From the Chairperson
Joel Brenner, MD, MPH, FAAP

As the long and cold winter finally comes to an end we can look forward to more warmth and sunshine. This will hopefully translate into spending more time outside doing fun and physically challenging activities such as paddle boarding, kayaking, biking, running or whatever else helps stimulate your endorphins and manage the stress of a busy life. The warm weather also means more kids will be outside continuing to play their year-round sports, but hopefully in a less stressful environment than years past. Unfortunately, from media reports, anecdotal experiences we have all had in the office and current research, we still have a long way to go in changing the culture of youth sports to prevent overuse injuries and burnout. Our partnering organization, American Medical Society for Sports Medicine (AMSSM), published a current evidenced-based review of “Overuse Injuries and Burnout in Youth Sports” this winter in British Journal of Sports Medicine (BJSM), Clinical Journal of Sports Medicine (CJSM) and a podcast. This statement, co-authored by many Council on Sports Medicine and Fitness (COSMF) members, provides a good framework for health care providers to utilize in the office setting. Among the many policy statements COSMF is currently working, one includes a new statement on sports specialization in youth.

COSMF has remained active throughout the long winter attending collaborative meetings, writing policy statements and creating new programs. Policy statements that have recently been published include ACL Injuries and Prevention (May 2014) and Youth Ice Hockey (June 2014). We also endorsed an international position statement on Youth Resistance Training (Teri McCambridge co-author) and a consensus statement on Best Practices for Sports Medicine Management of Secondary Schools and Colleges (Doug Gregory co-author). Policy statements currently in process include Tackling in Youth Football, Mixed Martial Arts (MMA), Female Athlete Triad, and a revision of the Return to Play after Concussions.

COSMF members have represented the AAP at the Joint Commission on Sports Medicine and Science (Joel Brenner and Michele LaBotz), Aspen Institute Roundtable (Michele Labotz), Youth Sports Safety Summit (Jeff Mjaanes), Safety in College Football Summit (Peter Kriz). Becky Demorest and I represented COSMF at the AAP 2014 Annual leadership Forum (ALF) and defended 2 COSMF resolutions titled “Revise AAP marketing and Publication Guidelines for Ex-

(Continued on page 2)
pert Book Publications” and “Reduction in Single-Day Subspecialist H-Program Registration Fees for the NCE”. The full text is available on the AAP website. These passed with overwhelming support by the general voting body and will now become advisory to the AAP Board of Directors.

We have started many new initiatives recently including increasing collaboration with AMSSM through an exchange lectureship at our annual meetings and future joint papers. Mandy Weiss-Kelly and Keith Loud (QI Coordinators) are leading COSMF in the development of quality improvement programs that will offer part 2 and 4 MOC credit. Becky Demorest and Al Hergenroeder are editing a sports medicine issue in “Adolescent Medicine: State of the Art Reviews (AM: STARS) with chapter contributions from many COSMF members. AAP staff and I recently participated in a conference call with the White House to discuss ways that we could collaborate to solve the youth sport concussion problem. One final initiative that we are just getting off the ground is a new mentoring program to help young members get more experience and keep our “veteran” members involved and sharing their wisdom. Blaise Nemeth will be leading this new initiative.

In October, COSMF will present many exciting workshops and lectures at the National Conference and Exhibition (NCE) in San Diego in addition to our H Program, which will be on Saturday this year. One exciting event, that is a first for COSMF, is co-hosting the Peds21 conference, “1, 2, 3 Go! Sports in the World of Pediatrics- Playing it Safe and Making it Fun!” This will kickoff the NCE on Friday and is co-hosted with the Sections of Orthopedics and Rheumatology. Maintenance of Certification (MOC) Part 2 credit will be available for the Peds 21 course and is included in the NCE registrations feeds.

As summer approaches it is time to say thank you to our 3 Executive Committee (EC) members, Mark Halstead, Cynthia LaBella, and Stephanie Martin who will be rotating off. COSMF is forever grateful for your tireless efforts and contributions you have made over the past 6 years. We also get to welcome our 3 new EC members Alex Diamond, Kelsey Logan and Bill Henrikus. The elections were very close and I want to thank everyone who took the time to make their COSMF membership voice be heard.

