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**Collection/Office of Origin:** Bush, George H.W., Collection  
**Series:** Personal Papers  
**Subseries:** China File, Correspondence File

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**OA/ID Number:** 25870  
**Folder ID Number:** 25870-007

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**Folder Title:**  
1974 Correspondence G

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October 29, 1974

Honorable Arthur J. Goldberg  
1101 Seventeenth Street, N.W.  
Washington, D. C.

Dear Arthur:

It's with considerable embarrassment ~~that~~ I belatedly answer your letter of September 27. There was a massive foul-up. The letter and my dictated reply were sent from the State Department to Peking, but they just arrived here on October 28. A thousand apologies.

Regarding Professor Stanley Lubman, he is well and favorably known to those who deal with China in the Department. However, at this time, there does not appear to be an opening in the U.S. Liaison Office which would be appropriate for Professor Lubman. We have a very small mission -- fortunately there's an awful lot of expertise in this building -- but there are not many slots, and the only thing I might suggest is that he keep in close touch with our very able China Desk Officer Oscar Armstrong in case there is a change.

I do hope you understand, Arthur. Thank you for your interest in this, and, again, a thousand apologies for being so late in replying.

Yours very truly,

George Bush

GBush:lz (POUCH)

ARTHUR J. GOLDBERG

102-7  
SEP 30 1974  
R&G

September 27, 1974

Dear George:

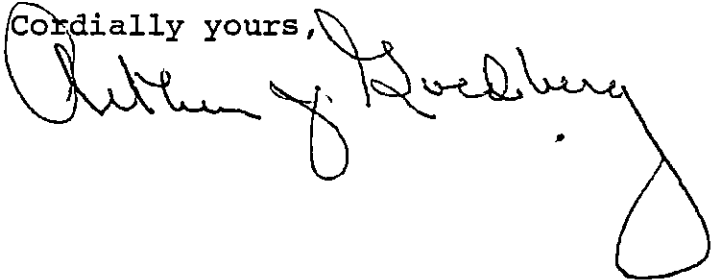
A former colleague of mine, Professor David Feller, of the University of California Law School at Berkeley, wrote to me the other day asking if a colleague of his, Professor Stanley B. Lubman, could call upon me.

Mr. Lubman did so the other day, and I found that he is an outstanding authority on Chinese affairs. He has left the University and is practicing international law, particularly Chinese law, in Washington. In the course of a rather lengthy conversation, I was impressed with his insights into Chinese developments; and it occurred to me that, if you are searching for a personal assistant with language and academic qualifications, you might be interested in interviewing him.

I want to emphasize that my knowledge of him is limited to Professor Feller's recommendation, which I value highly, and to the discussion I had with Professor Lubman at my office. I also read some of his publications about China and, in my lay way, thought well of them. I am enclosing his curriculum vitae and some of the material he left with me.

If you have any interest at all in interviewing him, he can now be contacted by telephone in Washington at 244-2700.

With every good wish to you and Mrs. Bush, I am

Cordially yours,  


His Excellency  
George Bush  
Department of State  
Washington, D. C.

Photocopy from George Bush Presidential Library

November 8, 1974

Edward D. Gates, President  
Beaver College  
Glenside, Pennsylvania 19038

Dear Ed:

Many thanks for forwarding the honorary degree citation from two years ago. I too look back with great pleasure to that Commencement Day at Beaver College.

China so far has been just a great experience. It's another whole world with so much to learn and, hopefully, accomplish. Your words of encouragement mean a lot to me.

With best wishes,

Sincerely,

George Bush

EXEC:BMckinley:jeh

# George Herbert Walker Bush

*Doctor of Laws*

GEORGE HERBERT WALKER BUSH: diplomat, statesman, legislator, humanitarian, business and civic leader, during your distinguished career you have addressed yourself to numerous vital issues of our rapidly changing world and have dedicated yourself to finding solutions to the manifold problems of "this beleaguered earth." In keeping with a family tradition you chose a life of public service and in 1966 you were elected to the 90th Congress to represent the Seventh District of Texas and you were re-elected in 1968.

During your terms of office in Congress you promoted legislation designed to provide jobs for the unemployed and for bilingual education and you drafted legislation proposing the establishment of a Joint Select Committee on Population and Family Planning. You also served as Chairman of the Task Force on Earth Resources and Population established by Congress.

Serving as a delegate to the Mexican-United States Inter-Parliamentary Congress brought you into the international arena, and in December 1970 you were appointed by the President of the United States as Permanent Representative of your country to the United Nations, where currently you serve as President of the Security Council.

You have already distinguished yourself as an able diplomat, a dedicated public servant, an outstanding military leader, a humanitarian who understands global needs and problems and who recognizes the interdependence of all nations as we learn to live together on this tiny planet.

In honoring you, Beaver College acknowledges your vital role in national and international government, and we proudly join with others in paying tribute to your dedication, your leadership, and your signal achievements.

One Hundred and Nineteenth Commencement  
May 21, 1972  
Beaver College  
Glenside, Pennsylvania

**B**eaver **C**ollege / Glenside / Pennsylvania 19038

OFFICE OF THE PRESIDENT

October 10, 1974

Dr. George H. W. Bush  
5161 Palisade Lane N.W.  
Washington, D.C. 20016

Dear Dr. Bush:

Going through our files we came across this citation read at the time we had the privilege of presenting you with an honorary degree. I greatly apologize for this long delay in sending it to you. Be assured, however, that we still remember with great pleasure your Commencement address. To have you here was really a memorable occasion for us.

I want to add my own personal word of congratulations to you on your new appointment to China. We take added pride in counting you as an honorary alumnus of Beaver College.

With every good wish for your continued success,

Most sincerely,



Edward D. Gates

EDG:jkt  
Enc.

B  
M & K  
WJF  
Dew  
Mr. Gillewatt  
Tom Lids  
We you Lids  
etc. etc

November 8, 1974

Mr. Edgar M. Gillenwaters  
Vice President/Director  
National Athletic Health Institute  
575 East Hardy Street  
Inglewood, California 90301

Dear Ed:

Tom Lias sent me a copy of your letter of October 15 and his reply. As an avid amateur athlete myself, I read with great interest about the work of your Institute. Furthermore, I concur emphatically that sports and sports medicine are likely areas for the development of fruitful exchanges with the Chinese.

Although naming Dr. Jobe as an honorary sports medicine advisor to the Liaison Office is probably not in the cards, I do believe the invitation to Dr. Chu Mien-yu is right on target, especially since he specifically asked for concrete ideas. If Dr. Chu accepts this invitation, it will be a clear signal that the All China Sports Federation wants to follow up on your initial contacts.

In the meantime there are several other channels you might wish to employ. Here in China, you might wish to send copies of your correspondence to the Chinese Medical Association, Peking, People's Republic of China. And in the States, you might want to get in touch with the Committee on Scholarly Communication, National Academy of Sciences, 2101 Constitution Avenue, Washington, D.C. 20418. This group sponsors visiting delegations in the fields of science and also medicine and should be of considerable assistance to you.

Please keep me closely informed of your progress particularly in regard to that invitation.

With best wishes.

Sincerely,

George Bush



Republican  
National  
Committee.

Mary Louise Smith  
Chairman

October 21, 1974

Mr. Edgar M. Gillenwaters,  
Vice President/Director  
National Athletic Health Institute  
575 East Hardy Street  
Inglewood, California 90301

Dear Ed:

Thanks for your letter bringing me up to date on your activities. Your operation sounds like an interesting one.

Your letter got here just as Ambassador Bush was leaving for China, but I will forward it to him for his information.

If you aren't already doing so, you should be in communication with the Peoples Republic of China Liaison office here in Washington. They are at 2300 Connecticut Avenue, N.W. I know that Ambassador Bush will be interested in what has already transpired, and your letter will be useful in filling him in.

- If there is anything more I can do, please contact me, or you can write to the Ambassador as follows:

Ambassador George Bush  
Chief, U.S. Liaison Office  
Peking, Peoples Republic of China  
Department of State  
Washington, D.C. 20521

The State Department will then send your letter to the Chairman via the diplomatic pouch.

Thanks again for writing.

Sincerely,

Tom Lias

*JK: dg*  
*See: Chairman Bush (w/ encls.)*

Photocopy from George Bush Presidential Library

# National Athletic Health Institute

575 East Hardy Street, Inglewood, CA 90301 (213) 674-1600

October 11, 1974

OCT 15 1974

Mr. Tom Lias  
Republican National Committee  
Dwight D. Eisenhower Republican Center  
310 - 1st Street, S.E.  
Washington, D. C. 20003

Dear Tom:

After quite a long hiatus, it's good to get back in touch with you! I've been following George Bush's successes through that unfathomable Washington maze these past few years and admire him greatly for bringing leadership wherever he's been in command in spite of the controversies the Party and the Government have suffered. I know you have contributed extensively to his efforts.

Eighteen months ago I left the Reagan Administration to form the National Athletic Health Institute, a privately funded non-profit institute for research and education in sports medicine and recreation health. Our effort is summarized in the enclosed brochure and our Board of Directors is listed on the inside back cover. You will recognize a great many of the names from prior years. Have also enclosed a one-page fact sheet summarizing the Institute and a list of our activities and accomplishments too.

Last May we met here with Dr. Chu Mien-yu, Chief Surgeon of the All-China Sports Federation in Peking. The State Department and the University of Southern California requested the meeting and Dr. Chu was accompanied by quite an entourage of medical and athletic leaders from the Peoples Republic of China. As a result, our Board Chairman, Dr. Frank Jobe, is most desirous of pursuing a relationship between our Institute and the All-China Sports Federation. The exchange that occurred during our meeting here revealed a great many areas of common medical and health improvement interests in the field of sports medicine.

As George Bush moves into his new role as U.S. Ambassador to the Peoples Republic of China, I wanted to explore the proper channel for pursuing the medical exchange between the All-China Sports Federation and our National Athletic Health Institute, and for gaining our Chairman, Dr. Frank Jobe, an honorary advisory position in sports medicine to the

Ambassador. It occurs to me that the response reflected in the enclosed exchange of correspondence between Doctors Chu and Jobe could be of great value to the Ambassador as he works to develop relationships and common ground in the Peoples Republic of China.

The field of sports and recreation and the field of medicine and health have all the earmarks of good common ground. I have enclosed Dr. Jobe's curriculum vitae for the Ambassador's review. Dr. Jobe is nationally recognized as a leader in sports medicine and as his credentials show, is well qualified for consideration.

Hope to be on the East Coast before the end of the year but in the meantime, please call or write as your time permits. Jane joins in sending best wishes.

Warm regards,



Edgar M. Gillenwaters  
Vice President/Director

EMG/ip

Enclosures

FRANK W. JOBE, M.D.

CURRICULUM VITAE

PERSONAL DATA

Name: Frank Wilson Jobe  
575 East Hardy Street  
Inglewood, Ca. 90301  
Telephone: (213) 674-5200

Home address: 6424 Holt Avenue  
Los Angeles, Ca. 90056  
Telephone (213) 776-1952

Date of birth: July 16, 1925

Place of birth: Greensboro, North Carolina

Citizenship: U.S.A.

Sex: Male

Marital status: Married

Wife's first name: Beverly

Number of children: Four

EDUCATION

High school; graduated 1943

College: degrees and year granted: La Sierra College, A.B., 1949

Medical school; degree and year: Loma Linda University, M.D., 1956

Internship: 1956-1957, Los Angeles County Hospital

Residencies: 1960-1964, Los Angeles County Hospital

Licensure: State of California

Board Certification: American Board of Orthopaedic Surgeons, January 18, 1968.

PROFESSIONAL BACKGROUND

Academic appointments: Instructor, Orthopaedic Surgery  
University of Southern California.

Hospital appointments: Vice President, Board of Trustees,  
Centinela Valley Community Hospital,  
Inglewood, Ca., and member of medical  
staff.

