

SUR LE TERRAIN THE SIDELINE

Le bulletin officiel de l'académie canadienne de la médecine du sport et de l'exercice
The Official Newsletter of the Canadian Academy of Sport and Exercise Medicine

CONTENT

President's Letter	02
Para & Adaptive	04
Sports Psychiatry	05
CASEM Across Canada	08
Kid's Corner	10
Resident's Corner	11
2023 Award Winners	14
2024 Award Noms	15
Research Grants	15
New CASEM Dips	20
Committee Corner	21
Getting to Know SEM Docs	24
CASEM in the News	25
Jobs	28

Save the date! CASEM 2025

We're already planning the next symposium!

Where: Delta Prince Edward by Marriott & PEI
Convention Centre in Charlottetown,
Prince Edward Island

When: Wednesday, May 7 to Saturday May 10, 2025



CASEM Newsletter Team

Editors: M-J Klett
Tatiana Jevremovic
Erika Persson



The inclusion of advertising, logos or website links in this newsletter does not constitute an endorsement by CASEM of the products or services so advertised.



PRESIDENT'S NOTE

DR. LAURA PURCELL

CASEM PRESIDENT 2023-24

Dear CASEM colleagues,

It's hard to believe that my term is now at an end. It has been a productive, challenging and fulfilling year. Thank you to all the Board members and the head office staff for your support and hard work all year. An extra special thank you to Erika Persson and Ryan Shields who are stepping off the Board after many years. And a warm welcome to our newest Board members, Mike Wilkinson and Mickey Moroz. Looking forward to working with you!

Congratulations to all the successful CASEM Diploma exam candidates! What an amazing accomplishment. Welcome to the Dip. Sport Med. Family!

The Annual CASEM-OMA conference in Niagara Falls was a wonderful success, with over 400 registrants. The organizing committee put together a Splashtacular program, with many interesting topics and engaging speakers. The fellow session on the Wednesday was a particularly engaging session – kudos to all the fellows who presented despite Rich Trenholm's roasting. The return of CASEM's Got Talent was also a highlight – what a showcase of talented CASEM members! It was a wonderful opportunity to celebrate and reconnect with colleagues.

My sincere congratulations to all the award winners (see Awards Committee update). Congratulations also to Dr. Kathryn Schneider who received a Presidential Coin for her exceptional and outstanding contributions to sport and exercise

medicine in Canada and worldwide, particularly for all her research and leadership in the area of sport-related concussion.

We are also creating the CASEM Hall of Fame, with an official launch at next year's annual conference. There will be two categories: builder and physician. The inaugural inductees will be CASEM Honorary Members (see Award Committee Update). More to come over the next year.

I extend a very warm welcome to Jane as she starts her Presidential term. CASEM is in great hands with Jane at the helm. As I transition into the Past President role, I look forward to supporting Jane and the Board in continuing to fulfill CASEM's mission and vision.

As always, a grateful thank you for all the hard work by CASEM Committees and for the commitment and engagement of our members who contribute so much to this wonderful organization. CASEM continues to flourish because of all of you. Please let us know if you have any questions, ideas, or suggestions. If you are interested in being more involved in CASEM, please contact the various committees who are looking for members (see Committee Update Section) and/or put your name forward for nomination to the Board.

Have a fantastic summer everyone. Stay active and hydrated!

Laura



NOTE DE LA PRÉSIDENTE

DRE LAURA PURCELL

PRÉSIDENTE ACMSE 2023-24

Chers collègues de l'ACMSE,

Il est difficile de croire que mon mandat touche à sa fin. L'année a été productive, stimulante et enrichissante. Merci à tous les membres du Conseil d'administration et au personnel pour leur soutien et leur travail acharné tout au long de l'année. Un merci tout particulier à Erika Persson et Ryan Shields, qui quittent le Conseil après de nombreuses années. Et un accueil chaleureux à nos nouveaux membres du Conseil, Mike Wilkinson et Mickey Moroz. J'ai hâte de travailler avec vous !

Félicitations à tous les candidats ayant réussi l'examen du diplôme en médecine du sport et de l'exercice de l'ACMSE ! Quelle réalisation incroyable. Bienvenue dans la famille du Dip. Méd. Sport !

Notre congrès annuel CASEM-OMA, qui s'est tenu à Niagara Falls, a été un véritable succès, avec plus de 400 participants. Le comité organisateur a mis sur pied un programme Splashtacular, avec de nombreux sujets intéressants et des orateurs captivants. La session des résidents du mercredi a été particulièrement intéressante - bravo à tous les résidents qui ont présenté des exposés malgré les taquins de Rich Trenholm. Le retour du CASEM's Got Talent a également été un point saillant - quelle vitrine pour les membres talentueux de l'ACMSE! Ce fut une merveilleuse occasion de célébrer et de renouer avec nos collègues.

Mes sincères félicitations à tous les lauréats des prix (voir la mise à jour du Comité des prix). Félicitations également au Dre Kathryn Schneider qui a reçu un médaillon de la présidente pour ses contributions exceptionnelles et remarquables à la médecine du

sport et de l'exercice au Canada et dans le monde, en particulier pour toutes ses recherches et son leadership dans le domaine des commotions cérébrales liées au sport.

Nous sommes également en train de créer le Temple de la renommée de l'ACMSE, dont le lancement officiel aura lieu lors du symposium annuel de l'année prochaine. Il y aura deux catégories : les bâtisseurs et les médecins. Les premiers intronisés seront les membres honoraires de l'ACMSE (voir la mise à jour du comité des prix). Plus d'information sera communiquée au cours de l'année prochaine.

Je souhaite chaleureusement la bienvenue à Jane, qui entame son mandat présidentiel. L'ACMSE est entre de bonnes mains avec Jane au gouvernail. Alors que je passe au rôle de présidente sortante, je me réjouis de soutenir Jane et le Conseil d'administration dans la poursuite de la mission et de la vision de l'ACMSE.

Comme toujours, je remercie chaleureusement les comités de l'ACMSE pour leur travail acharné, ainsi que nos membres pour leur engagement et leur contribution à cette merveilleuse organisation. L'ACMSE continue de prospérer grâce à vous tous.

N'hésitez pas à nous faire part de vos questions, idées ou suggestions. Si vous souhaitez vous impliquer davantage dans l'ACMSE, veuillez contacter les différents comités qui recherchent des membres (voir la section "Mise à jour des comités") et/ou proposer votre candidature au Conseil d'administration.

Passez tous un été fantastique. Restez actifs et hydratés !

Laura

BOWEL AND BLADDER CONSIDERATIONS IN THE PARA ATHLETE POPULATION

Written by Yasma Ali-Hassan *adapted from presentation by Dr. Warren Thirsk*

Some athletes with disabilities, typically paraplegics, experience unique bowel and bladder physiologies and issues which may influence sport participation. Challenges faced by athletes with bowel and bladder complications can include the unpredictability of loss of volition, loss of privacy, embarrassment, environmental barriers and gender differences.