Please email Anjie Emanuel (aemanual@aap.org) or myself (Joel.Brenner@chkd.org) with any new ideas or if you just want to get more involved.

Enjoy your summer being active with friends and family.

I hope to see everyone in San Diego, Friday October 10, 2014.

Peace and Happiness,
Joel
On December 17, 2013, the COSMF lost a wonderful friend, advocate and mentor with the passing of Eugene Freddie Luckstead. Gene was always quick to introduce himself to new faces at the H-program with encouragement to become more involved with a group that brought him so much professional satisfaction. A much deserving 2004 Thomas Shaffer Award winner for his contributions to Pediatric Sports Medicine, he also edited this newsletter for many years and it is with a heavy heart that we include Gene’s obituary below. May his Memory be Eternal!

Eugene Freddy Luckstead, 75, of Amarillo, Texas, passed from this life to his heavenly home on December 17, 2013. Eugene was born November 20, 1938, in Anamosa, Iowa. He grew up on a farm in Wyoming, Iowa, where he excelled in both academics and athletics. He graduated from Wyoming High School in 1956 and pursued higher education at the University of Iowa, where he graduated in 1959 with a degree in biology. In 1963, he graduated from medical school at the University of Iowa. He completed a residency in pediatrics while serving in the Navy as a Lieutenant Commander in Oakland, California, until 1966. He continued his naval service while stationed in Long Beach, California, until 1968. He then completed a fellowship in pediatric cardiology at the University of Kansas.

Eugene was united in marriage to his best friend, Margaret Ann Dandl, on June 24, 1961. They enjoyed a marriage filled with love, respect, and adventure for fifty-two years. Throughout his professional life, Eugene served as medical faculty at the University of Kansas, the University of Oklahoma, and the University of Iowa while he served as Chairman of the Department of Pediatrics at Blank Children’s Hospital. He also served as Medical Director of Cook Fort Worth Children’s Hospital and as Executive Medical Director at Kings Daughters Children’s Hospital in Norfolk, Virginia, where he also served as Professor of Pediatrics at Eastern Virginia Medical School. Finally, he served as Professor of Pediatrics at Texas Tech University Health Sciences Center while continuing to practice as a pediatric cardiologist.

Selflessly serving others was the hallmark of Eugene’s life. He cherished people and took great joy in helping his patients. Additionally, he was passionate about teaching and loved mentoring medical students, residents, and young physicians. He was an extensively published author of articles and texts on the topics of pediatric cardiology and pediatric and adolescent sports medicine. He was a world-wide guest speaker on topics concerning sports medicine as well as being the recipient of numerous awards and accolades for his contributions to the fields of pediatrics, cardiology, and sports medicine.

As passionate as Eugene was about the field of medicine, his family and friends were even more beloved to him. He was the consummate family man, and he spent his life in devotion to his wife and in support of his children and grandchildren in their endeavors. He and Margie travelled extensively and were particularly fond of cruising. He loved sports and was an avid fan of the Iowa Hawkeyes and the Texas Tech Red Raiders. Eugene is survived by his wife of fifty-two years, Margaret Luckstead; his three children, Eugene Freddie Luckstead, Jr., and his wife Stephanie, Ann Gosdin and her husband Brad, and Erik Luckstead and his wife Kay; his six grandchildren, Luke, Mattea, and Sarah Luckstead, Mary Gosdin, and Grant and Logan Luckstead; his two sisters, GaeAnn Steuri and Gayle Burgess; his nieces and nephew; other relatives; and a host of adoring friends.

Eugene was preceded in death by his parents, Freddie Luckstead and Velda McGuire Luckstead.

In lieu of flowers, donations may be given to the Dr Eugene F. Luckstead, Sr., Memorial Fund at Texas Tech University Health Sciences Center or another charity of one’s choosing. The family would like to thank all who cared for him during both his hospitalization and his stay at Hospice Care of the Southwest.

