



History

Background of the Joint Commission

In the late 1970s, the presidents and executive directors of six organizations dedicated to sports medicine and exercise science met annually to discuss issues of common concern. These were private, non-publicized contact meetings. During those early years, these six organizations were the ones most significantly involved in the emerging field of sports medicine. The principal organizations at that time were:

- American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD)
- American College of Sports Medicine (ACSM)
- American Orthopaedic Society for Sports Medicine (AOSSM)
- National Athletic Trainers' Association (NATA)
- President's Council on Physical Fitness and Sports (PCPFS)
- United States Olympic Committee (USOC)

In 1984, as a result of turnover in several of the executive director positions, the meetings stopped. The new executive directors did not continue the tradition. After a few years without meetings, there was confusion over who was responsible for convening the next meeting and the momentum was lost.

In 1992, largely through the efforts of Don Cooper, M.D., Chair of the Joint Commission on Sports Medicine and Science, and Tom Miller, Executive Advisor of the Joint Commission on Sports Medicine and Science, a major attempt to rekindle the tradition was undertaken. Due to nearly 10 years of inactivity, new bridges had to be built, trust had to be restored and the new leadership had to be educated to the value of restarting the tradition. Ten months of effort by Cooper and Miller resulted in the 1993 Sports Medicine Contact Meeting, the first in 10 years.

The 1993 Sports Medicine Contact Meeting

Because of the growth of the sports medicine industry, one of the most daunting tasks was the identification of which organizations should be involved in the reconvened contact meeting. In the ten years since the last meeting in 1983, the original six organizations had been augmented by an explosion in the formation of new special interest groups. A new preliminary list of nearly 100 organizations was identified.

The task of deciding which organizations should be invited to the 1993 Contact Meeting was a difficult one. An *ad hoc* committee of Cooper, Miller, Bob Beeten (USOC) and Denny Miller (NATA) finally pared the list to 32 organizations thought to be the ones with the greatest impact on the profession.

With significant financial and staff assistance from Caremark Orthopedic Services, Inc., the process was restarted. In February 1993, the new group of presidents and executive directors from 32 organizations attended the Joint Commission on Sports Medicine and Science meeting at the Broadmoor Hotel in Colorado Springs.



Joint Commission on _____ Sports Medicine and Science

The principal purpose of the 1993 meeting was simply to afford an opportunity of the leaders of several organizations to get to know one another and to develop their own networks and liaisons. This first meeting was a stunning success. The enthusiasm of the participants led to subsequent meetings in 1994 in Washington, D.C.; 1995 in Lake Buena Vista, Florida; 1996 in Hilton Head Island, South Carolina; 1997 in Nashville, Tennessee; 1998 in Las Vegas, Nevada; 1999 in Dallas, Texas; 2000 in Salt Lake City, Utah; 2001 in Indianapolis, Indiana, and 2002 in St. Louis, Missouri. The tradition of an annual contact meeting had once again been firmly established.

The meeting has evolved from a contact meeting to an issue-oriented meeting that still allocates a significant amount of time for networking. The intent of the meeting remains the same: *to make it possible for colleagues from different organizations to get to know one another on a personal level, thereby making future contacts easier and more productive.*

Purpose of the Joint Commission on Sports Medicine and Science

Even though the annual meetings have become more focused, the purpose of the Joint Commission remains unchanged. The purpose of the Joint Commission is to serve as a convener and as a catalyst for cooperative ventures. The Joint Commission accomplishes its purpose, in part, by convening an annual forum, where representatives from the societies come together to share what they are doing and learn what others are doing and debate those issues that will affect the future of the sports medicine profession.

The real value to the Joint Commission lies in the fact that participation by the organizations is voluntary. The participating organizations pay no dues. The Joint Commission takes no votes on issues it discusses. Therefore, the organizations are free to participate without the traditional bureaucratic entanglements found in deliberative societies.

It is not the role of the Joint Commission to compel any organization to do anything it does not choose to do. The Joint Commission does not compete with the organizations that voluntarily participate, nor does the Joint Commission issue position papers or statements implying that the Joint Commission speaks for the profession. The accomplishments of the Joint Commission are the result of the efforts of the participating organizations. The Joint Commission offers the forum; the heavy lifting is done by the organizations.

In addition to the annual meeting, the Joint Commission produces this annual resource guide from survey forms submitted by each of the organizations. The information on each organization includes: names of organization leaders, future annual meeting dates and locations, publications produced by the organizations, and a list of what the organization believes are emerging issues in sports medicine. The name and address roster is a valuable resource that can be used throughout the year.

The Future of the Joint Commission on Sports Medicine and Science

The Joint Commission is committed to advancing the sports medicine profession. As long as the spirit of cooperation among the societies continues and as long as the Joint Commission is viewed as a neutral resource, the Joint Commission will continue to have value.