of NIHL in musicians compared to the general population. Similar rates are seen in construction and factory workers, so these industries have guidelines designed to protect hearing.

But in dance, no such research or standards exist.

Decades of exposure to loud music can cause hearing loss in dance teachers, which can make it hard to know how loud they play music in class. Choreographers might turn the volume up so dancers feed off the music's energy. And in studios, concrete and steel buildings without sound-dampening material on the walls only increases the intensity. But dancers can be afraid to ask to turn the music down.

At a national dance convention in July, I measured decibels in a hip-hop class. (Per usual, most of the students were pressed up close to the stage—next to the speakers.) At the back of the ballroom, the music measured 107.9 decibels. From the front, right under the speakers, it was 119 decibels. For the full article featured in *Dance Magazine*, [click here](#).



Don't Forget to Register Under Sports Medicine for OMED 2017!

Register Now for OMED 2017



YOU BELONG. HERE. PHILADELPHIA | OCT 7-10 OMED 2017

From Health Care to Health: Reimagining Physician Training and Partnerships to Create Healthier Communities

OMED Sunday Panel Discussion:

October 8, 2017

8:00 a.m.-9:15 a.m.

Although the Affordable Care Act reduced the ranks of the uninsured, many Americans still struggle to find the right care team. Join us for an insightful panel discussion to learn how collaborations between competing hospitals, physician training programs, and non-traditional private partnerships are tackling affordability and improving community health.



From left to right: Panelists include Jay Bhatt, DO, MPH, MPA, American Hospital Association Senior Vice President & Chief Medical Officer, President, Health Research & Educational Trust; Jeff Morgan, DO, MA, FACP, Dean at A.T. Still University School of Osteopathic Medicine in Arizona, Associate Professor Internal Medicine; and Joe Wilkins, MBA, FACHE, Senior Vice President & Chief Transformation Officer at Atlantic Health System.

Special Guest Speaker: Claire Wineland Inspires by Sharing Her Health Care Journey and Insights



At the heart of the health care journey lies the patient perspective. Gain a unique look at the world of medicine through the eyes of Claire Wineland, an activist, YouTube personality, and author who was born with cystic fibrosis. As founder of the Clairity Project and Claire's Place Foundation, Wineland helps caregivers and the public better understand the needs of patients and families coping with chronic illness. Each day, she confronts her illness with positivity, humor, and an openness that has riveted thousands of followers on her website and social media platforms. Wineland's remarks will inspire you to rethink your definition of health and reimagine your approach to patient care.

Be sure not to miss her thought-provoking message for DOs immediately following the Sunday morning panel. You belong. Here. [Reserve your spot today](#)

Register Now for OMED 2017

SAOASM Update

Written by: Justin Stumph, National Vice Chair

Osteopathic schools around the country have started back for the 2017-18 school year and their respective SAOASM clubs have already been involved in some awesome events. A few examples of these events include volunteering at races such as Spartan Race and the Philadelphia Rock 'n' Roll Half Marathon, providing ringside coverage at boxing tournaments, helping at pre-participation physicals, and providing sideline coverage at high school football games. We are excited about the activities our students have participated in thus far and look forward to a great year for SAOASM!

Journal Article Spotlight: *Clinical Journal of Sport Medicine*



Radial Extracorporeal Shock Wave Therapy Is Effective and Safe in Chronic Distal Biceps Tendinopathy

Objective: To assess the efficacy and safety of radial extracorporeal shock wave therapy (rESWT) for chronic distal biceps tendinopathy (cDBT).

Design: Case-control study (level of evidence, 3).

Setting: SUN Orthopaedics and Sports Medicine.

Patients: Patients with a diagnosis of cDBT were recruited between January 2010 and February 2015.

Interventions: Patients received a single session of rESWT (2000 shock waves with energy flux density of 0.18 mJ/mm²) or other forms of nonoperative therapy.

Main Outcome Measures: Patients completed the visual analog scale (VAS), the modified QuickDASH (MQD) score, and the Roles and Maudsley (RM) score over a 12-month period.

Results: Forty-eight patients completed the final review at 12 months and were included in the study. Subjects ranged in age from 30 to 64 years. Mean pretreatment VAS scores for the rESWT and control groups were 8.3 and 8.5, respectively. Three and 12 months after inclusion in the study, the mean VAS scores for the rESWT and control groups were 3.4 and 5.6 (P < 0.001) and 2.7 and 4.7 (P < 0.001), respectively. Twelve-month follow-up MQD-Sports and MQD-Work scores for the rESWT and control groups were 3.7 and 1.7 (P < 0.001) and 3.8 and 1.8 (P < 0.001), respectively. Differences in mean RM score were statistically significant between groups at 3 months after the treatment. There were no significant complications.

Conclusions: Overall, rESWT is an effective and safe treatment for cDBT.

Clinical Relevance: Radial ESWT is a novel, effective, and safe treatment for cDBT. [Read more...](#)

Journal Article Spotlight: *British Journal of Sports Medicine*

Effectiveness of conservative interventions including exercise, manual therapy and medical management in adults with shoulder impingement: a systematic review and meta-analysis of RCTs

Objective: To investigate the effectiveness of conservative interventions for pain, function and range of motion in adults with shoulder impingement.

Design: Systematic review and meta-analysis of randomised trials.

Data sources: Medline, CENTRAL, CINAHL, Embase and PEDro were searched from inception to January 2017.

Study selection criteria: Randomised controlled trials including participants with shoulder impingement and evaluating at least one conservative intervention against sham or other treatments.

Results: For pain, exercise was superior to non-exercise control interventions (standardised mean difference (SMD) -0.94, 95%CI -1.69 to -0.19). Specific exercise interventions were superior to generic exercises (SMD -0.65, 95%CI -0.99 to -0.32). Corticosteroid injections were superior to no treatment (SMD -0.65, 95%CI -1.04 to -0.26), and ultrasound guided injections were superior to non-guided injections (SMD -0.51, 95%CI -0.89 to -0.13). Nonsteroidal anti-inflammatory drugs (NSAIDs) had a small to moderate SMD of -0.29 (95% CI -0.53 to -0.05) compared with placebo. Manual therapy was superior to placebo (SMD -0.35, 95%CI -0.69 to -0.01). When combined with exercise, manual therapy was superior to exercise alone, but only at the shortest follow-up (SMD -0.32, 95% CI -0.62 to -0.01). Laser was superior to sham laser (SMD -0.88, 95%CI -1.48 to -0.27). Extracorporeal shockwave therapy (ECSWT) was superior to sham (-0.39, 95%CI -0.78 to -0.01) and tape was superior to sham (-0.64, 95%CI -1.16 to -0.12), with small to moderate SMDs.

Conclusion: Although there was only very low quality evidence, exercise should be considered for patients with shoulder impingement symptoms and tape, ECSWT, laser or manual therapy might be added. NSAIDs and corticosteroids are superior to placebo, but it is unclear how these treatments compare to exercise. [Read more...](#)

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