Eugene Freddy Luckstead, 75, of Amarillo, Texas, passed from this life to his heavenly home on December 17, 2013. Eugene was born November 20, 1938, in Anamosa, Iowa. He grew up on a farm in Wyoming, Iowa, where he excelled in both academics and athletics. He graduated from Wyoming High School in 1956 and pursued higher education at the University of Iowa, where he graduated in 1959 with a degree in biology. In 1963, he graduated from medical school at the University of Iowa. He completed a residency in pediatrics while serving in the Navy as a Lieutenant Commander in Oakland, California, until 1966. He continued his naval service while stationed in Long Beach, California, until 1968. He then completed a fellowship in pediatric cardiology at the University of Kansas.

Eugene was united in marriage to his best friend, Margaret Ann Dandl, on June 24, 1961. They enjoyed a marriage filled with love, respect, and adventure for fifty-two years. Throughout his professional life, Eugene served as medical faculty at the University of Kansas, the University of Oklahoma, and the University of Iowa while he served as Chairman of the Department of Pediatrics at Blank Children’s Hospital. He also served as Medical Director of Cook Fort Worth Children’s Hospital and as Executive Medical Director at Kings Daughters Children’s Hospital in Norfolk, Virginia, where he also served as Professor of Pediatrics at Eastern Virginia Medical School. Finally, he served as Professor of Pediatrics at Texas Tech University Health Sciences Center while continuing to practice as a pediatric cardiologist.

Selflessly serving others was the hallmark of Eugene’s life. He cherished people and took great joy in helping his patients. Additionally, he was passionate about teaching and loved mentoring medical students, residents, and young physicians. He was an extensively published author of articles and texts on the topics of pediatric cardiology and pediatric and adolescent sports medicine. He was a world-wide guest speaker on topics concerning sports medicine as well as being the recipient of numerous awards and accolades for his contributions to the fields of pediatrics, cardiology, and sports medicine.

As passionate as Eugene was about the field of medicine, his family and friends were even more beloved to him. He was the consummate family man, and he spent his life in devotion to his wife and in support of his children and grandchildren in their endeavors. He and Margie travelled extensively and were particularly fond of cruising. He loved sports and was an avid fan of the Iowa Hawkeyes and the Texas Tech Red Raiders. Eugene is survived by his wife of fifty-two years, Margaret Luckstead; his three children, Eugene Freddie Luckstead, Jr., and his wife Stephanie, Ann Gosdin and her husband Brad, and Erik Luckstead and his wife Kay; his six grandchildren, Luke, Mattea, and Sarah Luckstead, Mary Gosdin, and Grant and Logan Luckstead; his two sisters, GaeAnn Steuri and Gayle Burgess; his nieces and nephew; other relatives; and a host of adoring friends.

Eugene was preceded in death by his parents, Freddie Luckstead and Velda McGuire Luckstead.

In lieu of flowers, donations may be given to the Dr Eugene F. Luckstead, Sr., Memorial Fund at Texas Tech University Health Sciences Center or another charity of one’s choosing. The family would like to thank all who cared for him during both his hospitalization and his stay at Hospice Care of the Southwest.
Extreme Athletes in the Arts
By Steve Rock, MD, FAAP

Editor Note: Following up on the Athletes in the Arts piece from the Fall, 2013 COSMF newsletter, we are pleased to include this timely contribution by Steve Rock, MD, FAAP, on his experience working with Drum Corps.

If one were to describe an activity with the following:

1) Practice 10-14 hours a day
2) Heart rates during activity range from 110-185
3) Total distance per day of 10-13 miles.

What activities might be on the list?

This list accurately describes the 3 months of activity each summer in Drum Corps. Starting each May, about 3500 musician-athletes rehearse over long days for the first 3 weeks, and then go on the road to compete around the country. Nightly accommodations during competition are often sleeping on a bus overnight to the next location, then sleeping on a gym floor, before getting up to rehearse again. This is not just marching band- the choreography of the shows requires the musician-athletes to plant, pivot, twist, squat and leap, all while playing an instrument. Some Corps have excellent medical coverage available, while others have very little, or no coverage.

In 2007, the Drum Corps Medical Project (DCMP) was revived. DCMP has done its best to advise Corps about injury prevention, nutrition, and rest and be a resource for advice while corps are on the road. The DCMP is comprised of medical providers with an interest in the marching arts. Most of the DCMP members have marched in the past, but not all (including myself) have Drum Corps experience. Unfortunately, it has been difficult to gather good injury data or physiologic data so far. We are working on projects to collect this information, but could use additional help.