Bladder dysfunction in Para athletes may manifest as incontinence, urinary tract infections and long term consequences from a failure to empty. Failure to empty the bladder is associated with an increased risk of urinary tract infections, autonomic dysreflexia, vesicoureteral reflux and obstructive renal failure. Incontinence is typically treated with a combination of intermittent Foley catheterization, medications, surgery and sacral nerve stimulators. Urinary tract infections are common and often involve resistant organisms requiring a nuanced approach to antibiotic treatment and frequent urine cultures.



A less discussed topic is the issue of fecal incontinence in paraplegic athletes. Para athletes use regularly scheduled digital stimulation, suppository insertion, oral or rectal laxatives and trans-anal water irrigations as methods to empty the bowel. Due to loss of volitional control, some athletes may use adult diapers or an anal plug when travelling. In rare circumstances, surgery, colostomy and sacral nerve stimulation may augment patient control of bowel movements. The loss of volitional fecal control in a paraplegic athlete may be intensely embarrassing and medical staff need to be sensitive advocates at these times.

Traveling with athletes who have bladder or bowel dysfunction requires advance planning, wheelchair accessible washrooms and laundry accessibility. Patient-centered care is the key to helping the Para athlete travel and compete at all levels of sport.

SPORTS PSYCHIATRY

COURAGE TO SHARE BEGINS WITH THE BRAVERY TO ASK: SCREENING FOR ADVERSE CHILDHOOD EXPERIENCES (ACES)

By: Dr. Taylor Armstrong, Sports Psychiatrist

Over twenty-five years have passed since the landmark Adverse Childhood Experience (ACE) Study highlighted an association between childhood adversity and risk for physical and mental illnesses later on, and yet we still struggle as health professionals to integrate trauma-informed practice into our day-to-day clinical work. The ACEs included in the original US study included different forms of abuse and neglect, as well as categories of household dysfunction (ie. violence towards a parent, or living with household members who suffered from substance abuse or mental illness, or had been incarcerated). Nearly two thirds (63.9%) of adults reported at least one ACE, and one fifth (12.5%) of the over 17,000 participants reported four or more. Such adverse experiences were associated with increased presence of smoking, obesity, alcohol and drug abuse, to name a few. A similar dose-response relationship was found between the number of ACEs and risk of cardiovascular disease, diabetes, chronic obstructive pulmonary disease, and cancer.

Over the last two decades, the research around ACEs and their impact has grown, and with it our conception of ACEs themselves has become more reflective of the diverse traumatic experiences within various cultural, ethnic and socioeconomic backgrounds. This includes examples of household adversity such as the death of a parent or sibling, financial strain and food insecurity, as well as peer victimization, community violence and racial discrimination.

Here is one attempt at a unifying definition: *adverse childhood experiences are childhood events, varying in severity and often chronic, occurring within a child's family or social environment that cause harm or distress, thereby disrupting the child's physical or psychological health and development.*



SPORTS PSYCHIATRY ...continued (2 of 3)

ACEs and Athletes

Unfortunately there has been very little written about the impact of ACEs on athletes specifically. One study of 477 NCAA student-athletes found the prevalence of at least one ACE (64.5%) to be very similar to that of the original ACE study. One quarter of those students surveyed reported three or more ACEs. The higher the number of ACEs, the higher the risk for depression, anxiety, injuries and substance use, all of which have the potential to detract from performance and an athlete's availability to compete. We know that athletes can experience their own unique brand of trauma, from various forms of abuse in sport, to catastrophic injuries sustained themselves or witnessed in others.

How ACEs may impact the incidence of injuries in athletes, course of recovery, and overall performance in sport are questions still waiting for answers in the research literature.

Our Role as Physicians: Screening for ACEs

Working with athletes at a stage in their lives when childhood adversity might not yet have translated into chronic disease, identifying such a risk factor can have power for efforts at secondary prevention. Given such a strong association between ACEs and destructive and costly medical conditions, both physical and psychological, why would we not actively be on the lookout? *Unfortunately, the majority of physicians don't screen routinely for ACEs, and there is discrepancy among different medical specialties. Among the loud proponents for changing this trend are two*

psychiatrists based in Toronto, Dr. Robert Maunder and Dr. Jon Hunter. Together they have identified the most common barriers cited by physicians for why they don't ask their patients about ACEs:

- There isn't enough time.
- There aren't enough mental health resources available for patients who might reveal a problem.
- Asking will only cause a patient to get upset.
- A lack of confidence in knowing how to ask.

[Drs. Maunder and Hunter address these barriers with an excellent, short video geared for physicians.](#) In it they outline a strategy for how to approach a discussion about ACEs with a patient, which they refer to as the

CARE Method:

- **C** onsent
- **A** sk
- **R** eflex
- **E** ngage

Step 1: Consent. When asking about childhood adversity, it is important to do so in a safe, comfortable environment, and allow a patient the opportunity to give permission or not.

"We know that certain adverse experiences during childhood are very common, and can have an important impact on health later on. Is it okay that I ask you about such experiences?"

Step 2: Ask. "Have you ever had experiences in your life that made you feel frightened or unsafe?"

SPORTS PSYCHIATRY ...continued (3 of 3)

Step 2: Ask. *continued*

Or, another option:

“Nearly two thirds of adults have gone through adverse experiences during their childhood, such as maltreatment by a parent, a coach or another adult, or living with a parent who suffered from addiction or mental illness, or violence in their community. Have you ever experienced anything like that?”

We might assume that opening a discussion about a history of bullying, physical abuse or the unexpected death of a parent will distress our patients. In fact, most people don't object to being asked about experiences of abuse by their physicians, if done sensitively and with support. The benefits of asking outweigh the risks: over and above the opportunity to collect meaningful history, the effort to ask can serve to strengthen the trust and confidence our patients have in us. This might translate into more motivation and openness towards treatment recommendations. And as health providers, aren't those closer connections to our patients what help us feel satisfied in our work after a demanding day?

This fear that our patients will become upset at being asked about ACEs may be proxy to our own discomfort in raising the issue. It's only human to shy away from territory where we might not feel skilled, especially when we're cast in the role of expert. So we should work to get comfortable asking a few key questions, and then trust that finding the perfect words isn't as important to patients as making the effort to ask in the first place. Active listening is something we can all do, as is taking the time to follow an athlete's lead.

If the patient doesn't have any ACEs to share, then our screen is finished, and probably hasn't taken more than 2-3 minutes of a

clinical encounter. If something comes up, then we move on to the next step of the CARE Model.