Member of medical staff, Daniel Freeman  
Hospital, Inglewood, Ca.

Military service: Army, S/Sgt., Europe, 1943-1946

Positions held: Orthopaedic Consultant for the Los  
Angeles Dodgers.

Associate Orthopaedic Consultant for  
the Los Angeles Kings, Lakers, Rams and  
California Angels.

President and Director of the National  
Athletic Health Institute, 575 East Hardy  
Street, Inglewood, Ca. 90301.

Past President, National Association of  
Professional Baseball Physicians.

SOCIETY MEMBERSHIPS: Founding Member, American Orthopaedic  
Society for Sports Medicine.

Member, American Academy of Orthopaedic  
Surgeons.

Member, Western Orthopaedic Association.

Fellow, American College of Surgeons.

RESEARCH ACTIVITIES AND PUBLICATIONS:

"Electromyographic Evaluation of the Pes Anserinus Transfer Process  
for Rotary Instability of the Knees", Perry, Jacquelin, M.D.;  
Fox, James M., M.D.; Kerlan, Robert K., M.D.; Jobe, Frank W., M.D.;  
Blazina, Martin E., M.D.; Carter, Vincent S., M.D.; Shields,  
Clarence L., Jr., M.D., Orthopaedic Research and Education  
Foundation, Chicago, Illinois - \$4,000, April 1974-1975.

RESEARCH ACTIVITIES AND PUBLICATIONS (CONTINUED)

"Jumper's Knee", Blazina, Martin E., M.D.; Kerlan, Robert K., M.D.; Jobe, Frank W., M.D.; Carter, Vincent S., M.D.; and Carlson, G. Joanne, R.N.; Orthopaedic Clinics of North America, July 1973.

Projected Proposal:

"Dislocating Subluxating Patellar", - A Review of 163 Surgical Procedures from 1969-1973, Fernandez, Ernesto, M.D.; Kerlan, Robert K., M.D.; Jobe, Frank W., M.D.; Blazina, Martin E., M.D.; Carter, Vincent S., M.D.; Shields, Clarence L., Jr., M.D.

To be Published:

"Throwing a Ball Can Be Harmful To Your Health", Emergency Magazine, New York.

"Patients' Evaluation of the Pes Anserinus Operation", Fox, James M., M.D.; Kerlan, Robert K., M.D.; Jobe, Frank W., M.D.; Blazina, Martin E., M.D.; Carter, Vincent S., M.D.; Shields, Clarence L., Jr., M.D.; Carlson, G. Joanne, R.N.

"Osteochondritis of the Capitellum", Brown, Robert, M.D.; Kerlan, Robert K., M.D.; Jobe, Frank W., M.D.; Blazina, Martin E., M.D.; Carter, Vincent S., M.D.; Carlson, G. Joanne, R.N. ( to be published in the Journal of Sports Medicine).

PROGRAMS IN WHICH PARTICIPATED - (1972 to date)

"Diagnosis and Treatment of Achilles Tendon Injuries", University of Southern California, School of Medicine, Sports Medicine for Physicians, Coaches and Trainers Seminar, Los Angeles, Ca. March, 1972.

"Playable and Non-Playable Injuries in Athletics", Sports and Physical Fitness Clinic, Orange County Medical Association, Orange, Ca. June, 1972.

"The Throwing Arm", Prevention and Treatment of Common Athletic Injuries Clinic, Loma Linda University Medical Center, Loma Linda, Ca., January, 1973.

"Achilles Tendon Injuries", Southern California Athletic Trainers Association, Anaheim, Ca., August, 1973.

PROGRAMS IN WHICH PARTICIPATED (CONTINUED)

"The Pitching Mechanism in Baseball", Symposium on Upper Extremity Injuries in Sports, sponsored by Committee on Sports Medicine of the American Academy of Orthopaedic Surgeons, New York, September, 1973.

Sports Medicine for Physicians, Coaches and Trainers Seminar, University of Southern California, School of Medicine, Postgraduate Division, Los Angeles, Ca., October, 1973.

Physical Fitness Seminar, Loma Linda University Medical Center, Loma Linda, Ca., November, 1973.

Panel Discussant on Physical Fitness in Baseball Players, National Association of Professional Baseball Leagues, Houston, Texas, December, 1973.

"Injuries to the Medial Aspect of the Elbow in Athletics", Symposium on Elbow Injuries, American Academy of Orthopaedic Surgeons, Dallas, Texas, January, 1974.

"Shoulder Injuries", Student Trainers' Emergency Sports Medicine Seminar, National Athletic Health Institute, Los Angeles, Ca., March, 1974.

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December 7, 1973

Dr. Chu Mien-Yu  
All-China Sports Federation  
9, Tiyyukuan Road  
Peking, China

Dear Dr. Chu:

Thank you for your good letter of September 21. I was happy to learn of your safe return home, and especially of your interest in further contacts.

I have been giving considerable thought and study to ways and means of maintaining close association with you in the field of sports medicine, and in exchanging ideas and publications relating thereto. As a positive step in that direction, I would like to invite you to be a featured speaker at the American Academy of Orthopedic Surgeons - Postgraduate Course on Sports Medicine, to be held in Los Angeles, July 27 through 30, 1975. This would be an excellent opportunity for us to share ideas and experiences in an effort to improve the status of sports medicine for all peoples of the world.

I will send you additional information as our plans are formulated. In the meantime, I look forward to hearing from you in this regard.

I am still thinking of a trip to China in the not too distant future, and will certainly work toward that goal.

Warm personal regards.

Sincerely,

Frank W. Jobe, M.D.

FWJ:McQ

中 华 全 国 体 育 总 会

ALL-CHINA SPORTS FEDERATION  
FEDERATION NATIONALE DES SPORTS DE CHINE

9, TIYUKUAN ROAD, PEKING, CHINA

TELEGR.: SPORTSCHINE PEKING

Sept. 21, 1973

Dr. Frank W. Jobe  
575 East Hardy Street  
Inglewood  
California 90301  
U. S. A.

Dear Dr. Jobe,

Thank you very much for your friendly letter  
dated June 29.

It always gives me a feeling of great exhilaration to recall my visit to your beautiful land and the profound friendship of the American people towards the Chinese people. As doctors of sport medicine, Dr. Lin Fu-mei and I can never forget the warm hospitality you and your colleagues accorded us when we visited your National Atheletic Health Institute. We understood each other so easily in the preliminary discussions we had on problems of sport injury. I believe that it would be very beneficial to the development of sport medicine in both our countries if we could have opportunities in future to exchange our experiences in the practice of sport medicine. What do you think of it? I would like to know what concrete ideas you have.

With best regards,

(Chu Mien-yu)

ROBERT K. KERLAN, M.D.  
FRANK W. JOBE, M.D.  
VINCENT S. CARTER, M.D.  
MARTIN E. BLAZINA, M.D.  
575 EAST HARDY STREET  
INGLEWOOD, CALIFORNIA 90301  
TELEPHONE 674-5200

PRACTICE LIMITED TO ORTHOPEDIC SURGERY

June 29, 1973

Dr. Chu Mein-Yu  
c/o All China Sports Federation  
Peking  
Peoples Republic of China

Dear Dr. Chu:

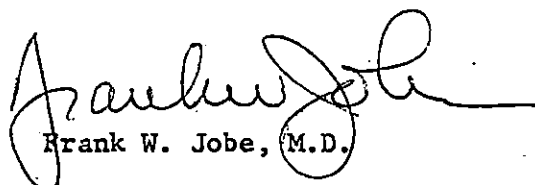
It was both an honor and pleasure to visit with you, Dr. Lin and your interesting traveling companions here in Los Angeles on May 31, 1973. My associates and I were very pleased with your own work and your understanding of our endeavors in the areas of sports medicine and injury research. Members of our new National Athletic Health Institute and I are looking forward to maintaining a liaison with you and the All China Sports Federation in Peking, and we hope you will honor us by remaining in contact by mail and by more personal visits over the years ahead.

Hopefully, several of us will have the opportunity to visit you and other appropriate members of your medical community and the All China Sports Federation in the near future. If such a visit from us would fit in with your plans and inclinations, we would be very grateful to hear from you.

In the meantime, should you have any pertinent published material available that we may study, we would enjoy having the opportunity to review it. And, if you would like us to forward any data relating to the areas of sports medicine, please let us know and we will do our best to comply.

On behalf of my medical associates and the Institute, I want to thank you again for taking time to visit here. We felt the meeting was of considerable value. I look forward to hearing from you at your early convenience.

Best wishes,

  
Frank W. Jobe, M.D.

cc: Dr. Franz K. Bauer  
Dean, University of Southern California School of Medicine  
Dr. Robert Kerlan  
Medical Director, National Athletic Health Institute  
Mr. Edgar M. Gillenwaters  
Vice President/Director, National Athletic Health Institute

July 27, 1973

Mr. Alfred la S. Jenkins  
Director, Peoples Republic  
of China Desk  
Assistant Secretary for East  
Asia and Pacific Affairs  
U. S. Department of State  
Washington, D. C. 20520

Dear Mr. Jenkins:

I wanted you to be advised of our direct communication with Dr. Chu Mein-Yu of the All China Sports Federation, Peking. We had a most productive meeting on sports medicine here on May 31st.

Members of our Institute are most interested in receiving a formal invitation to visit Dr. Chu Mein-Yu and his associates following the Doctor's verbal overture to travel to Peking to exchange medical views.

Attached is a copy of correspondence pertinent to our meeting.

Sincerely,

Frank W. Jobe, M.D.  
President

FWJ/1p  
Enclosure

# NATIONAL COMMITTEE ON UNITED STATES-CHINA RELATIONS, INC.

777 UNITED NATIONS PLAZA, 9B, NEW YORK, NEW YORK 10017 (212) 682-6848

JUL 23 1973

July 11, 1973

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ROBERT GOLDBERG

Dr. Frank Jobe  
Chairman and President  
National Athletic Health Institute  
575 Hardy Street  
Englewood, California 90301

Dear Dr. Jobe:

On behalf of the United States Gymnastic Federation and the National Committee on United States-China Relations, I wish to express our appreciation for everything that you, Mr. Gillinwaters and Drs. Blazina and Carter did to make the recent visit of China's Gymnastic Team to your hospital so successful an occasion. Your willingness to host the Chinese Doctors fulfilled one of the most important objectives of their mission--to further their knowledge of sports medicine in the U.S. Dr. Chu Mien-yu and Miss Lin Fu-mei learned a great deal about their field of interest from you and your colleagues, and we are most grateful for your contribution to the betterment of understanding between China and the United States.

We hope that we may rely on your energy and interest on the occasion of further exchanges between the People's Republic of China and the United States. The positive response of both our Chinese visitors and the Americans who received them indicates that the future of people-to-people contacts between the two countries is indeed promising.

Again, my sincere thanks and best wishes,

Sincerely,

*Charles W. Yost*  
Charles W. Yost

CWY clr

*Thank for the last minute  
arrangement you made on  
behalf of the doctors - I'm  
only sorry that we didn't  
have a few extra days to  
spend with you discussing  
sports medicine & enjoying  
the time together.*

## FACTS ABOUT

### THE NATIONAL ATHLETIC HEALTH INSTITUTE

- NAHI is a non-profit Institute for research and education in sports medicine and recreational health.
- NAHI is a program directed to help active people achieve a longer life through optimal health.
- NAHI programs are designed to reduce athletic and recreational injuries through extensive research, equipment testing and sophisticated training and educational programs.
- NAHI is an eminent Board of Directors, a prestigious Medical Advisory Board, a popular Sports Advisory Committee and a professionally recognized Media Advisory Committee - all made up of dedicated physicians, business leaders, athletes and other sports and health-conscious individuals.
- NAHI is the solution to serious problems in sports medicine including a clearing house for knowledge in the field, incentive for research, financial support for training of physicians, coaches and trainers in sports-related medical procedures, advancement of facilities for professional sports medicine treatment and rehabilitation, establishment of a sports medicine library, public education in prevention of disability and injury in sports and recreation health.
- NAHI conducted the nation's first basic medical education program on sports-related injuries for high school student trainers; created "The Sports Doctor", a syndicated newspaper column reaching over 10 million readers authored by the Institute's Medical Director, Dr. Robert K. Kerlan and developed the nation's first educational seminar for women interested in becoming professional athletic trainers.
- NAHI is the leading institute for training orthopedic Fellows, Residents and medical students in sports medicine and recreational health.
- NAHI developed the Physical Evaluation and Performance Program. With its Performance Center, this program is designed for the average man and woman, the young athlete, and persons in executive or other stress occupations as well as the professional and amateur athlete who want to determine their precise state of dynamic health and improve their level of performance.
- NAHI is a professionally administered institute with a national program effectively conducted on a modest budget of approximately \$200,000 per year.
- NAHI receives its total support from contributions from concerned corporations, individuals and foundations throughout the world.