I have volunteered as the “team doctor” with the Dubuque Colts and Colt Cadets for many years. The challenges are many, including detecting problems early and addressing them, as after 4-5 days of time out for an injury, a corps member may be sent home for the rest of the summer. This is equivalent to cutting a starter just before the state playoffs.

In 2007, the Drum Corps Medical Project (DCMP) was revived. DCMP has done its best to advise Corps about injury prevention, nutrition, and rest and be a resource for advice while corps are on the road. The DCMP is comprised of medical providers with an interest in the marching arts. Most of the DCMP members have marched in the past, but not all (including myself) have Drum Corps experience. Unfortunately, it has been difficult to gather good injury data or physiologic data so far. We are working on projects to collect this information, but could use additional help.

Another challenge (which you can help with) is having knowledgeable providers available near tour sites for evaluation and treatment of injuries when corps are on the road. Currently, many corps utilize local Emergency Rooms as their source of medical care on the road. While this can be valuable for acute injuries and problems, the overuse problems may be less appropriately addressed.

With the American College of Sports Medicine, American Medical Society for Sports Medicine, and AAP-COSMF efforts to develop programs such as Athletes and the Arts, involvement with the DCMP is a way we can be involved with a largely underserved population. For those of you with an interest, you can volunteer for the DCMP through the DCI website: http://www.dci.org/forms/dcmp/ or contact me for more information: srock@mahealthcare.com. If there is a corps in your area, contact them directly to see if you can help http://www.dci.org/corps/map.cfm.
S P R I N G  2 0 1 4
C O S M F N E W S L E T T E R
Page 5

A New Addition to the 3 R’s:
Reading, Writing, Arithmetic and Physical Literacy (3Rs+PL)
By Suzy McNulty, MD, FAAP

“A Winter Wonderland.” And now 30+ years later, it afforded me a chance to experience life as a Gatineau local would live each day, using the ice as a means of transportation, exercise and family fun time.

So what is PHYSICAL LITERACY?

Physical Health and Education Canada (PHE Canada) defines physical literacy as:

“The ability to move with competence and confidence in a wide variety of physical activities in multiple environments that benefit the healthy development of the whole person.”

IMPORTANCE OF PHYSICAL LITERACY

Dr Dean Kriellaars, an Exercise Physiologist and an Assistant Professor in the Department of Physical Therapy at the University of Manitoba School of Medicine, spoke about the importance of physical literacy at the Canadian Sport for Life National Summit, which took place over four days this past January in Gatineau. He said that “it’s as important as reading and writing skills, and the ability to work with numbers.” Physical literacy is particularly relevant to the AAP, as being physically active from a young age has many benefits for the overall health and well-being of a child:

• PATHWAY TO SUCCESS: A child with a larger “movement vocabulary” engages in more movements and skill sets, which in turn increases their participation in society. This leads to an enhanced development of social, emotional and physical well being. This theory is the premise for Canada’s Canadian Sport for Life, which bridges the gap between their recreation programs, organized sport and physical education/school sports programs. Through physical literacy, it provides a “pathway of training, competition and recovery for all individuals in sport and physical activity from infancy to late adulthood.” Another term for this pathway is Long Term Athletic Development (LTAD).

• IMPROVEMENT IN PHYSICAL HEALTH AND LIFE EXPECTANCY: A physically literate child results in a healthy child, who is less likely to develop chronic illnesses like Cardiovascular Disease, Stroke, Type II Diabetes, Hy-

Editor Note: Sincere Gratitude to Suzy McNulty, MD, FAAP, YFS-I from Mission Viejo, CA for sharing her expertise and experience with Long Term Athletic Development and Physical Literacy.

Are you PHYSICALLY LITERATE?