Step 3: Reflect. It is so important for us to validate a patient for what they've shared, and indicating that we believe them. There's no pressure to come up with a carefully crafted empathic comment, because often a simple thank you is just as effective:

“Thank you for sharing that with me.”

“How do you feel those experiences might have an impact on your current health?”

Step 4: Engage. Once we've learned about ACEs, then comes the time for us to plan with our patient how to address them. In many cases, sharing the information will be enough, with that sense of respect for their history, the experience of validation, and our support bringing about some meaningful relief.

“Would you like the opportunity to talk more about that experience?”

“Considering what you've shared, can I support you in ways that we haven't already discussed?”

A next step might look like a follow-up appointment to focus more on the issue and its potential relationship to current health concerns. In some cases, mental health symptoms might warrant referral for further support from a social worker, psychologist, or sport psychiatrist, in which case having some options to suggest will be important. In the end, if the outcome of opening a conversation about ACEs with our athletes leads to more trust in us, a deeper understanding of their health concerns, and additional support that might not have occurred otherwise, then we can count that as an effective job.

[VIEW ALL REFERENCES](#)

CASEM Across Canada

Ste-Anne, Manitoba

Recognize this family?

From left to right, Patrick Fredette, Chantal Frechette, Alyena Fredette and Zacchary Fredette, attend CASEM conferences together! Get to know this family of sport medicine docs based in Ste-Anne, Manitoba.



01. How long have you been members of CASEM?

30 years for Patrick and Chantal: Just after completing their general rotating internship in Victoria BC, they had the privilege of taking an “after hours” Sports Medicine course given by Dr. Richard Backus. The goal was to provide medical services for the 1994 Victoria BC Commonwealth Games. Having sown the sports medicine seed, he introduced them to this wonderful group called CASM. Patrick got his Sports Medicine Diploma in 1995 and Chantal in 1996. 3 years for Alyena and Zacchary, although they have been living with the CASM/CASEM influence way before that!

02. Any tips or advice for new members?

Attend the annual CASEM conferences. Speakers provide a wealth of information. There is time to mingle with colleagues, meet new people. Social/sport events are a lot of fun. Sign up for the CASEM courses, many are given the same week as the annual conference. These are well structured, interesting and applicable to office and/or on field. Worth the trip!

03. What has been your biggest professional achievement?

Patrick and Chantal say: seeing both their children enter the arena of family medicine with a penchant for sport and exercise medicine. It is so much fun and truly a great privilege to share a common passion.

04. What's a project you are working on right now?

There is an adult concussion medical service void in the province of Manitoba. Patrick stepped up to the challenge and co-founded MACN (not mac and cheese but **Manitoba Adult Concussion Network**). This organization has created an information website, an evidence-based approach to clinical evaluation, diagnosis and treatment. This is quite meaningful because as we all know, concussion can afflict not only our elite athletes but anyone from our general population. Chantal is presently working on a well-being presentation for the local school division. This is meaningful because our K-12 teachers, TAs, admin, custodians, support staff etc. are all involved in educating and influencing our communities' children. Together, we generate a healthier society. Alyena and Zacchary are honing their MSK skills through clinic/ER work and MSK ultrasound. Both are preceptors, teaching medical students and residents. Both are looking forward to getting more involved with CASEM in the future.

05. What are you working on right now?

Patrick and Chantal are training for the next social event: Zacchary's wedding in October 2024. Zacchary is working out the details of his honeymoon trip with Emily. Alyena is presently visualizing her surfing skills. Moving to Tofino for one year, starting this September, she will be working at the family medicine clinic and hospital ER. On her time off, she will be mastering the waves on her surfboard.

ACTIVE STABILIZATION PROVEN PAIN RELIEF



- + REDUCES PAIN
- + STABILIZES THE KNEE
- + IMPROVES STABILITY & MOBILITY

GenuTrain®

TARGETED RELIEF AND STABILIZATION
FOR MILD KNEE INSTABILITY, KNEE PAIN & SWELLING



- 01 Rigid plastic donning aid** - Optimal anatomical fit, simplifies donning and doffing
- 02 Soft hollow of the knee** - Enhanced wearing comfort and breathability
- 03 High-low train knitted fabric** - Acts on the proprioceptive system to activate the muscle
- 04 Omega+ pad** - Integrated rigid components improve neuromuscular joint stabilization
- 05 Rigid meniscus wings** - Reduces knee pain and provides relief
- 06 Hoffa pads** - Intense stimulation and long-lasting pain relief

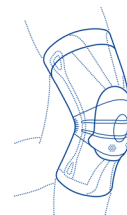
RAPID PAIN REDUCTION LONG TERM SUCCESS

2 OUT OF 3

PATIENTS REPORTED SIGNIFICANT PAIN REDUCTION WHILE USING THE GENUTRAIN¹

9 OUT OF 10

PATIENTS FELT MORE STABILITY IN THE KNEE WHILE USING THE GENUTRAIN²



Scan the code or click the ad to download our Rx Pad!

1 Confirmed by subjects and measurements when compared with the previous model
2 Schween R, Gehring D, Gollhofer A (2015): Immediate Effects of an Elastic Knee Sleeve on Frontal Plane Gait Biomechanics in Knee Osteoarthritis. PLOS ONE 10(11): e0115782. doi:10.1371/journal.pone.0115782

KID'S CORNER

CLINICIAN TIPS OF THE MONTH

Pitch Count

Elbow UCL injuries are getting more and more common these days, with superstars like Shohei Ohtani (likely...) and former Cy Young winner Robbie Ray having gone recently under the knife.

This devastating injury can occur in kids as well. One way to try to prevent such an injury is to limit the number of pitches a kid should throw in an outing. **There are specific guidelines readily available for coaches to guide them in pitches per game and rest between assignments.** More information at <https://www.mlb.com/pitch-smart>

Dr Jérôme Ouellet, MD FRCPC DRCPSC DipSportMed
Pediatric sport medicine consultant
Centre de Médecine Sportive de Laval



Scotiabank.
Healthcare+

Safeguarding your hard-earned assets is an important consideration.

An MD Advisor can help you create trusts, set up gifting strategies and optimize tax-efficient transfers to safeguard your hard-earned assets for generations to come. This is an important step in ensuring a smooth transition of wealth and preserving your legacy.

[Explore MD services >](#)

All banking and credit products and services available through the Scotiabank Healthcare+ Physician Banking Program are offered by The Bank of Nova Scotia (Scotiabank). Credit and lending products are subject to credit approval by Scotiabank. ® Registered Trademark of The Bank of Nova Scotia.