# National Athletic Health Institute

575 East Hardy Street, Inglewood, CA 90301 (213) 674-1600

## REVIEW OF RECENT ACTIVITIES

### STUDENT TRAINERS SEMINAR

The first program to provide basic medical education for high school student trainers in the nation was conducted by the National Athletic Health Institute recently in Los Angeles. Over 375 student trainers, coaches, school nurses and physical education instructors participated in an intensive two-day course. More than 400 had to be turned away because of physical limitations. Renown sports medicine physicians donated their time to present lectures and lead group discussions while professional trainers representing major universities and professional teams demonstrated practical aspects of preventing and treating athletic injuries. Success of the program prompted other communities throughout the United States to conduct similar courses of their own. The program received funding from the Los Angeles County Medical Association plus the endorsements of the Los Angeles City Unified School District, the California Interscholastic Federation and the President of the United States.

### NATIONAL STUDENT TRAINERS CERTIFICATION PROGRAM

Encouraged by the success of the first Student Trainers Seminar, the Institute has developed a nationwide 6-week 48-hour course leading to official certification as a qualified high school student trainer. Major objectives of this program are to reduce athletic injuries in high schools and encourage participants to pursue careers in sports medicine. Funding for the program is now being sought from private foundations. The program includes an initial course developed in California and extended nationally on a no-tuition basis.

### "THE SPORTS DOCTOR"

Beginning September 30, 1974, daily newspapers throughout the United States and Canada will carry a new sports medicine column, "The Sports Doctor" written by the Institute's co-founder and medical director, Robert K. Kerlan, M.D. Syndicated by the Chicago Tribune-New York Daily News Syndicate, this three-times-weekly column will emphasize the practical aspects of sports medicine, explaining how to avoid common injuries as well as proper treatment and equipment. Once the column becomes established nationwide, the Institute plans to distribute a series of related books and brochures.

## SPORTS MEDICINE ON TV

As an extension of the sports medicine columns, the Institute is working with Television News Inc. of New York to produce a series of TV spots dealing with sports and recreational health. No similar medical show has ever been presented and TVN producers have expressed enthusiasm regarding the popular reception of this program.

## ABC SPECIAL

This fall, ABC Documentary Unit will present a 1-hour television special on sports medicine and athletic injuries. The National Athletic Health Institute worked closely with ABC's science editor on the research and production of this program with both Doctors Kerlan and Jobe traveling to New York to work on the initial preparation. Dr. Kerlan was later interviewed in his Los Angeles office and will play a featured role in the special.

## "ATHLETIC HEALTH"

The first edition of "Athletic Health", the Institute's newsletter, was published and dealt with the student trainers seminar. Five thousand issues were distributed free. Future newsletters will communicate Institute activity and keep the issues of sports medicine before the public.

## NEW PUBLICATIONS

Because of the success of the Institute's first educational brochure, "Taping and Wrapping the Ankle in Athletics" (10,000 copies distributed free throughout the state), the Institute published a companion, "Taping and Wrapping the Knee" and plans additional brochures as funding becomes available. Both publications are out of print at the present time, however, the Institute expects to go into a second printing as soon as possible.

## TRAINING SEMINAR FOR WOMEN

A special 8-week training seminar is being conducted for women interested in becoming professional athletic trainers or physical education instructors. Many parts of the program have been incorporated into the Institute's program for national certification of high school athletic trainers. This is the first such program in the nation.

## STUDY ON FEMALE ATHLETES

At the request of the American Medical Association, members of the Institute's Medical Advisory Board are preparing the first report ever dealing with injuries sustained by women athletes.

### AUDIOVISUAL TRAINING MODULES

Medical Advisory Board members have completed the first of several audiovisual cassettes for training members of the medical community in the specific handling of athletic injuries. Subjects include: (1) Wrapping and Taping of the Ankle and Taping of the Knee, (2) Introduction to the Knee, consisting of basic anatomy and basic examination, (3) Field Examination (2 parts), (4) Head Injuries and (5) Elbow Injuries in Throwing.

### SPORTS MEDICINE FELLOWS AND RESIDENTS TRAINING PROGRAM

Orthopedic Fellows, Residents and medical students are receiving training at the Institute in sports medicine and recreation health. One Fellow developed the Student Trainers Seminar plus innovative research in orthopedic surgical techniques. In this way, the Institute is interesting young orthopedic surgeons and other physicians in pursuing careers in sports medicine.

### ELECTROMYOGRAPHIC EVALUATIONS

Through a grant from the Orthopaedic Research and Education Foundation, the Institute completed a study of evaluation procedures recording electrical activity of muscle transplants of the knee. Such information has proven valuable to surgeons throughout the United States facing increasing knee injuries in need of surgical repair.

### MEASUREMENT OF HEALING RATES

A major study is underway to measure the healing rate of common athletic injuries to determine the opportune time for reentry into physical activity. Knowledge in the research of athletic injury healing will be applied to similar injuries sustained through other accidents. Dr. Jacquelin Perry of Rancho Los Amigos Hospital and a member of our Medical Advisory Board is principle investigator of this study.

### PHYSICAL PERFORMANCE PROFILE

A sophisticated set of parameters against which athletic and physical performance may be measured has been developed by the Institute's Medical Advisory Board in conjunction with several professional teams. These measurements allow trainers, coaches and athletes at all levels to determine exactly where their best levels of performance lie and which areas they need to develop for maximum conditioning and injury prevention. The physical performance profiles are already being used by the Los Angeles Rams and are under consideration by many other teams. Ultimate application in public schools, Little League and other amateur groups is anticipated.

## PHYSICAL EVALUATION AND PERFORMANCE PROGRAM AND CENTER

Perhaps the most ambitious program developed by the Institute is the Physical Evaluation and Performance Program and Center. As an extension of the concepts developed in the Physical Performance Profile, this program is designed for the layman, the young athlete and people in stress occupations as well as for the professional and highly trained athlete. With the opening of the Performance Center, a multi-purpose medical-research facility, the program will provide people interested in knowing the positive condition of their health the ability to determine how healthy they actually are and to what degree they should perform a specific physical activity. Funding of the program is currently being explored with several firms and foundations including Howard Hughes' Summa Corporation, the Irvine Foundation, Western World Medical Foundation, Hollywood Park Turf Club and Searle Laboratories.

## ON-FIELD EXAMINATION GUIDELINES

A series of practical guidelines for the examination of an injured player on the playing field has been written by the Institute's Director of Clinical Research, Dr. Martin Blazina, and is being prepared for publication and distribution to the medical community, public school nurses and student athletic trainers.

## THROWING FILM

Negotiations are underway with the Commissioner of the National Baseball League for funding of a 30-minute film on the proper throwing technique for baseball. The concept was developed by the Institute's President, Dr. Frank Jobe, and has been published in both scientific and popular medical journals. A companion "How To" brochure is also being prepared. Future films are planned to provide the latest knowledge and technique for other popular sports and activities.

## NATIONAL INSTITUTE FOR ALCOHOL ABUSE AND ALCOHOLISM (HEW PROJECT)

The Institute is preparing a major two-phase study on the affects of alcohol abuse on athletic performance and a public service program to dissuade excessive use of alcohol by sports and recreational participants. In conjunction with the NIAAA, the National Athletic Health Institute will serve as principle investigator and communications medium for this federally-funded program that will range between \$100,000 and \$200,000.

## OTHER NATIONAL ATHLETIC HEALTH INSTITUTE ACTIVITIES & RESEARCH PROJECTS

1. "My Coach Says"  
Book designed for Little League on the psychology of children - affects 100,000 Little Leaguers. Awaiting funding.
2. California Interscholastic Federation Project "Sports Pre-Participation Exam"  
Cooperative research study program with CIF member high schools (487 schools; 500,000 students). Awaiting funding.

3. Conditioning and "How To" Manuals  
A broad public education program to explain safety and conditioning requirements for recreation and athletics, i.e., tennis, skiing, Little League, jogging, etc. Films and video tape to augment printed materials.
4. Direction Sports Program  
Cooperative \$10,000 grant proposal for Federal funds (HEW) to give pre-participation examinations to intercity children in 17 cities, beginning with Los Angeles as the model city - Under HEW review.
5. Audiovisual Program  
Technical slides, film strips and video tapes for sports medicine library.
6. Public Broadcasting Series  
Periodic programs on Los Angeles TV, Channel 2 co-sponsored by NAHI and Los Angeles County Medical Society dealing with athletic injuries and health.
7. Drug Use and Abuse  
Research into use and abuse of drugs both for treatment of athletic injuries and those used ill-advisedly in competition to enhance or alter performance - project under development
8. Playing Surface and Equipment Research  
Study of artificial playing surfaces, field and protective athletic and recreation equipment - project under development.
9. Inflammatory Response to Micro Trauma  
Study of common conditions of inflammation such as tennis elbow and tendonitis, delving into the ultra microscopic structures of tissues through use of an electron microscope - project under development.

# Word Is 'Go' For Sports Medicine

5/22/73

By BUD FURILLO  
Herald-Examiner Sports Editor

Edgar M. Gillenwaters, the director of the National Athletic Health Institute, looked over the impressive audience in the Dodger Stadium Club. It included interested personalities who had come from Maine (Sandy Koufax) to Southern California (Anthony Davis.)

Gillenwaters said: "I'm a weekend tennis player. My wife beats me. So you can understand how I feel standing up here talking to a group like this about sports health."

If Gillenwaters was uneasy, he didn't remain that way very long as he launched into a definitive explanation of what NAHI Inc., is all about.

Gillenwaters felt strongly enough about the pioneer organization to resign his post as Director of Commerce for the State of California to join it. He had previously served as the State's Deputy Director of Finance.

"We do not intend to make a study of illnesses that cause death. We seek funds to make living more productive," Gillenwaters began.

"Germany is ahead of us in sports health. There has been little research and education.

"Americans now spend more than \$100 billion each year on leisure activities.

"There were 17 million people hurt last year in sports and recreation. The physicians on our board are deeply concerned about that.

"There are five bills pending for the establishment of an agency or commission to assist in what the Institute is trying to do. I've been involved in state and federal government. This is not where things of this nature are solved. There is a need for free enterprise expertise."

The NAHI was incorporated last November and has received phenomenal support from concerned citizens. It's a non-profit organization.

The Institute, now based at Centinela Valley Hospital, Inglewood, hopes to serve as the potential solution for the following pressing needs, in the emerging role of sports medicine, according to Gillenwaters.

- A clerical house for knowledge in the field.
- Incentive for research.
- Financial support for training of physicians, coaches and trainers in sports-related medical procedures.
- Establishment of a sports medicine library.
- Public education in prevention of disability and injury in sports recreation.

Gillenwaters introduced Dr. Robert Kerlan, Medical Director of the Institute.

"The Institute is concerned with education and research," said Dr. Kerlan.

"That research will include studies into various drugs and their effect on athletes. There has not been much research.