Thanks to my parents I am! At least that’s what I decided as I ice skated for 5 miles on the Canal Rideau this past January while at a conference in Gatineau, Quebec on Long Term Athletic Development and Physical Literacy. I was a Southern California native managing to stay up and avoid any nasty spills (without a helmet…shhhh!) on a one hour skate past beautiful old buildings, kids out with their parents playing hockey, and businessmen on their way home from work, briefcase in hand, skating beside me on the ice frozen over on the largest canal turned skate way in the world! Who knew that my first pair of roller skates I received for my 5th birthday or the endless hours spent outside playing roller hockey with my 3 siblings, would influence my primary mode of transportation through most of high school and college in sunny So Cal? I still remember my trusty brown suede roller skates I had, tricked out with purple pom-poms and colored wheels to match. In the summer, we would cruise the strand from Redondo Beach to Santa Monica and back…and it didn’t even enter our minds we were exercising—we were just socializing! Later it would land me a job at Disneyland as a roller skating snowflake in the “Very Merry Christmas Parade,” decked out in a white unitard, a curly white wig and a 10x10 foot styrofoam snowflake strapped to my back as I danced on roller skates to

(Continued on page 6)
percholesterolemia, and Osteoporosis, due to a less sedentary lifestyle and obesity.

- The current generation of children is now being purported to be the first generation in decades to have a shorter life expectancy than their parents.
- They reported in Canada that 65% of their population is overweight or obese, and more than 30% of their children also fit this profile (CDC quotes the United States as “only” having 35% of our adult population and 17% of US children as being obese).
- They also reported only 7% of Canadian children achieve the recommended 60 minutes of daily exercise and that the average Canadian child spends on average 6 hours a day in front of a screen (computer/TV/video game). Screen time for American children averages about 3 hours a day. American children are doing significantly better, but still woefully poor, in achieving the recommended 60 minutes of daily exercise: 75% of children age 9-13 but only 29% of high students reported achieving this goal.

- **INCREASE CONFIDENCE LEVELS**: There is now a growing body of evidence that a child who is physically literate has increased confidence levels in ALL areas of life. A child strengthens their body through increased participation in physical activity. This in turn prepares their muscles for a wide variety of activities, and helps them acquire/develop skills and confidence to safely participate in unfamiliar activities and overcome challenges.

- **PREVENTION OF INJURY**: There are current, on-going studies in Toronto at Sunnybrook Health Sciences Centre’s RBC First Office for Injury Prevention Program linking physical literacy and injury prevention. This link is particularly relevant to the sports medicine community, as it directly addresses prevention of injuries. With the publication of Overuse Injuries, Overtraining and Burnout in Child and Adolescent Athletes from the AAP’s Council of Sports Medicine and Fitness, discussions and ideas on how to prevent injuries have come to the forefront. One such discussion is a child with a greater physical literacy skill set, will in turn, improve their skill execution, which leads to decreased risk of injuries, both acute and overuse. If a child learns a skill with poor execution:
  - It is very difficult to change the pattern of execution the longer the skill is practiced incorrectly.
  - The child becomes more susceptible to repetitive strain or acute injury due to poor mechanics.
  - The child is unable to advance to the next skill due to limited mastery or competence of the prior skill set.

- **ACHIEVING ELITE STATUS**: Children who increase their physical literacy skills in turn increase their movement skills and explore their full athletic potential. This could then result in increased success in competitive sports, which in turn, could then lead to maximization of an athlete’s potential at the elite/Olympic/collegiate/professional level. The United States Olympic Committee (USOC) and the United States National Governing Bodies (NGB’s) of sport are currently devising an Athletic Development Statement, which proposes specific outcomes by using these principles:
  - Grow both the general athlete population and the pool of elite athletes from which Olympians and Paralympians are selected.
  - Develop fundamental skills that transfer between sports,
  - Provide an avenue to fulfill a child’s athletic potential,
  - Create a generation that loves sport and physical activity, and transfers that passion to the next generation.

The World LTAD Symposium was also held in conjunction with the National Summit, where NGB’s from leading sporting countries discussed their own LTAD programs and models. Emphasis was placed on the internal and external integration and implementation of the LTAD model, the measurement of success rates and failures of this model, and the long term implications of putting such a model in place. Emphasis was placed on the fact that increasing the all-important medal count was actually a by-product of the success of the LTAD model, and to not give marked significance to this very measurable and popular marker for success.