RESIDENTS' CORNER:

THE ROLE OF SOFT TISSUE ADAPTED BIOCOMPATIBLE HYALURONIC ACID INJECTION IN THE MANAGEMENT OF ROTATOR CUFF TENDINOPATHY

By: Dr. Jessica Sadri-Gerrior, PGY2 | Family Medicine | McMaster University

Advisor: Dr. Yeshale Chetty, MD, CCFP (SEM), Dip. Sport Med | Emergency Medicine, Assistant Clinical Professor (Adjunct), McMaster University

Background:

Shoulder pain is a common primary care complaint, with rotator cuff (RC) tendinopathy being a large contributor. In fact there is literature to suggest that the proportion of shoulder pain due to RC pathology is as high as 70%(1). RC tendinopathy results in pain, weakness, restricted range of motion, and disability causing decreased quality of life and decreased ability to perform activities of daily living(1).

The management of RC tendinopathy is largely nonoperative, with activity modification and progressive physical rehabilitation being the mainstay of treatment. Symptom management can be achieved with ice, nonsteroidal anti-inflammatory drugs (NSAIDs), and steroid injections(3). A 2003 Cochrane review on corticosteroid injections for shoulder pain supported their short-term benefit, but it is well known now that corticosteroid injections can have detrimental effects on tendon integrity especially with repeated injections(4). Moreover, there is a growing body of evidence supporting the efficacy of subacromial hyaluronic acid (HA) injections in the management of RC tendinopathy. (2)

At present, the only Health Canada-approved HA for tendon and ligament injuries is SportVis, a Soft Tissue Adaptable Biocompatible Hyaluronic Acid (STABHA). As per the product monograph, it's composed of 1% sodium hyaluronate in phosphate buffered saline meant for periarticular injection into the soft tissue surrounding tendons and ligaments(5). Its current indications in Canada are for the management of acute first- and second-degree ankle sprains and chronic lateral epicondylitis. In Europe and the USA, a third indication for STABHA includes RC tendinopathy, and a review of the existing literature may support its efficacy for this indication.

The Evidence:

In vitro studies have shown encouraging benefits of HA on rotator cuff tissue, such as enhanced viability and proliferation in rotator cuff-derived cells(6), an inhibition of the mRNA expression of proinflammatory cytokines (i.e. IL-1 β , IL-6, TNF- α) and decreased production of anti-inflammatory enzymes (ie. COX2/prostaglandin-E2) in subacromial synovial fibroblasts, which is increased in RC disease(7).

Flores et al. conducted a RCT in 2017(8), randomizing 84 patients with supraspinatus tendinopathy without a RC tear into either the intervention group receiving two subacromial HA injections in conjunction with physical therapy, or into the control group receiving physical therapy only. The intervention group including HA benefited from an earlier return to pre-injury activity and required fewer physical therapy sessions(8).

RESIDENTS' CORNER: *...continued*

A more recent analysis by Bansal et al. in 2023(9) extracted data from 18 RCTs, including 1773 patients with RC tendinopathy, comparing the efficacy and functional outcomes of HA injections with corticosteroids, physical therapy, plasma-rich platelets (PRP), and placebo-like saline. They concluded that HA was associated with improved VAS pain scores and functional scores, and was as effective as steroids, but without the risks associated with steroids in the literature(9).

Another meta-analysis by Khan et al. in 2023 screened for all RCTs evaluating HA for multiple soft tissue indications including RC disease among other soft tissue indications such as ankle sprains and lateral epicondylitis(10). Ultimately they reviewed 19 eligible RCTs, which used either placebo controls or active comparators such as cortisone, PRP, prolotherapy, physiotherapy, and extracorporeal shockwave therapy. Notably, 11 RCTs compared HA injections to a comparator for soft tissue indications relating to the shoulder. In RC disease, HA resulted in an improvement in pain at <6 weeks and 6 to 12 weeks post-intervention. HA was also favoured over comparators for improvement in functional scores at <6 weeks and 6 to 12 weeks post-intervention. Notably, there were no serious adverse effects reported in any of the included studies(10).

Conclusion:

In Canada we are currently using periarticular HA injections in the management of lateral epicondylitis and ankle sprains, and there is growing evidence in the literature to support the use of subacromial HA injections for chronic RC tendinopathy. Limitations of the RCTs that currently make up the literature are their small sample sizes and short prospective follow-up, so an exciting future direction for clinical research can include larger trials addressing the long-term efficacy of subacromial HA injections in RC tendinopathy, as well as further direct comparisons with alternate types of injections (cortisone, PRP, etc.). Within the context of these limited RCTs, subacromial HA seems to be effective and notably not associated with adverse reactions, making it a promising management option for refractory RC tendinopathy not responding to physical therapy and standard conservative treatment.

[VIEW ALL REFERENCES.](#)

CASEM Supports the BJSM Global Research Grant Program



The purpose of these grants is to facilitate and enhance SEM-oriented research on the health and welfare of marginalised communities by researchers from marginalised groups.

[Read more and view the eligibility criteria and application process.](#)



CASEM members now have access to the recording of the AGM online. Please click the link here to view the archived recording:

<https://youtu.be/I5mazGJ7iNA>



Good luck to the docs going to Paris!