"The use of drugs by athletes has been well publicized. How much is factual isn't known. Maybe there are plus and minus points for these drugs. We do know that drugs taken purely for stimulative purposes are not beneficial and shouldn't be used. Priorities for study will be determined by the medical advisory board."

Dr. Frank W. Jobe is president and acting chairman of the board of directors for the institute.

Making up the board of directors are Robert H. Ahmanson, E.J. Bavasi, Hon. Yvonne Braithwaite Burke, Jack Kent Cooke, Joseph Coors, Justin Dart, Mrs. Marjorie L. Everett, Jerry Fine, J. Robert Fluor, Hon. Gerald R. Ford, Gillenwaters, E. Gregory Hookstratten, Dr. Jobe, Dr. Kerlan, Cyril Magnin, John L. Notter, Peter O'Malley, Carroll Rosenbloom and Charles Wacker.

The medical advisory board is made up of Dr. Kerlan, Dr. Franz K. Bauer, Dr. H. Paul Bauer, Dr. Fred Behling, Dr. Lawrence Birnbaum, Dr. Martin E. Blazina, Dr. Vincent S. Carter and Dr. Robert B. Chesne.

Koufax flew in from his home in outer Maine to be at the luncheon reception for NAHI.

The list of those attending included John Wooden, John Forsythe, Fred Astaire, Ken Geddes, Tom Mack, Joe Scibelli, Phil Kreuger, Bill Shoemaker, Aileen Eaton, Tony Trabert, Glenn Davis, K.C. Jones, Pete Newell, Alex Groza, Von Joshua, Jim Brewer, Tommy John, Jim Bush, Rod Dedeaux, Stuffy Singer, Elgin Baylor, Danny Kaye, Chuck Knox, Vince Edwards, Jon Arnett, Rink Babka, Anthony Davis, Debbie Meyer, Walter Matthau, Don Newcombe, Olga Connolly, Bill Toomey, Charley Whittingham, Creighton Hale, Les Josephson, Don Klosterman, Keith Erickson, Tom LaSorda, Bill Buhler, Ducky Drake, Frank O'Neill, Gary Tuthill, George Menafee, Rod Sherman, Mrs. Mary Jones, and Mervyn Leroy.

"This is the greatest gathering of personalities I've ever seen in the Stadium Club," said Arthur (Red) Patterson, a Dodger vice president.

Following are some of the points outlined by the National Athletic Health Institute in its brochure.

Fitness has become an American obsession. We work it in with our spectator sports when we have time. Along with a thousand active ways to use our new leisure. Including cheering (and badgering) our children through mini-careers in Pop Warner and Little League.

Take the jogger. Some shouldn't jog, but don't know it. We take our cards in for computer checks to see if they need work. We don't take the same trouble with our bodies. Using telemetry and computers that helped take us to the moon, we can wire you with a small radio transmitter and monitor you while you jog or play tennis or golf. We can tell how much stress your body will take without damage: what exercise should make you healthier, and what might cause death. We can, but we are a long way from being able to do it for many people. In a nation where everybody is off doing something, wouldn't it make sense to have a way of checking out your body for action?

Take the professional athlete. Pressures on him are awesome. If he is a superstar he has exquisite medical care. But there are injured players who come back before they are ready. Abuses in use of drugs and medication are well known. Medical expenses in pro football have been estimated at about \$2,000,000 a year.

Take your own child, or that grown-up kid off at school. An average of fourteen American boys died each year between 1931 and 1965 in sandlot and high school football. In little League, some estimate that up to 100,000 boys develop chronic elbow strain in a single year.

Our needs and goals involve more than fun and games. We're talking about the national health. More than the pros and jocks. It's you and your family.

The teenage athlete is not yet receiving adequate medical care in much of America. The level of care has advanced more rapidly in other fields than in his. In some cases his is the poorest care given to any group in our society.

High school football can be a premature imitation of the game played by the pros. But the player is not yet as skilled. His immature bones and muscles are more vulnerable than the mature, well-conditioned body. He is more prone to injury that will damage his sight, hearing, or his brain. His equipment may need further refinement. On the high school playing field football can become lethal.

Some study of the problem has begun. In 1971 the American Medical Association completed a survey of 3,019 college football players from 44 campuses in every major conference. It showed 46 percent of the players injured during the season, half of them severely enough to necessitate hospitalization.

One of the urgent goals of the National Athletic Health Institute is to participate in a thorough and objective nationwide study of the status of young athletes from sandlot to campus: the quality of their equipment, playing conditions, medical care, injury records, and rehabilitation.

Granted such research, education, and proper supervision, as Harvard's Dr. Arlie V. Bock has written, "parents and faculties would do well to focus their attention, not on possible injuries, but on the positive benefits that team play in sport brings to young men."

Physical recreation plays an increasingly important part in our lives. Most of us believe that exercise leads to good health. But there is no medical study that offers conclusive proof. We have learned that very personal factors determine both the kind and amount of exercise that one should take. The capability for exercise varies widely among individuals because of genetic and adaptive factors. With weekend athletes multiplying, it is time to make available the means of testing individual needs for exercise, and individual limits beyond which it can be dangerous. The technique has been developed through telemetry systems first devised in support of our space exploration. Physical recreation must be made safe as well as enjoyable.

Across America, physicians report increased case loads resulting from recreation exercise. The college or professional athlete is a minor factor in most medical practice. (In 1972 the number of tennis players alone in America was estimated at 11,000,000). Doctors' waiting rooms are often filled with patients complaining of chronic tennis elbows, lower back pain, knee and ankle strains. To the mutual frustration of doctor and patient, many of these symptoms are recurrent. The tennis player who comes back repeatedly for elbow treatment believes the physician has failed to cure his problem; the doctor, from his point of view, sees a patient who has gone back on the court and done the same thing and received the same inflammatory response because the doctor now knows no way to halt that response.

Injury is only one area of concern in adult recreation. We will undertake public education in diet, training, and general health practices. Through combined efforts we believe it possible to reverse the present pattern of spiraling injury and disability.

Jerry Stovall, the former defensive back for the St. Louis Cardinals, once told a group of sportswriters: "I've had a broken nose, a fractured right cheekbone, five lost teeth and a broken right clavicle. I have had a ripped sternum, seven broken ribs, and a calcium deposit in my right arm that keeps me from straightening it. I broke my right big toe three times. I've had eleven broken fingers. I'm not too smart but I know I've broken one finger twice."

Yet it was a bad knee that finally forced Stovall out of football.

For millions of professional football fans and for those more closely involved, the exhilaration of the game is bitter-sweet, tempered by such memories as the great Gale Sayers being carried off the playing field. There is no team sport played anywhere in which the injury rate is greater than in American football. Hockey and basketball are close behind. Among sports fans, the case of Sandy Koufax's elbow, the knees of Jerry West or Willis Reed or Bill Walton have been matters of everyday speculation. But the plights of those less well known is often more grim. In September, 1972, 3,765 emergency room admissions associated with team sports were reported to the U. S. Bureau of Product Safety by 119 hospitals. Yet hospital emergency room treatments account for only 38 percent of all injuries. The team sports injury rate exceeds any other. (Bicycle-related cases are next.)

The injury rate continues to rise in professional athletics. The role of sports medicine is increasing, but it has so far been more involved in treatment and rehabilitation than in injury prevention and health care for the athlete. Professional athletes are just now being involved in some modern techniques for conditioning and therapy. The new science of exercise physiology offers hope for avoiding exposure to predictable injury and making the athlete better able to escape injury.

The excessive and secretive use of drugs by some athletes seems to be increasing; unless controlled, this is likely to shake public confidence in sports. Unlike horse racing, few major American athletic organizations — amateur or professional — have any meaningful drug control standards.

The National Athletic Health Institute will be involved in research of drug use and effect, injury causes and prevention, rehabilitation methods, and in the proposal of new standards for equipment, training, and injury control. It is our intent to work toward curbing present excesses which we believe threaten the well-being of professional athletes and the stature of professional sports. Through research, medicine, and rehabilitation, we propose at the same time to serve the athlete and all those involved in active recreation.

December 5, 1974

Mr. Roy G. Gonzalez  
Gonzalez International Services  
P.O. Box 828  
Houston, Texas 77002

Dear Roy:

Thank you for your good letter of November 11.  
Sounds like you're very busy indeed.

I just want to let you know that it was a  
pleasure hearing from you again. All's well  
here in China. Barbara and I like it  
immensely, though, of course, I miss politics  
and particularly our family.

Warm regards from Peking.

Yours very truly,

George Bush

GBush:hek

REPLY MESSAGE

THIS FORM AVAILABLE FROM GRAYARC CO., INC., 882 THIRD AVE., BROOKLYN, N.Y. 11232

TO

FROM

TEL 227-8273-8274

GONZALEZ INTERNATIONAL SERVICES

FOREIGN FREIGHT FORWARDERS  
AIR FORWARDERS - EXPORT CONSULTANTS  
P. O. BOX 828 619 PETROLEUM BUILDING  
HOUSTON, TEXAS 77002

SUBJECT:

DATE: Nov. 11, 1974.

FOLD ↑

Dear George: We have so many shipments that it has been impossible to write but

I like to congratulate you for your new position and I hope you call on me any time I can

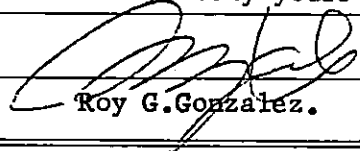
be of help, since you may need something from the U.S. and I will be glad to send it to

you via Air or Ocean since that's my field. I am attaching hereto a few reports, and with

my kindest personal regards to you and your wonderful family, I remain

P.S. Elections just passed and Bill Archer came out  
good.

Very truly yours



Roy G. Gonzalez.

PLEASE REPLY TO → SIGNED

DATE:

SIGNED

Photocopy from George Bush Presidential Library

UNITED STATES LIAISON OFFICE  
Peking, People's Republic of China

November 5, 1974

Honorable Robert P. Griffin  
United States Senate  
Washington, D. C. 20510

Dear Bob:

Today I received your letter of 16 October regarding Shen Ning Chan and his relatives in China who wish to emigrate to the United States.

The Chinese Government is sensitive about its prerogatives concerning Chinese citizens resident in China even if they have a relative in the United States. For us to intervene in a matter such as this could very easily be misconstrued by the Chinese as interference in their internal affairs. What I am saying is that an approach on our part on this kind of a matter would not necessarily help the case of Mr. Shen, and it is our policy not to do so.

The best thing that they could do is to continue to pressure the Chinese Government here and for Mr. Shen to write to the People's Republic of China Liaison Office at 2300 Connecticut Avenue, N.W. Washington, D. C. 20008. The Chinese have told us this is the route to go if you want to get action on this kind of a case. I think this has the best chance of working.

Sincerely,

George Bush  
Chief

*J. Lilley*  
CONS: JRLilley dh:11/5/74

*Griffin, Am 11/5/74*

ROBERT P. GRIFFIN  
MICHIGAN

Mr. Blackburn  
Lilly

## United States Senate

OFFICE OF  
THE ASSISTANT MINORITY LEADER  
WASHINGTON, D.C. 20510

October 16, 1974

Honorable George Bush  
Chief Liaison Officer of the  
United States of America  
Peking, Peoples Republic of China

Dear George:

Mr. Shen Ning Chan, a highly respected constituent of mine living in Muskegon, Michigan, has been trying to bring three of his brothers to his home in Michigan. The Immigration Service has processed their requests as far as possible, and docket numbers have been assigned. The names and dates of birth of the brothers of Mr. Chan, and their docket numbers, are:

Wing Chong Chan, born March 25, 1951, A 20-655-314  
Chung Wai Chan, born October 25, 1953, A 20-655-315  
Quong Oak Chan, born May 25, 1955, A 20-655-316

All three brothers reside in the village of Toysun in the Peoples Republic of China.

Mr. Chan has asked my assistance, and I, in turn, ask yours to request the government of the Peoples Republic of China to act upon the applications of these people, so that they may proceed to Hong Kong for further processing of their visas.