**PUTTING IDEAS INTO PRACTICE**

As nations around the world have begun to realize the widespread implications of initiating physical literacy and LTAD in their society, certain programs have begun to receive more international recognition as valid and reliable strategies for success. Canada has established itself as one of the leaders in the field, and has begun implementing many programs at both the national and provincial levels to address the growing need for physical literacy in Canada. Two such programs were designed by Dr Kriellars for Canadian implementation:

**PASSPORT FOR LIFE**: [www.passportforlife.ca](http://www.passportforlife.ca) Dr Kriellars was instrumental in writing the Physical and Health Education Canada guideline-Passport For Life—which is now being utilized in many schools across Canada in their physical education program.

**WHAT IS PASSPORT FOR LIFE?**

- A free, online formative assessment of physical literacy
- Reflection of each student’s physical literacy compared

(Continued on page 7)
to themselves only (Student Passport)
- A tool which can be used for individual goal setting (NOT a report card)
- A set of standards that promotes learning and positive attitudes (competence and confidence)

• FOUR COMPONENTS
  • ACTIVE PARTICIPATION:
    Online student questionnaire/self report that assesses the variety and frequency of physical activity—what type of activity and where (land, snow, ice, water and air)
  • LIVING SKILLS:
    Online student questionnaire/self report that addresses FEELING (interpersonal), THINKING (Critical Thinking) and INTERACTING (relationships)
  • FITNESS SKILLS:
    Uses rubrics to assess for Aerobic/Cardiovascular endurance, Balance and Dynamic Stability, and Core Muscle Strength
  • MOVEMENT SKILLS:
    Uses rubrics to assess Locomotion, Upper Limb Object Control, and Lower Limb Object Control

• PILOT PROGRAMS:
  ⇒ Grade 3-6:
    • 150 teachers across Canada participated in 3 pilot programs (~3,800 students)
    • Over 500 teachers registered for tool (National launch September 2013; ~12,500 students)
    • Comparison of assessments from fall of 2012 to spring of 2013 reveal substantial and statistically significant improvement in all 4 categories (Active Participation, Living Skills, Fitness Skills, and Movement Skills)
    • Pilot also revealed gender differences, grade differences, and school year improvement.
  ⇒ Grade 7-9:
    • 97 teachers across Canada participating in the pilot study (development of pilot September 2013; ~2,500 students)
  ⇒ Grade 10-12:
    • Development of Pilot Spring 2014

PLAY-Physical Literacy Assessment for Youth-TOOLS:
play.physicalliteracy.ca
A series of tools developed by Canadian Sport for Life (CS4L) to determine the level of an individual’s physical literacy.

- PLAY SELF-Child’s self assessment/perception of their own physical literacy
- PLAY Coach-Coach perception of a child’s level of physical literacy (not a skills assessment)
- PLAY Parent-Parental perception of a child’s physical literacy
- PLAY Basic-Short form of PLAY Fun
- PLAY Inventory-inventory of activities

A CALL TO ACTION
‘Physical literacy is as essential as literacy. Just take “physical” out and it’s the same as literacy: that’s how valued this must be,” Dr Kriellaars said during his presentation. “Obesity, physical inactivity and all the diseases downstream from that are running us over right now. And it’s a major problem. Physical literacy is our saviour. It’s a grand experiment. No developed country – zero – has recovered from this yet. None.” We too, in the United States, are seeing the same problems that Dr Kriellaars is dealing with in Canada. The AAP and the COSMF have key roles in implementing programs to address these issues. Programs need to be put in place to combat the public obesity crisis and co-morbid conditions, address movement skills in early childhood to give children the tools they need to succeed in life and in sports, and teach proper movement skills to combat acute and overuse injuries. Physical Literacy addresses these concerns, and gives a framework from which to proceed.
I am committed to making sure that the AAP continues to take care of pediatricians in practice because they are on the front-line taking care of children and families, the center of our mission. We must work with large private payers to ensure that pediatricians are paid fairly for the services they provide. We should seriously respond to a top 10 resolutions at ALF this year that asked the AAP to create its own certification process for the Pediatric Medical Home. We must also help pediatricians adapt to new models of payments based on quality and population health, not fee for service.