CASEM Members going to the Olympic Games

Mike Wilkinson, Chief Medical Officer

Suzanne Leclerc, Chief Doctor

Gabrielle Ostiguy

Geneviève Rochette-Gratton

Marie-Ève Roger

Mickey Moroz

Rich Trenholm

Susan Labrecque, Alternate

Marie-Josée Klett, Alternate

Alexandra Bwenge, Alternate

Paddy McCluskey -Athletics

John Philpott - Basketball M

Kristen Anstey - Basketball W

Tina Atkinson - Canoe Kayak

Lee Schofield - Football W

Stephen Joseph - Rowing

Steve Keeler - Swimming

CASEM Members going to the Paralympic Games

Lindsay Bradley, Games Medical Lead

Andy Marshall, Deputy Chief Medical Officer

Kim Coros

Amandev Aulakh

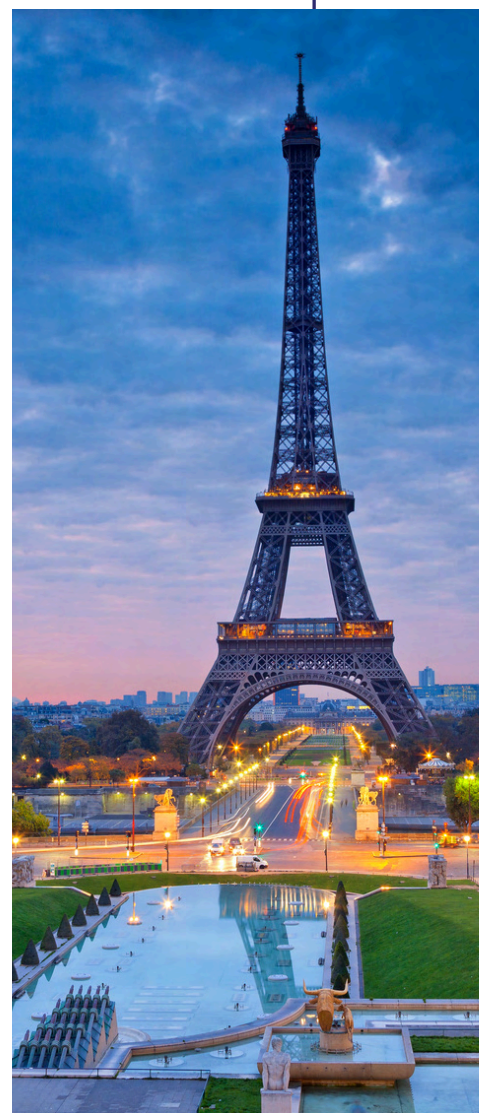
Janet McMordie

Philippe Gariépy

Steve Dilkas

Andréane Bourgeois

Ryan Shields, Alternate



2023 CASEM Award Winners



The Community Sport Medicine Physician of the Year

Dr. Andy Reed

Recognizing Dr. Reed for outstanding sport medicine volunteer commitment in the community.



Educator/Mentor Award

Dr. David Cudmore

Recognizing Dr. Cudmore for longstanding and outstanding contributions in teaching, mentoring and leadership.



The Medal of Service Award

Dr. Janice Harvey

Recognizing Dr. Harvey's exceptional and outstanding contribution to the advancement of SEM in Canada.



Life Member Award

Dr. Robert Stalker

In recognition of Dr. Stalker's outstanding service to sport medicine in Canada.

2024 Award Nominations are now Open!

Submission deadline: 27 October 2024

CASEM has 3 annual awards open for nominations:

1. The Community Sport Medicine Physician of the Year
2. The Educator/Mentor Award
3. The Medal of Service

These awards were created to recognize CASEM physicians who have contributed to the sport medicine world in a significant way, whether it be through community work or through teaching and mentoring the next generation of sport medicine physicians.

The 2024 award nominations are now open and we encourage all CASEM members to nominate any member or members they feel embody the spirit of these awards.

We have simplified the submission process with a new nomination form!

Les candidatures aux prix 2024 sont maintenant ouvertes !



Date limite est le 27 octobre 2024

L'ACMSE à trois prix annuels:

1. Prix pour le médecin en médecine sportive communautaire
2. Prix éducateur/mentor
3. Médaille de service

Les trois prix ont été créés pour reconnaître les médecins de l'ACMSE qui ont contribué au monde de la médecine sportive d'une manière significative, que ça soit par le travail communautaire ou par l'enseignement et le mentorat auprès de la prochaine génération de médecins du sport.

Les nominations pour les prix de l'année 2024 sont maintenant ouverts et nous encourageons tous nos membres de proposer un ou plusieurs membres qu'ils considèrent incorpore l'esprit de ces prix.

Nous avons simplifié le processus de candidature avec un nouveau formulaire de candidature !

Thanks for joining us in Niagara!



BOURSES DE RECHERCHE ACMSE

Le comité de recherche de l'ACMSE vous vous invite à soumettre des propositions de subventions de recherche pour le financement.

La date limite de soumission des demandes de subventions de recherche est le 31 août 2024.

Ces subventions sont rendues disponibles grâce à de généreuses contributions sans restriction de l'ACMSE. Les deux subventions suivantes sont disponibles cette année:

- Une bourses de recherche de 15 000 \$. Tous membres de l'ACMSE peuvent soumettre une proposition pour cette subvention. Aucun fonds existant ou du même montant sont nécessaires et il n'y a aucune restriction pour le sujet de la recherche, autre qu'il doit avoir une pertinence directe à la médecine sportive.
- Une bourse nouveau investigateur de 15 000 \$. Afin d'aider les nouveaux chercheurs à développer leurs recherches en médecine sportive, une bourse de 15 000 \$ sera réservé aux «nouveaux» chercheurs.

Le chercheur principal doit être membre de l'ACMSE (depuis au moins 1 an avant la candidature) et faire partie intégrante du développement et de l'administration du projet de recherche.

Les détails complets et directives de soumission peuvent être trouvés sur le site Web de l'ACMSE casem-acmse.org/fr/education/research-grants



CASEM RESEARCH GRANTS

The CASEM Research Committee invites submissions of research grant proposals for funding.

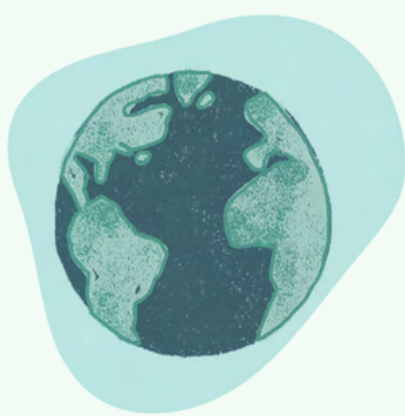
Research grant submission deadline is August 31st 2024.

These grants are made available through generous unrestricted contributions from CASEM. The following two grants are available this year:

- One \$15,000 CASEM Research Grant. No existing or matching funds are required and there is no restriction of the topic of the research other than that it must have direct relevance to Sport Medicine.
- One \$15,000 CASEM New Investigator Grant. In order to assist new investigators in developing their research in Sport Medicine, one \$15,000 grant will be restricted to "new" researchers.

The principal investigator must be a CASEM member in good standing (for a minimum of 1 year prior to application) and be an integral part of the development and administration of the research project.

Full details and submission guidelines can be found on the CASEM website: casem-acmse.org/research-grants



Introducing Choosing Wisely Canada's Climate-Conscious Recommendations



As a sector, health care accounts for nearly 5% of greenhouse gas emissions. That's twice the amount emitted by the aviation industry.

Every test, treatment, and procedure carries an environmental impact, contributing to material waste and carbon emissions at the point of care or across the life cycle of the products used. By eliminating or reducing practices that do not add value to patient care, there is a net benefit to the environment.

That's why over 20 clinical specialties have collaborated to create more than 40 Choosing Wisely Canada climate-conscious recommendations. These recommendations aim to mobilize clinicians to stop or reduce low-value practices that harm the environment without compromising patient care.

In particular, we would like to draw your attention to the climate-conscious recommendation(s) developed for sports and exercise medicine:

Don't use single-use vials of anesthetic agents such as xylocaine to prepare injections for patients.