Sincerely,



Robert P. Griffin  
U. S. Senator

rpg/jsb

A photograph of a football game. A player in a red jersey and helmet is running with the ball, being tackled by a player in a white jersey. The scene is captured in a dynamic, low-angle shot, emphasizing the physical nature of the sport.

IN SPORTS MEDICINE AND RECREATION HEALTH

A NON-PROFIT INSTITUTE FOR RESEARCH AND EDUCATION

*The National Athletic Health Institute, Inc.*



## **National Athletic Health Institute**

575 East Hardy Street, Inglewood, CA 90301 (213) 674-1600

*...more than fun and games. We're talking about the national health. It's you and your family.*

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## THE NEED; OUR GOALS

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Fitness has become an American obsession. We work it in with our spectator sports when we have time. Along with a thousand active ways to use our new leisure. Including cheering (and badgering) our children through mini-careers in Pop Warner and Little League.

Suddenly we are spending more than \$100 billion each year on leisure. New problems come with such change, and not many of us have considered them. Just one example: an estimated 17 million of us were injured in 1972 in sports and recreation.

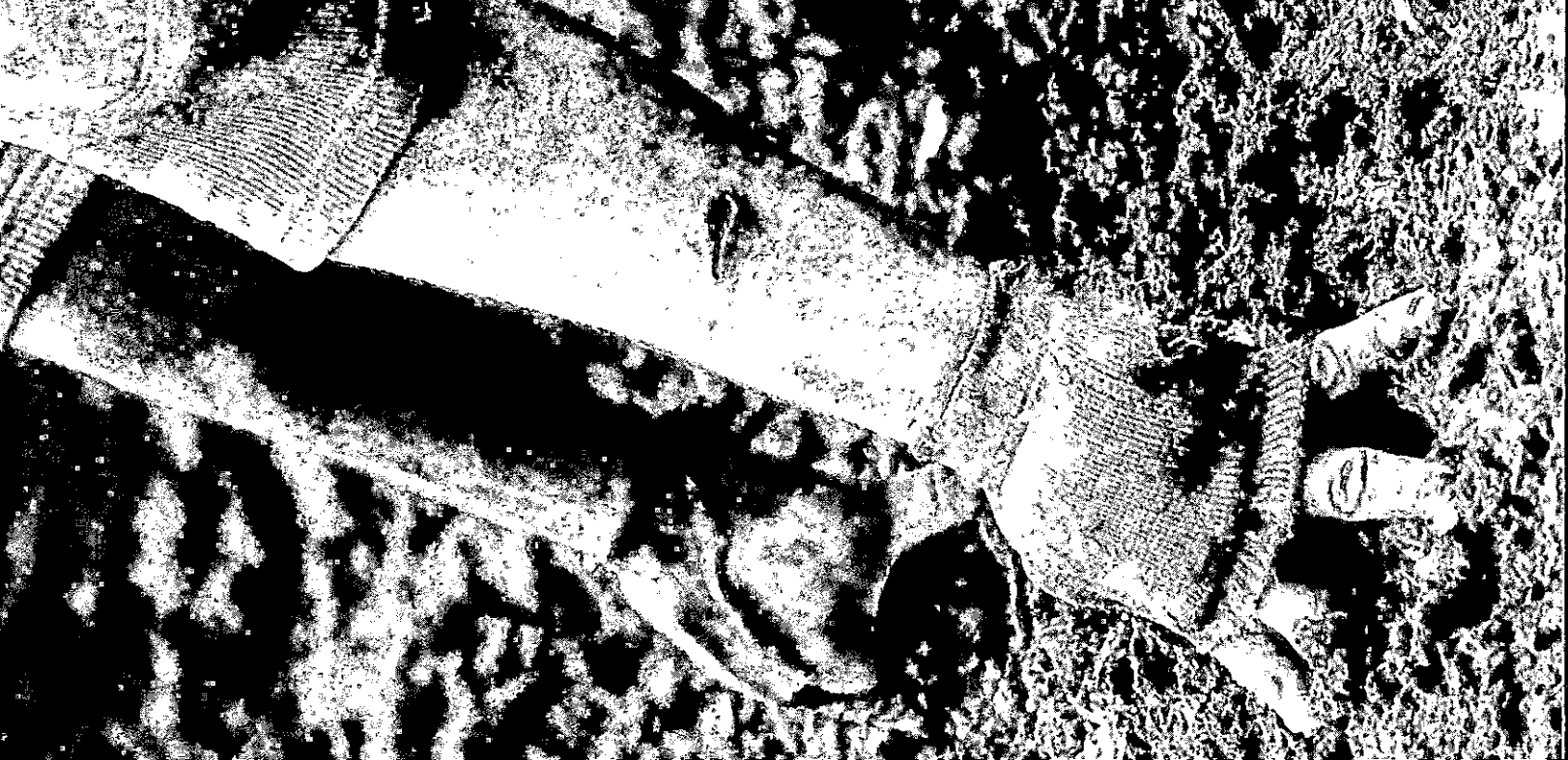
Take the jogger. Some shouldn't jog, but don't know it. We take our cars in for computer checks to see if they need work. We don't take the same trouble with our bodies. Using telemetry and computers that helped take us to the moon, we can wire you with a small radio transmitter and monitor you while you jog or play tennis or golf. We can tell how much stress your body will take without damage: what exercise should make you healthier, and what might cause death. We can, but we are a long way from being able to do it for many people. In a nation where everybody is off doing something, wouldn't it make sense to have a way of checking out your body for action?

Take the professional athlete. Pressures on him are awesome. If he is a superstar he has exquisite medical care. But there are injured players who come back before they are ready. Abuses in use of drugs and medication are well known. Medical expenses in pro football have been estimated at about \$2,000,000 a year. One team owner believes a higher cost is that of salaries for injured players, as much as \$3,000,000 a year. We could spend a little to reduce injuries and improve rehabilitation. Or to educate athletes about the risks of drugs.

Take your own child, or that grown-up kid off at school. An average of fourteen American boys died each year between 1931 and 1965 in sandlot and high school football. In Little League, some estimate that up to 100,000 boys develop chronic elbow strain in a single year. We can make athletics safer for young people, and speed their recovery when they are hurt. We might even make parents smarter about such matters. But it requires research and education.

These are some of the concerns of the National Athletic Health Institute. Our needs and goals involve more than fun and games. We're talking about the national health. More than the pros and jocks. It's you and your family.

*For sources and citations, see CHAPTER NOTES on Page 20.  
For photo identification, see inside back cover.*



*The teenage athlete  
is not receiving  
adequate medical care  
in much of America.*

The teenage athlete is not yet receiving adequate medical care in much of America. The level of care has advanced more rapidly in other fields than in his. In some cases his is the poorest care given to any group in our society. It cannot be blamed alone on the doctor, or on parents or coaches. Pressures on our young people to compete are strong. Often they are not ready.

High school football can be a premature imitation of the game played by the pros. But the player is not yet as skilled. His immature bones and muscles are more vulnerable than the mature, well-conditioned body. He is more prone to injury that will damage his sight, hearing, or his brain. His equipment may need further refinement. On the high school playing field football can become lethal. The extent of injuries is not reliably known. Only deaths are accurately tabulated. Physicians often have traced crippling deformities to high school injuries. The ratio of injury and death at high school level surpasses that in college and professional football, where athletes are larger and impact is greater.

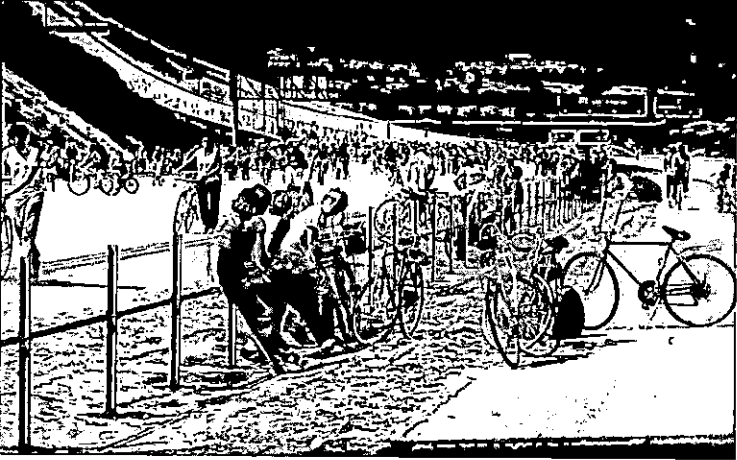
Some study of the problem has begun. In 1971 the American Medical Association completed a survey of 3,019 college football players from 44 campuses in every major conference. It showed 46 percent of the players injured during the season, half of them severely enough to necessitate hospitalization.

We believe the situation far more disturbing in athletic competition at the lower age levels, but little reliable data is available. Nor is football the sole sport in which current practices merit attention.

One of the urgent goals of the National Athletic Health Institute is to participate in a thorough and objective nationwide study of the status of young athletes from sandlot to campus: the quality of their equipment, playing conditions, medical care, injury records, and rehabilitation.

With the facts in hand, we will aid in developing standards for equipment and health practices for our young people. A nationwide panel of physicians who specialize in sports medicine will offer recommendations. With proper funding, a program can be undertaken to inform parents, educators, athletic officials, and players of existing abuses and ways to correct them.

Granted such research, education, and proper supervision, as Harvard's Dr. Arlie V. Bock has written, "parents and faculties would do well to focus their attention, not on possible injuries, but on the positive benefits that team play in sport brings to young men."



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## ADULT RECREATIONAL REHABILITATION

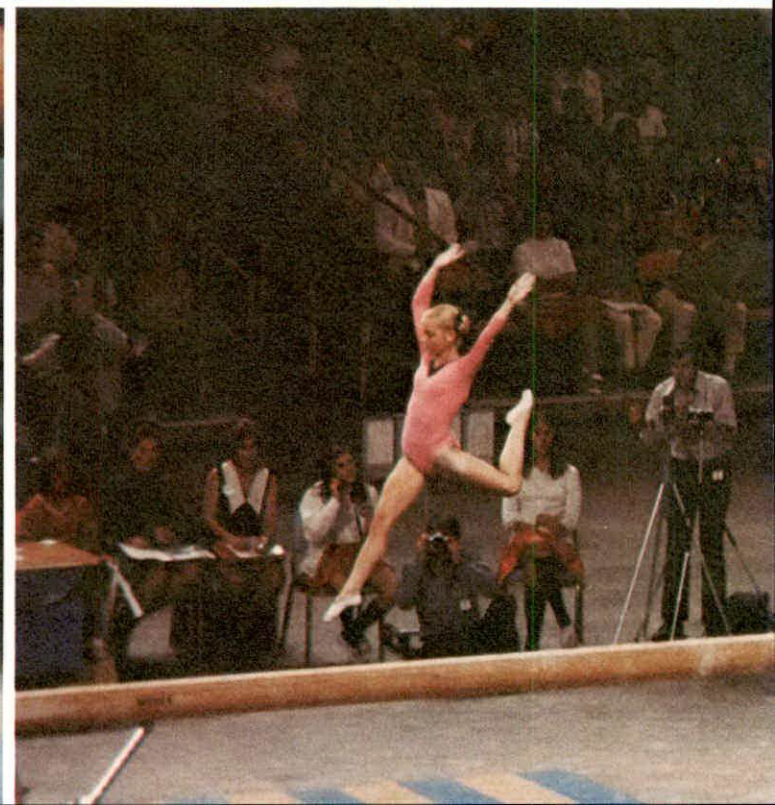
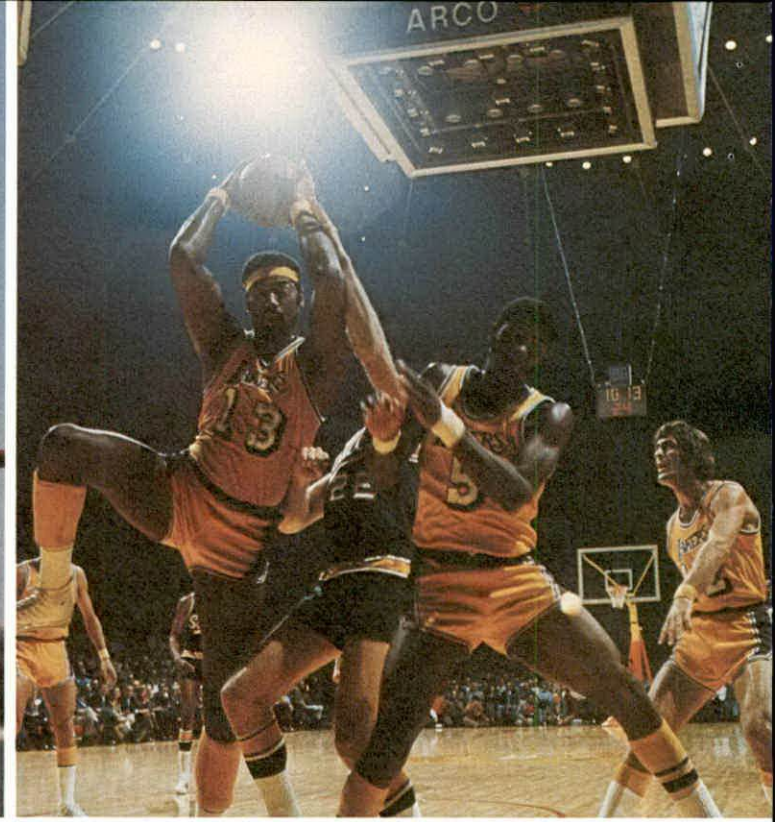
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*The human anatomy  
is not adapted  
to the games  
people play.*