Of equal importance, I am committed to the increasing number of pediatricians, in hospital medicine or primary care, who need leadership skills to advance their careers. We will need to teach organizational and business leadership to our members, including young physicians, sooner rather than later. We must help young physicians with the large debt they face and invest in our electronic platform so that the AAP becomes the electronic portal for all pediatricians seeking tools to take better care of patients.

Finally, I know that many of you are passionate about the issues of child poverty, firearm safety, obesity, and early childhood and brain development, as am I. My pledge to you is to actively lead the AAP in making policy and advocacy, education of our trainees and members, and improvements in health care come together to make a real difference for the most vulnerable children and families.

The AAP is committed to the care of children and families, and the AAP must also care for pediatricians. The health of youth depends upon primary care, specialty care, and academic pediatricians for both health care and advocacy in policy and in media.

As I practice primary care pediatrics, my AAP experience revolves around collaboration with pediatric subspecialists, allied professionals and families in projects related to theory, practice and systems to enhance child health. In The Bright Futures Guidelines, we ask specialists to provide evidence for what we do. We help primary care clinicians to select what is important for their patient and practice, with the intent to help pediatricians accomplish what they know to be important, not to dictate what they do. I am committed to continuing this work.

Pediatric practice has to thrive and remain not just viable, but strong in both the traditional fee-for-service setting and in the new Accountable Care environment. Pediatric practice must continue to be personally and professionally rewarding. I founded a small practice, serve on the board of a PPO and am clinical faculty in an academic Pediatrics department. I am committed to the business of pediatrics, the science underpinning our work and teaching and mentoring those who will carry this work forward.

I will seek and utilize your input to serve you effectively. Our leaders must understand the needs of children, the realities of practice, the demands of academia and the ability of the AAP to empower each of us.
Please join us at the 2014 AAP NCE in sunny San Diego!

This promises to be an exciting and informative meeting as the COSMF is sponsoring many sports related sessions, including the Pediatrics for the 21st Century Symposium Series (Peds 21), the COSMF H Program and many general NCE sessions.

**COSMF Highlights:**

**Friday, October 10, 2014**
11:30 AM - 5:30 PM

**Pediatrics for the 21st Century Symposium Series: 1,2,3 Go! Sports in the World of Pediatrics- Playing it safe and making it fun! Co-Sponsored by the COSMF and the Sections on Orthopedics and Rheumatology.**

- This session is free and is included in the general NCE registration but you MUST pre-register in order to attend.
- **MOC Part 2 credit** will be offered to interested participants who pre-register. Registration will include information on participation, including pre-test and post-test information.

11:30 AM Poster Session, Networking and Buffet Luncheon
12:35 PM AAP President Remarks/Presentation
12:45 PM Welcome/ Introduction
1:00 PM Are we doing kids a favor?: The Preparticipation Physical Evaluation Debate—David Bernhardt, MD, FAAP
1:40 PM Sports Medicine Scenarios: What would you do?—Andrew Gregory, MD, FAAP & Lawrence Wells, MD, FAAP
2:20 PM Can I play?”: The Dilemmas of Sports Participation in those with Chronic Disease—Claire LeBlanc, MD, FAAP
3:00 PM Break and Q/A
3:20 PM Keynote Presentation: The Advocacy of Youth Sports Concussion Bills: The Personal Experience of Zackery Lystedt and Family—Stanley Herring, MD; Zackery Lystedt; Mr and Mrs Lystedt
4:20 PM The Ethics of Kids and Sports: Where does our allegiance lie?—Paul Stricker, MD, FAAP
5:00 PM Questions and Wrap Up

**Saturday, October 11, 2014**
COSMF H Program 8:00 AM – 5:00 PM

Please note that this is a change from our normal Monday H program slot in order to allow and encourage attendance at both Peds 21 and the COSMF H program. There will be research and clinical case posters displayed throughout the day.

8:00 - 11:00 AM Roundtable Discussion on “The X’s and O’s of Youth Contact Sports

8:00 AM Sports Concussion Debate: Yea or Nay for Baseline Neuropsychological Testing? Mark Halstead, MD, FAAP and Kevin Walter, MD, FAAP

(Continued on page 10)
On a final note, the upcoming 2014 NCE is my last NCE as Education Coordinator. I am pleased to announce that Alison Brooks, MD, FAAP will be taking over the reigns. I would like to thank everyone who has brainstormed about, participated and spoken in and attended the NCE as it has been a true honor to work with such amazing people in such a great setting.