Multi-dose vials (MDVs) that contain anesthetics like lidocaine or bupivacaine can be used safely when following manufacturer's guidelines. Vials should be marked with first entry date, disinfected with a 70% alcohol swab and allowed to dry, only be penetrated by a new needle and syringe, kept in a secure area, and stored at room temperature. The vials should be discarded according to the manufacturer's instructions (usually within 28 days) or within provincial guidelines whichever is shorter in duration. Recommendation #6.

tourdet1d@gmail.com

 tourdet1d

 tourdet1d

open for
registration
tourdeT1D.ca

Tour de

T1DTM



Cycling for
Type 1 Diabetes



**SUNDAY
SEPTEMBER
22nd 2024**

**Register or Donate at
tourdeT1D.ca**

**Bike 25k/55k/100k.
Bike or walk 6.5k on trails.**



Congratulations to the new CASEM Diplomates from the 2024 Exam

Dr. Vinnie Patton
Dr. Craig Van Ooteghem
Dr. Trevor Robinson
Dr. Serina Khater
Dr. Shane Mooney
Dr. Sama Boles
Dr. Sadiq Jetha
Dr. Sofia Solar Cafaggi
Dr. Emily Oura
Dr. Dami Bodunde
Dr. Nicole Laskosky
Dr. Michel Estephan
Dr. Michael Catapano
Dr. Matthew Wainwright
Dre Liliane Desgroseilliers

Dr. Kristine Johnson
Dr. Kurtis Morrish
Dr. Julie Ingratta
Dr. Julia Jackson
Dr. Daniel Freedman
Dr. Jessica Hewitt
Dr. Harmanjit Gill
Dre Francoise Beauchamp-Lirette
Dr. Charlotte Martin
Dr. Asaad Qaddori
Dr. Arthur Welsher
Dr. Alexander Popa
Dr. Andrew Buckley
Dr. Andrew Robb
Dr. Alexander Thomas

Congratulations to successful Royal College diplomates for the PER-AFC Diploma in SEM*

Dr. Eric Koelink
Dr. Colleen Kjelland
Dr. Firas Al-Rawi
Dr. Elisabeth Hobden
Dr. Laura Purcell
Dr. Merrilee Zetaruk
Dr. Warren Thirsk
Dr. Ryan Arbeau
Dr. Claire LeBlanc
Dr. Erika Persson
Dr. Nicholas Mohtadi
Dr. Kristin Houghton
Dr. Jérôme Ouellet



**Practice Eligible Route for Areas of Focused
Competence in sport and exercise medicine*

Committee Corner



Keep up to date with what's going on in CASEM and get involved!



Publications Committee

The Publications Committee has recently updated the Publications page on the CASEM website. Take a look! www.casem-acmse.org/publications/



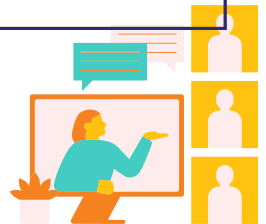
Games Application Committee

Thank you to the outgoing Games Application Committee chair, Dr. Richard Goudie!
Welcome to the new chair, Tatiana Jevremovic!



Team Physician Committee

Thank you to outgoing Team Physician Committee chair, Dr. Terry DeFreitas!
Welcome to the new co-chairs Drs Warren Thirsk and Osman Raza!



CPD Committee

Save the date for our upcoming CPD! Keep an eye on CASEM socials for registration:

**COMING
SOON**



CASEM Football Sport Medicine Course

November 16, 2024

Location TBA

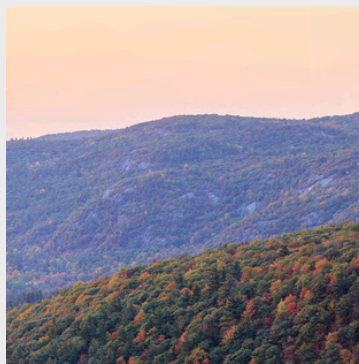
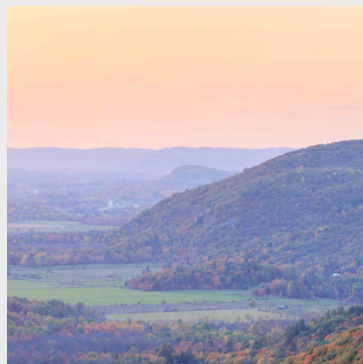
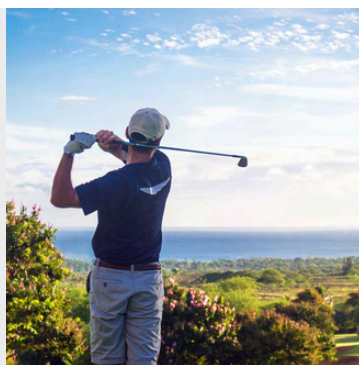

CASEM WELLNESS RETREAT FOR SPORT AND EXERCISE MEDICINE PHYSICIANS

Join us on **Friday and Saturday, October 4-5, 2024, at the breathtaking Chateau Cartier in Gatineau, QC.** Immerse yourself in a rejuvenating experience that combines professional development and personal relaxation.

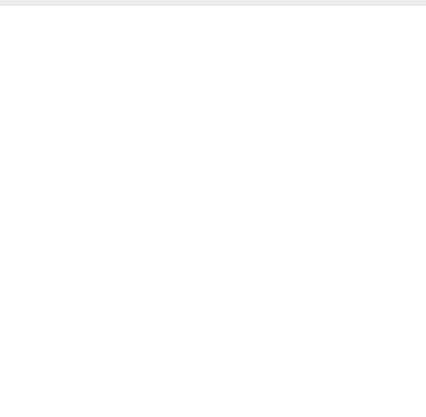
Our retreat focuses on comprehensive physician wellness, offering you the perfect blend of learning and relaxation in the serene National Capital Region just outside of Ottawa's core.

View the full schedule, activities available and more on our website:
www.casem-acmse.org/events/casem-wellness-retreat

Registration is open!



**2024
CASEM
CPD**



CASEM ACMSE



KEY HIGHLIGHTS OF SATELLITE LUNCH SYMPOSIUM

OPTIMIZING MSK PATIENT CARE: A NOVEL NON-OPERATIVE APPROACH

We want to extend a heartfelt thank you for attending the Lunch Symposium. Your presence and participation helped to make it a memorable and engaging experience.

Here are some key highlights from the event.

- Not all high molecular weight HA's are the same. An optimal molecular weight HA stimulates endogenous HA production⁵. Monovisc® has demonstrated:
 - a proven onset of action at 2 weeks¹
 - longer duration of effect than excessively high molecular weight¹
 - an excellent safety profile, only 2% AEs³
- Cingal®, a combination CS and HA, has shown a significant difference with faster efficacy than HA alone. The combination therapy also shows a high response rate of 9 out of 10 patients over the long term².
- The ECHO study with Cingal® in the hip showed a reduction in pain, improvement in function and in quality of life and a reduction in pain medication use.
- SportVis™ is a specifically designed HA for soft tissue. A clinical trial in lateral elbow pain has shown that it significantly reduces pain and improves function, enabling a quicker return to activity. It is easy to use and has an excellent safety profile⁴.

Many thanks to our distinguished panel for sharing the latest evidence and their experience on MSK patient care with the audience.