Physical recreation plays an increasingly important part in our lives. Most of us believe that exercise leads to good health. But there is no medical study that offers conclusive proof. We have learned that very personal factors determine both the kind and amount of exercise that one should take. The capability for exercise varies widely among individuals because of genetic and adaptive factors. With weekend athletes multiplying, it is time to make available the means of testing individual needs for exercise, and individual limits beyond which it can be dangerous. The technique has been developed through telemetry systems first devised in support of our space exploration. One goal of the National Athletic Health Institute is to press for adaptation of these systems to existing medical facilities and a network of facilities in which it will be possible for physicians to provide individual analysis of exercise needs and capabilities. We believe it is vital to the national health to do so promptly. Physical recreation must be made safe as well as enjoyable.

Across America, physicians report increased case loads resulting from recreation exercise. The college or professional athlete is a minor factor in most medical practice. (In 1972 the number of tennis players alone in America was estimated at 11,000,000.) Doctors' waiting rooms are often filled with patients complaining of chronic tennis elbows, lower back pain, knee and ankle strains. To the mutual frustration of doctor and patient, many of these symptoms are recurrent. The tennis player who comes back repeatedly for elbow treatment believes the physician has failed to cure his problem; the doctor, from his point of view, sees a patient who has gone back on the court and done the same thing and received the same inflammatory response because the doctor now knows no way to halt that response. We believe that with research and testing of individual response to micro-trauma it is possible to determine which persons are prone to inflammatory response and, with treatment and training, to reduce the individual's chances of sustaining symptoms. More sophisticated techniques can be developed for prevention and treatment of most common recreation injuries. The potential of further research in this field seems rich.

Injury is only one area of concern in adult recreation. We will undertake public education in diet, training, and general health practices. Through combined efforts we believe it possible to reverse the present pattern of spiraling injury and disability.



*“Players would  
get hurt even if  
we played on  
marshmallows.”*

—Hank Stram.

Jerry Stovall, the former defensive back for the St. Louis Cardinals, once told a group of sportswriters: “I’ve had a broken nose, a fractured right cheekbone, five lost teeth and a broken right clavicle. I have had a ripped sternum, seven broken ribs, and a calcium deposit in my right arm that keeps me from straightening it. I broke my right big toe three times. I’ve had eleven broken fingers. I’m not too smart but I know I’ve broken one finger twice.” Yet it was a bad knee that finally forced Stovall out of football.

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The injury rate continues to rise in professional athletics. The role of sports medicine is increasing, but it has so far been more involved in treatment and rehabilitation than in injury prevention and health care for the athlete. Professional athletes are just now being involved in some modern techniques for conditioning and therapy. The new science of exercise physiology offers hope for avoiding exposure to predictable injury and making the athlete better able to escape injury.

The excessive and secretive use of drugs by some athletes seems to be increasing; unless controlled, this is likely to shake public confidence in sports. Unlike horse racing, few major American athletic organizations—amateur or professional—have any meaningful drug control standards.

The National Athletic Health Institute will be involved in research of drug use and effect, injury causes and prevention, rehabilitation methods, and in the proposal of new standards for equipment, training, and injury control. It is our intent to work toward curbing present excesses which we believe threaten the well-being of professional athletes and the stature of professional sports. Through research, medicine, and rehabilitation, we propose at the same time to serve the athlete and all those involved in active recreation.



*“(This is) a most important moment in the development of the sciences and medicine of sports.”*

— Prince Philip, Duke of Edinburgh

The field of sports medicine is unfamiliar to most laymen. Medical manuscripts in praise of exercise have been preserved from the time of the *Ayur-Veda*, written in India more than 800 years before Christ. But it was not until 1911 that modern physicians interested in athletics defined a separate specialty. In 1928 at Amsterdam, 281 physicians from twenty nations attended the First International Congress of Sports Medicine, which has since met biennially throughout the world.

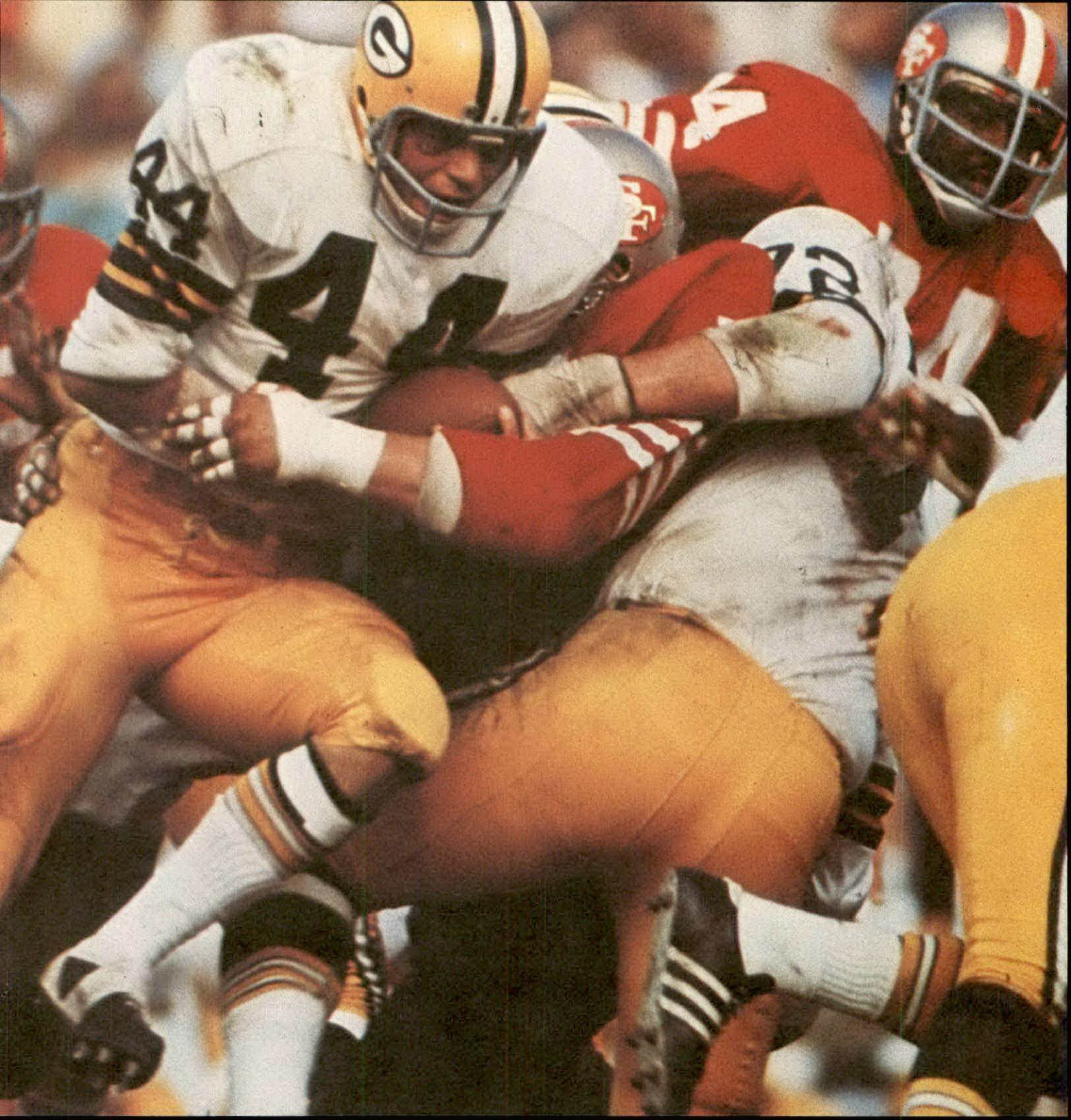
The American College of Sports Medicine was founded in 1954 to include physicians and others engaged in studies of physical and health education and physiology. This group sponsors conferences and was the impetus in the publication in 1971 of an *Encyclopedia of Sport Sciences and Medicine*.

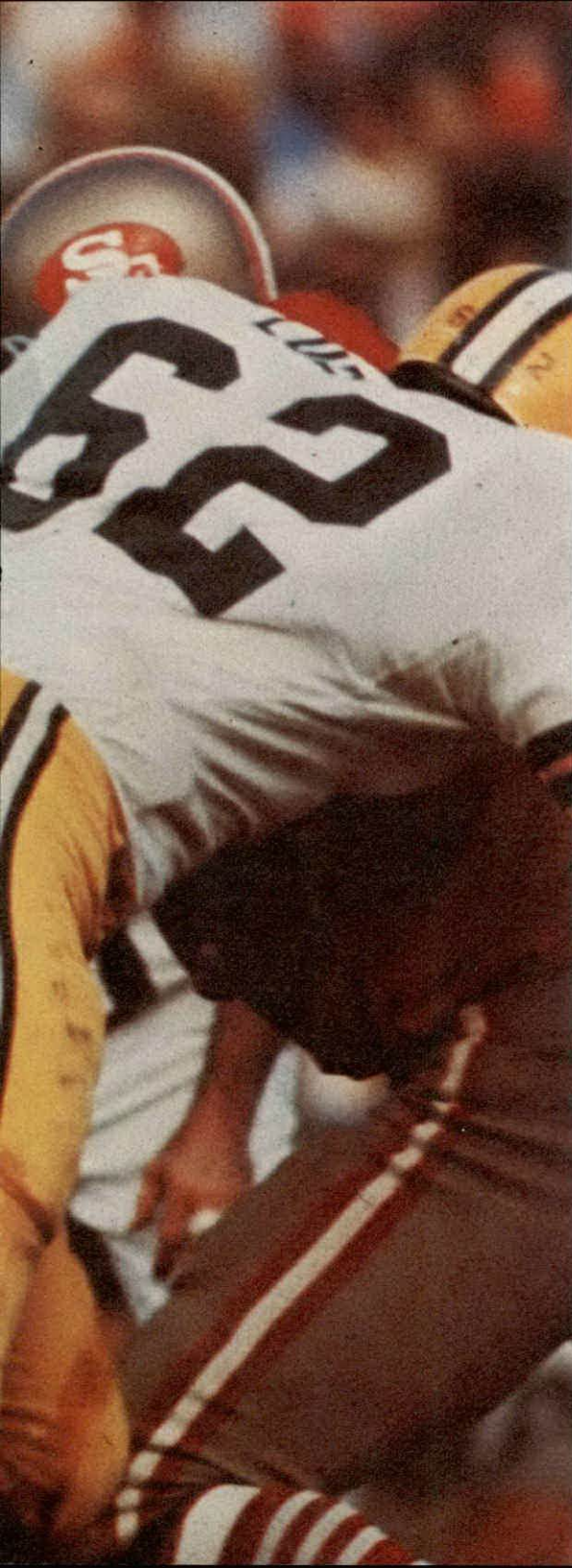
In 1954 the American Medical Association established the standing committee known today as the Committee on the Medical Aspects of Athletics, which sponsors national conferences on sports medicine and has worked to establish standards for prevention of injury. In addition, the prestigious American Academy of Orthopedic Surgery has established an active Committee on Sports Medicine and an affiliate known as the Society of Sports Medicine. Through periodic conferences, their members exchange new knowledge within their specialties.