Please let me know if you have any questions, comments or concerns.

See you in San Diego!

Best regards,
Becky

Rebecca A. Demorest, MD, FAAP
COSMF Education Coordinator
Welcome New Council on Sports Medicine & Fitness Members!

- Vinay Narotam, MD, FAAP
- Curtis Andrews, DO
- Daren Molina, MD
- Daniel Kamenetzky
- David White, PhD
- Gregory Lockhart, MD, FAAP
- Sharon Van Horn, MD, FAAP
- Arlene Silverio, MD, FAAP
- Margaret Scandura, MD, FAAP
- Shelley Callender, MD, FAAP
- Kuo Ooi, MD, FAAP
- Jennifer Groos, MD, FAAP
- Jerry Kroll, MD, FAAP
- David Stiasny, MD, FAAP
- Randon Hall, MD, FAAP
- Kimberly Hornbeck, MD, FAAP
- Neeta Shah, MD, FAAP
- Pamela Lachnit, MD, FAAP
- Christopher Miller, MD
- Natasha James, MD, FAAP
- Christopher Renjilian, MD
- Ashlee LaFontaine, MD
- Keisha Adams, MD
- Amy Franciscovich, MD

Council on Sports Medicine & Fitness Executive Committee

**July 1, 2013 - June 30, 2014**

- Joel Brenner, MD, MPH, FAAP
  *Chairperson*
- Alison Brooks, MD, FAAP, MPH
- Mark Halstead, MD, FAAP
- Cynthia LaBella, MD, FAAP
- Michele LaBotz, MD, FAAP
- Keith Loud, MDCM, MSc, FAAP
- Stephanie Martin, MD, FAAP
- Kody Moffatt, MD, FAAP
- Blaise Nemeth, MD, MS, FAAP
- Brooke Pengel, MD, FAAP
- Amanda Weiss Kelly, MD, FAAP

**Liaisons**
- Andrew Gregory, MD, FACSM, FAAP
  *American Medical Society for Sports Medicine*
- Neeru Jayanthi, MD
  *American Medical Society for Sports Medicine*
- Lisa Klutchurosky, M.Ed, ATC
  *National Athletic Trainers Association*
- John Philpott, MD, FAAP
  *Canadian Pediatrics Society*

**Newsletter Editor**
- Chris Koutures, MD, FAAP

**AAP Staff**
- Anjie Emanuel, MPH
  *Manager*
- Michael Chorvat
  *Newsletter Designer*

We want to hear from you!

Please send contributions and newsworthy items for the COSMF newsletter to Chris Koutures, MD, FAAP at brubad@pacbell.net, or Anjie Emanuel, MPH Manager, Sports Medicine & Fitness at aemanuel@aap.org.
WHY JOIN ONE WHEN YOU CAN JOIN BOTH?

Council on Sports Medicine and Fitness
www.aap.org/cosmf

Benefits of COSMF Membership:
- Two newsletters per year.
- Access to SportsMed Listserv®, a group discussion e-mail list on practice issues and other hot topics.
- Submit abstracts to the COSMF annual program held during the National Conference & Exhibition (NCE).
- Become involved in educational program development, research, and policy development.

Annual dues are $10 for Resident Members, $20 for Medical Student Affiliates, and $60 for all other Affiliates.

Section on Orthopaedics
www.aap.org/sections/ortho

Benefits of SOOr Membership:
- Present during SOOr’s annual academic and scientific program at the National Conference & Exhibition (NCE).
- Develop and discuss abstracts to win cash prizes.
- International mentored scholarship program.
- Develop and review official policy of the AAP related to musculoskeletal health.
- Annual update on the Section and pediatric orthopaedics
- Access to the SOOr LISTSERV®.

Annual dues are FREE for AAP Members and $60 for Affiliate Members.

IT’S EASY! HERE’S HOW TO JOIN:


SOOr - Go to http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Membership-Criteria/Pages/Orthopaedics.aspx

You may also join by calling AAP Membership at (800) 433-9016 ext. 5897.