Do not hesitate to contact us if you have any questions medinfo@pendopharm.com.

References: 1. Petterson S., Plancher K. Single intra-articular injection of lightly cross-linked hyaluronic acid reduces knee pain in symptomatic knee osteoarthritis: a multicenter, double-blind, randomized, placebo-controlled trial; Knee Surgery, Sports Traumatology, Arthroscopy. 2. Hangody L, et al. Intraarticular Injection of a Cross-Linked Sodium Hyaluronate Combined with Triamcinolone Hexacetonide (Cingal®) to Provide Symptomatic Relief of Osteoarthritis of the Knee: A Randomized, Double-Blind, Placebo-Controlled Multicenter Clinical Trial. Cartilage. 2018 Jul;9(3):276-283. 3. Monovisc® Package Insert. Pendopharm. March 2013. 4. Petrella RJ et al. Management of tennis elbow with sodium hyaluronate periarticular injections. Sports Med Athrosc Rehabil Ther Technol. 2010(2)(4). 5. Smith MM, Ghosh P. The synthesis of hyaluronic acid by human synovial fibroblasts is influenced by the nature of the hyaluronate in the extracellular environment. Rheumatol Int. 1987;7(3):113-22.

Cingal®, Monovisc®, and Orthovisc® are registered trademarks owned by Anika Therapeutics, Inc., used under licence by Pendopharm, Division of Pharmascience Inc.

SportVis™ is a trademark owned by MDT Int'l. SA. DT Int'l. SA., used under licence by Pendopharm, Division of Pharmascience Inc.

OUR EXPERT PANEL:



Mohit Bhandari

MD, PhD, FRCSC
Professor of Surgery
McMaster University



Stephen French

MD, FRCSC(C)
Orthopaedic Surgeon,
Sports Medicine, Knee &
Trauma Orthopaedic
Surgeon
Clinical Assistant Professor,
University of Calgary



Olufemi Ayeni

MD, PhD, FRCSC
Professor, Surgery
McMaster University



Eugene Maida

MD, FRCPC (PM&R),
Dip. Sport Med.
Assistant Clinical
Professor, Medicine
McMaster University

GET TO KNOW: DR. MICKEY MOROZ



Welcome to the CASEM Board!

Dr. Mickey Moroz joins us as one of two incoming board members in 2024. Get to know this Sport Medicine Physician from Montréal, Québec.

1- Why did you choose sports medicine?

I was fortunate enough to meet some great sports medicine physicians at McGill as a medical student who introduced me to the field and showed me how I could integrate my love for sports into my primary care practice. Additionally, growing up surrounded by a family of multisport athletes, coupled with experiencing a personal injury myself, exposed me firsthand to the insufficient support systems available to young athletes in our community. This experience fueled my determination to ensure that young athletes receive the comprehensive care they deserve.

2- Why did you join the CASEM board?

I believe we have a strong organization, and I hope to help facilitate the leadership that our members provide in their respective communities

3- What has been your biggest professional achievement? or Highlight everything and anything you're working on right now that you'd like to share with the members?

I have the privilege of working at the Summer Olympics this year in Paris as part of a passionate and amazing core medical team. It truly is a lifetime achievement to help our Canadian athletes on the biggest stage. Additionally, fulfilling my dream of teaching at McGill Faculty of Medicine, guiding and shaping future generations of doctors, is another source of immense pride for me.

4- What do sports medicine physicians do best?

Sports medicine physicians exemplify a unique strong leadership style by working in the background while selflessly adjusting to and prioritizing the needs of athletes, teams, patients, clinics, and multidisciplinary teams alike.

5- What is the greatest challenge sports medicine doctors are facing today?

A significant challenge we face stems from our innate giving nature and affinity for teamwork, which can sometimes lead to our time and efforts being undervalued compared to other medical specialties.

[Read the full article.](#)



CASEM IN THE NEWS

DR. JACK TAUNTON RECOGNIZED WITH ORDER OF CANADA

CASEM Lifetime Member, Dr. Jack Taunton, has been appointed as a Member to the Order of Canada for his work as an early leader in sport and exercise medicine and his continuing commitment to the field. The Order of Canada is one of Canada's highest honours, recognizing individuals who have made extraordinary and sustained contributions to society.

Taunton, Professor emeritus at the University of British Columbia, has helped to found the Vancouver Marathon, SportMedBC, the Canadian Health and Fitness Institute, and has served Canadian athletes at multiple international Games.

In 1979, Taunton co-founded the Allan McGavin Sports Medicine Centre at UBC with Dr. Doug Clement, humbly beginning in a trailer behind the school's hospital and eventually becoming one of the best sports medicine clinics in Canada. Together, Taunton and Clement also co-founded the Vancouver Sun Run in 1985 with the goal of promoting the benefits of running, health, and fitness to elite and amateur athletes alike. The Sun Run has grown into one of the largest timed 10 km races in the world with 50,000 annual participants.

Taunton was medical officer for the 1984, 1988, and 1992 Olympics and was Chief Medical Officer at the Sydney Olympics in 2000 and the Vancouver Olympics in 2010. Vancouver was the first Olympics in which the IOC Medical Commission did not offer a single complaint.

Taunton continues to be an active leader in his community, raising awareness for public health issues, organizing injury prevention studies, and creating outreach programs on the risks of performance-enhancing drugs.

Congratulations Dr. Taunton!



CASEM IN THE NEWS

DR JANE THORNTON APPOINTED AS NEW IOC MEDICAL AND SCIENTIFIC DIRECTOR

Dr Jane Thornton, an Olympian and a Canadian national, has been appointed as the International Olympic Committee (IOC)'s new Medical and Scientific Director.

In her role, she will manage the Medical and Scientific Department's strategic initiatives, and will foster active engagement on behalf of the IOC in the areas of medicine and science. Dr Thornton will take up her post on 1 September 2024. After a transition period, she will succeed Dr Richard Budgett, who will retire in December 2024. Dr Budgett has led the IOC's Medical and Scientific Department since November 2012.

Dr Thornton represented Canada for over a decade in the sport of rowing. She was a world champion in 2006 and took part in the Olympic Games Beijing 2008.

Dr Thornton will take up her new role after a career in sports medicine practice and research, most recently as Assistant Professor in the Department of Family Medicine at the University of Western Ontario in Canada, with cross appointments in the Department of Epidemiology and Biostatistics and the School of Kinesiology. Dr Thornton holds both a PhD from Western and an MD from the University of Toronto, and her contributions to the field of sports medicine include over 100 peer-reviewed publications. She will bring experience from prominent leadership roles including that of President of the Canadian Academy of Sport and Exercise Medicine and Editor of the British Journal of Sport and Exercise Medicine. As well as participating as an athlete in the Games in 2008 she had medical/research roles at Athens 2004, Sochi 2014 and Rio 2016. She has also worked with IFs including the IIHF and World Rowing to deliver medical coverage at World Championship events.