The scope of sports medicine, which has long been a prominent specialty in Europe, has grown rapidly with the acceleration of interest in professional athletics and the increasing physical activity of our leisure time. Some medical schools now offer departments of sports medicine in which specialists are trained.

Despite this developing attention to a long neglected specialty, we believe serious gaps exist in the present structure of the study and practice of sports medicine. With an already long medical involvement in the field, we have turned to the National Athletic Health Institute as the potential solution to pressing needs. These include:

- A clearing house for knowledge in the field.
- Incentive for research.
- Financial support for training of physicians, coaches and trainers in sports-related medical procedures.
- Advancement of facilities for preventive sports medicine, treatment, and rehabilitation.
- Establishment of a sports medicine library.
- Public education in prevention of disability and injury in sports and recreation.





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## SUMMARY OF PURPOSE

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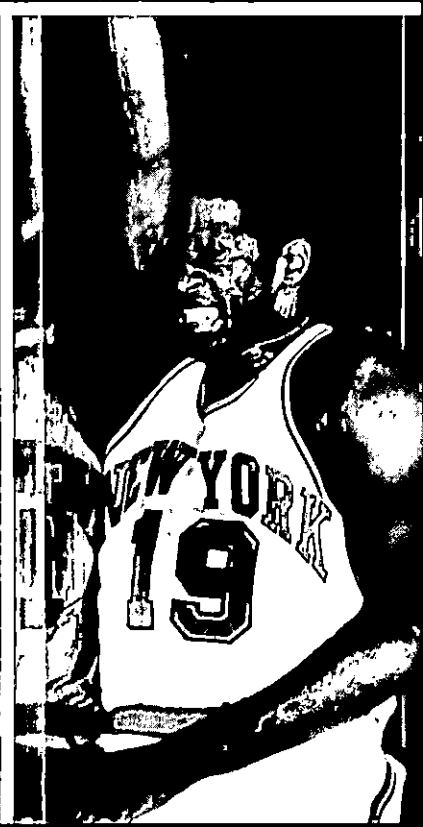
THE NATIONAL ATHLETIC HEALTH INSTITUTE is a non-profit institute for research and education in sports medicine and recreation health. Unlike most research organizations, we seek funds not to study illnesses that normally cause death, but to make living more productive. Several European nations have moved in this field ahead of the United States and Great Britain. "It is a remarkable fact," wrote Britain's Sir Arthur Porritt of his nation in 1957, "that in a country where games are such an essential part of national life, the subject of sports injuries has received relatively so little attention . . . yet their significance, not only from the athletic but also the economic point of view, is of the greatest importance."

NAHI seeks to help put the United States in the forefront in sports medicine. Its founders and directors are from both the Eastern and Western United States, and as a result, it is nationwide in scope. Its work will affect everyone who participates in athletic activity of any sort. It will study athletic and recreational activity and those injuries and medical problems involved with them at all levels from playground to professional competition—as well as the diverse activities of the adult weekend athlete. It will conduct basic and clinical research and seek to disseminate information nationally through the media and in close liaison with other established groups.

The business of the Institute is governed by a board of directors, the members of which are listed on the inside front cover of this booklet. Also listed there are initial members of the medical advisory board, whose role is to carefully select projects in regard to priority of need and expected contribution to sports medicine and recreation health. This board will insure that Institute programs are staffed at all levels with individuals trained in research and teaching.

The sports advisory board, whose initial members are also listed, counsels with the board of directors in all sports-related activities. Each member is polled as to opinions in areas of concern to his specific field. Each member will help to establish priorities of projects in prevention and treatment of injury.

The goal of the Institute, in summary, is to reduce injury and raise the level of athletic and recreation health. This includes research in medicine, physiology, and equipment, as well as rehabilitation and education. At the medical level, our goals include research and education in all areas pertinent to sports, coordinated with basic and clinical research and assistance in the education of young physicians in sports medicine.



*The Fosbury Flop is not a playwright's opening night; it's one way for a high jumper to fall.*

There is an entirely different vocabulary in sports medicine, like the *Fosbury Flop*. But it's not yet a large enough vocabulary to serve the need, nor are there enough who speak its language. (The *Fosbury Flop* is a style in which the high jumper lands on the top of his spine, but that's only one side of the matter; recent research proves that the most common damage to high jumpers' knees occurs on lift-off.) Information like that needs to be refined and sorted, and a great deal more of it should be accumulated in every athletic activity. Then comes the problem of spreading the word. That's where the education goals of the National Athletic Health Institute come in.

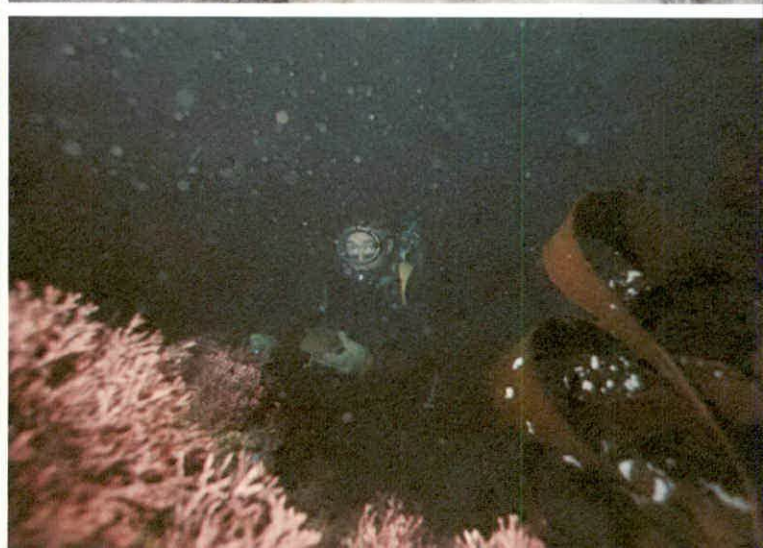
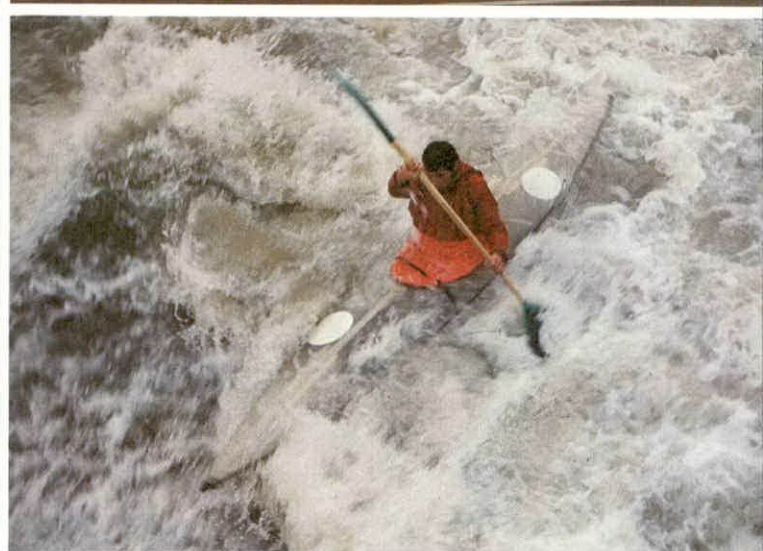
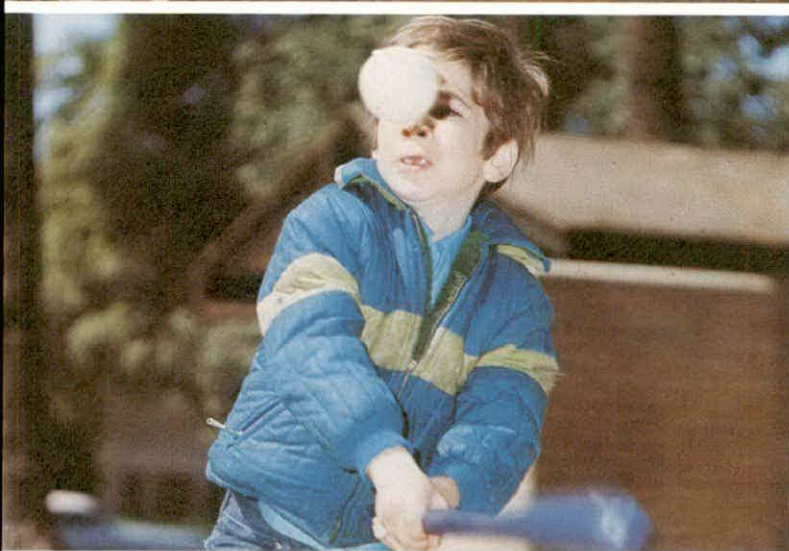
The need grows. These days many athletic trainers have special preparation in physical education or physical therapy. Membership in some professional organization is common, demanding strict compliance with standards. But as standards have risen, so has the volume of need. The number of persons meeting those standards has not risen so rapidly as the demand. Today there is a shortage of qualified persons at almost every level of sports medicine. As a result, their functions are sometimes carried out by others less qualified. One of the goals of the Institute is to encourage training and appropriate accreditation for paramedic personnel to assist in sports medicine.

Many medical schools are moving as rapidly as possible toward meeting the need for trained medical specialists in the field. But at this level the shortage is even more acute.

The National Athletic Health Institute will establish professional relationships with major medical schools and hospitals. Members of its medical advisory board already have conducted training programs for residents who as a formal part of their schooling have served tenures in sports-related medicine. In addition, members of the medical advisory board have participated in an orthopedics fellowship program recognized by the American Academy of Orthopedic Surgery.

We expect to expand such training programs in cooperation with medical schools and to suggest curricula standards prompted by research projects now under way.

Other educational activities will be directed to athletes themselves, coaches, school officials, and parents. We envision production of public service films and television cassettes which we hope will contribute toward athletic injury prevention and rehabilitation. An immediate goal is a heightened national awareness of the problem and the need.



*"I don't understand why we can put people on the moon but you can't cure my tennis elbow..."*

—Overheard in orthopedist's office

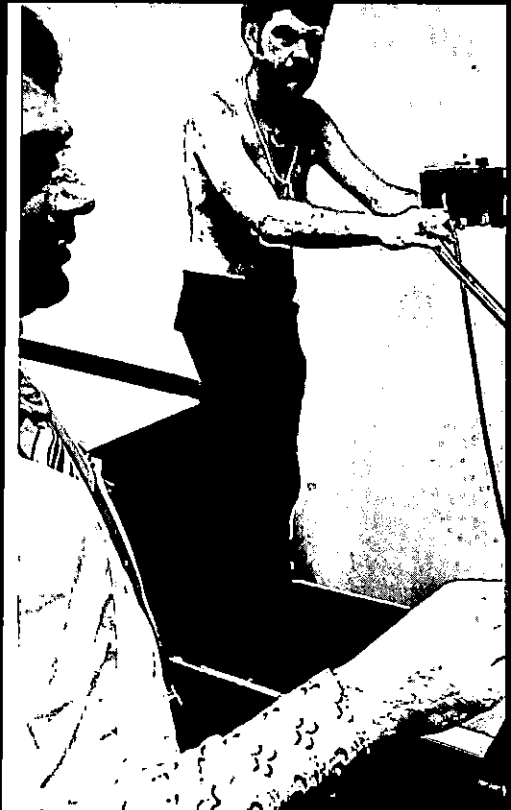
Tennis elbows and lower back pain are badges of the weekend activist. The best specialists still can't tell you much about them. We have much to learn about the body. But with proper research, we believe we can help to minimize such injuries. Such pains are the most common complaint of non-professional athletes, the millions of Americans who find their way to physicians' offices as a result of casual—but often intense—participation in sports. We can only guess how many people are crippled in later years in part, at least, as the result of early athletic injuries.