[Read the full article.](#)



CASEM IN THE NEWS

CANADIAN COMMONWEALTH SPORT AWARD RECIPIENTS ANNOUNCED

Dr. Andrew Pipe will receive the Award of Merit (Builder) for his distinguished, lasting, and valuable contributions to furthering the aims and objectives of Commonwealth Sport Canada (CSC) and the Commonwealth Sport Canada Foundation (CSCF), both domestically and internationally.

Dr. Pipe has had a long and distinguished career in Canadian and international sport and sport medicine. He was formerly President of the Commonwealth Games Foundation of Canada and served as President of Commonwealth Games Association of Canada. He has served as a physician at several Commonwealth Games with both Team Canada and the Commonwealth Games Federation's Medical Commission. Dr. Pipe also served as a physician at thirteen Olympic Games and was Team Physician for Canada's National Men's Basketball Team for more than 35 years. He has also served as physician to the Women's National Soccer Team and the National U17 Men's Soccer Team. Earlier in his career he served as a Team Physician for the National Women's Volleyball Team and the Canadian Alpine Ski Teams.

Throughout his career, Dr. Pipe has contributed countless hours of volunteer time advocating, promoting and securing a fair, ethical, safe and healthy sport environment for Canadian athletes and the broader Canadian sport community. His efforts have extended into the international arena, working on issues that have dramatically affected Canadian athletes in their pursuit of excellence beyond our borders. Dr. Pipe's volunteer contribution to the Canadian sport system in the areas of leadership, development, innovation, and growth are impressive.

[Read the full article.](#)



Interventional Pain Physician for Changepain Clinic in Burnaby, BC

Changepain Clinic is hiring an Interventional Pain Physician.

New graduates are welcome. Our office utilizes ultrasound and fluoroscopy guidance, and we are an active facility and research facility linked with University of British Columbia (UBC). Boost your skills and streamline your processes with our collaborative approach. Together, we help each other expand our expertise and achieve greater efficiency.

www.changepain.ca

Why choose us?

Changepain Clinic is an accredited, innovative, and interdisciplinary Pain Centre specializing in personalized whole-person pain and rehab care. Since 2013, we've been using advanced neuroscience-based therapies, our highly experienced team of Doctors and Allied Health practitioners are passionate about helping people optimize brain and body performance, functional recovery, well-being, and vitality.

After 10 years in operations, in January 2024, we have relocated to our nature-inspired healing home in Burnaby where we meet the highest College of Physicians and Surgeons of BC accreditation standards for pain procedures and infusion therapy (<https://www.cpsbc.ca/accredited-facilities/nhmsfap/ppm>) and our new facility fully meets the CSA Z-8000 HCF C-1 healthcare facility standards servicing category 2 procedures. The new clinic includes four accredited interventional rooms, all capable of delivering ultrasound-guided procedures including one dedicated fluoroscopy suite. We perform Trigger Point Injections, Nerve Blocks, Radiofrequency Lesioning, Cryoablation, Prolotherapy, Platelet Rich Plasma therapy, Ketamine and Lidocaine infusions. It also has 4-8 more consult rooms, expanded areas for infusion therapy, and a 4,000 square foot fully equipped gym for allied health.

Changepain Clinic currently has four physicians accredited under this standard (2 anesthesiologists, 1 rheumatologist, and 1 family physician). Our accredited facility under this new standard, including being one of the few non-hospital facilities that can provide ambulatory ketamine and lidocaine infusions. If you have done a one-year accredited interventional pain fellowship, you will qualify under this standard, and our team can help you become current again if you have fallen out of practice.

We have an academic practice, with the ability to apply for UBC faculty status. We are a training site for the UBC pain residency. Also, we have an active two-year UBC-recognized non-accredited Interventional Fellowship program, providing opportunities for mentorship and teaching on a regular basis. We have bi-weekly multidisciplinary case rounds for complex patient care coordination. We also provide weekly accredited grand rounds, eligible for continuing medical education credits under the MOC program of the Royal College. Our faculty enjoys meeting regularly for case rounds and have a collegial, innovative and respectful practice environment. Peer-led education interventional sessions happen 2-4 times per year.

An ideal practice would consist of a minimum of 2 to 3 days of interventional pain management and consults. During procedure days, you may be involved in overseeing fellows and infusion therapy as well. You will have in-room support during your interventional days with a specific patient care coordinator (PCC).

We have a mixed funding model, accepting MSP, private pay, medicolegal and ICBC/WorkSafeBC. We have a variety of individual and group medical services within which you can customize your practice.

Payment Structure:

Non-salaried contractor position expected remuneration varies on your practice make up.

[View the CASEM Website to learn how to apply and to read more.](#)



Sport Medicine Physician for Wilderman Medical Clinic in Vaughan, ON

We are looking for a part-time Sport Medicine Physician for Fridays, who will focus on the treatment of acute and chronic pain arising from injury (sport, work-related, motor-vehicle accident, slip- and- fall, etc.) and medical conditions. Wilderman Medical Clinic is a multidisciplinary clinic specializing in interventional pain management, complemented by a team of Chronic Pain Doctors, Nurses, and Medical Administrators to assist you. We offer a fee-for-service split. The clinic is located in great location of GTA, close to Highway 7 and 407.

A successful candidate should:

- Be licensed and in good standing with the College of Physicians and Surgeons of Ontario (CPSO)
- Has experience and expertise working within a multidisciplinary environment.
- Possesses excellent communication and interpersonal skills
- Has a strong organizational and time management skills

How to Apply:

If you are interested in this position, please forward your CV and cover letter to: iw@drwilderman.com
For more information about our services, please visit <https://drwilderman.com/>

Sports Medicine Physician for Toronto Rock Sports Medicine & Wellness Centre in Oakville, ON



Position: Sports Medicine Physician, Part-Time / Flexible hours and schedule

The Toronto Rock Sports Medicine & Wellness Centre, a newly established state-of-the-art clinic located within the Toronto Rock Athletic Centre (TRAC) in Oakville. The TRAC is the official training facility of the Toronto Rock Lacrosse professional sports team and home to numerous youth and adult sports programs.

Our multidisciplinary clinic is actively seeking a client-centred Sports Medicine physician to join our health care team. We are looking for a physician who is highly motivated, passionate about working within a multidisciplinary team and committed to providing the highest standard of care to our entire patient population, which includes professional and elite athletes as well as active people of all ages and abilities.

The centre's vision is to provide excellence in clinical care to our entire community of active individuals. Through a multi-disciplinary approach to treatment, each client's return to optimal health will be promoted through individualized treatments and active rehabilitation.

[Read the full description on CASEM's website.](#)