The complaint about the tennis elbow and the moon seems like an old refrain. Such symptoms have come to rank with the common cold as frustrating and distressing syndromes of today's active life. But talk about the moon happens to be relevant. The systems of physiological radio transmission (telemetry) devised by NASA for the Apollo program are ready for adaptation to diagnosis, treatment, and rehabilitation of citizens everywhere. It is one of the goals of the National Athletic Health Institute to expedite that use.

With treadmills, biomechanical devices and telemetry, it is possible to measure an athlete's condition more accurately than ever before. With water-submerged weighing techniques, we can quickly compute the body's fat content; this is beginning to be of significant value in determining the most effective playing weight of athletes. The biomechanical aspects of human function can be reduced now to engineering phenomena: torques, stress, strain, vectors, foot pounds. (Puzzled flooring manufacturers, for instance, came to know that ladies' spike heels measuring one-quarter inch square exerted a devastating pressure of 1,920 pounds per square inch when worn by a woman weighing 120 pounds.) This is the physics of sports—personal physics—a science which has begun to open portals to greater athletic achievement. It allows precise appraisal of individual physical potential.

It seems distressing, however, that such state-of-the-art procedures as these will not likely be available—at least for some time—to many of our young people, especially those several million who participate in organized athletics from Little League years into college. For it is here that medical supervision is often most lax.

We believe it is both feasible and urgent to disseminate new information throughout the athletic pyramid, and to use funds and information channels to instruct those responsible for young athletes in new techniques that will avoid maimed bodies and help to restore the injured without permanent damage.



*Our goals in research  
are ambitious;  
we believe the need  
has become critical.*

Its research capacity will make the National Athletic Health Institute unique. We will establish affiliations with major medical colleges, hospitals, and research facilities. We will work in cooperation with the American Academy of Orthopedic Surgeons and its committee on sports medicine. We will maintain the highest professional standards and ethics.

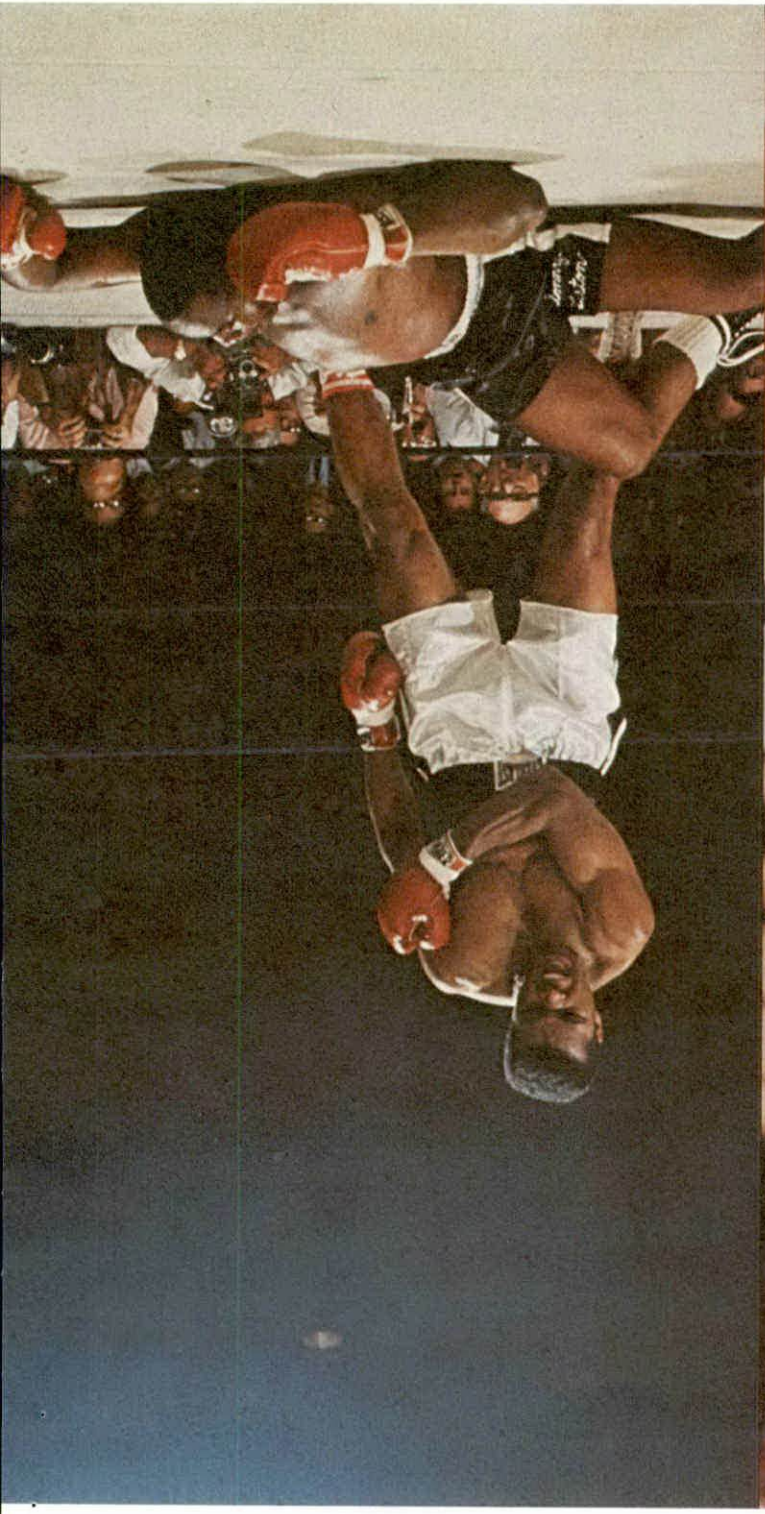
Our base in California, with its reservoir of scientists and technicians and its pattern of innovation, makes it possible for us to move quickly into fields where the adaptation of present knowledge to sports medicine can be most beneficial.

Our goals in research are ambitious; we believe the need is now crucial. Our program will be divided between basic and clinical research. Other projects will test sports equipment: helmets, gloves, artificial turfs, and protective devices. We will not shy away from controversial topics such as the relative injury potential of artificial turfs; such issues are vital to athletic health and merit independent scientific analysis.

In basic research, with the aid of electron microscopy, we hope to learn more about inflammatory response to micro-trauma—the phenomenon that causes, among many other conditions, tennis elbow. In this connection, we believe that the histologic study of the structure of cells and the biochemical evaluation of collagen response may help us to understand the complicated factors involved in the development of arthritic phenomena. Other basic research projects of high priority involve the nature of healing.

In clinical research, we will pursue studies of ligament injuries, articular cartilage damage, and the capability of prosthetically replaced joints to withstand athletic activity. The use of telemetry facilities will allow us to study human activity of all sorts without any interconnecting apparatus. So that subjects may be clinically monitored as they go about games, we will seek, as a part of our research program, facilities for athletic and recreational stress tests: a swimming pool, tennis court, gymnasium, indoor games court, and a playing field constructed to laboratory standards.

Basic to the research program will be the establishment of a sports medicine library. We will contribute to the effort for standard nomenclature and classification data of sports injuries throughout the nation. The Institute will serve as a clearing house for research and will disseminate relevant information. The goal will be to foster athletic health by encouraging proper conditioning, better coaching and officiating, use of proper protective equipment, medical supervision of competition, and effective care of the injured.



*Most medical research funds go to the study of illnesses that cause death; we seek funds to make living more productive.*

The booms in recreation and professional sports patronage have seemed almost immune to recent dips in the American economy. Americans now spend more than \$100 billion each year on a panoply of leisure activities. The National Geographic Society estimates that 7,000,000 Americans jog regularly. In 1972 the pleasure boat industry reported a 25% sales increase over the prior year. Tennis equipment sales were up 20%; bicycles, 15%; ski equipment, 10%; and there were large boosts in spending for equipment in golfing, surfing, snorkeling, riding, bowling, racing, snowmobiling, and other leisure activities. Current projections are for continuing increases.

In doctors' offices across the nation, the results of this surge of physical activity are all too apparent. Injury data reported to the United States Bureau of Product Safety by 119 statistically selected hospital emergency rooms points convincingly to leisure activities as the prime source of injury. Many of these victims are crippled for the rest of their lives. We believe it to be a vital national concern to reduce this soaring injury rate. It can be done through research and education techniques proposed by the National Athletic Health Institute and described in this booklet.

Most medical research funds presently go to study illnesses that cause death; we seek funds to make living more productive. Too little attention has been given most illness that causes the patient to seek medical attention. Yet if we can halt some of these athletic injuries, we will reduce medical costs to the individual and to the taxpayer, and lost work-hours to the employer. We will also free more physician-hours for research and education. This is a goal that could receive considerable public support, we believe, as well as charitable and federal grant support.

Among specific needs of the Institute at this time are funding and endowments to make possible the following: a fellows program, residents program, library, chair of pathology, therapy and training gym and pool, exercise physiology laboratory, playing fields, safety equipment research, telemetry testing facility, classroom facilities, visual education department, and electron microscopy program.

The Institute is a non-profit corporation. The Internal Revenue Service has ruled that contributions to the Institute are deductible as charitable contributions for federal income, estate, and gift tax purposes. The Institute is exempt from federal income tax under IRC Section 501 (c) (3) in accordance with an IRS determination letter dated February 7, 1973. In addition, the Institute has been determined to be an organization of the type described in IRC Section 170 (b) (1) (A) and 509 (a) (1). As a result, the Institute is not classified as a "private foundation."



## CHAPTER NOTES, SOURCES, AND SUGGESTED READING

PAGE 1: Leisure expenditures computed from Department of Commerce data and Copley News Service (April 14, 1973). They include second homes as well as sports attendance and all forms of leisure and athletic participation. Total injuries for 1972 from Dept. of Health, Education, and Welfare's Bureau of Product Safety. Estimated medical expenses in pro football and salaries for injured players from *Medical World News* quoted in *Sports Illustrated* (Feb. 24, 1969). Amateur football fatalities from American Football Coaches Association statistics. See *Encyclopedia of Sport Sciences and Medicine* (The American College of Sports Medicine. New York: Macmillan Co., 1971), paper by Dr. Allan J. Ryan, pps. 525-532. Estimate of Little League elbow strains from *Newsweek* (April 2, 1973).

PAGE 3: Comparative injury and death rates in football from *Encyclopedia of Sport Sciences and Medicine* (see above citation). American Medical Association injury survey reported in *Sports Illustrated* (Jan. 4, 1971). For quotation from Dr. Arlie V. Bock, see his foreword to Dr. Augustus Thorndike's *Athletic Injuries: Prevention, Diagnosis and Treatment* (Philadelphia: Lea & Febiger, 1962. Fifth edition.)

PAGE 5: Estimate of number of U.S. tennis players from *Los Angeles Times* (May 6, 1973).

PAGE 7: Hank Stram quotation from *Sports Illustrated* (Sept. 18, 1972). Emergency room admissions report and injury rate data from Dept. of Health, Education, and Welfare: Bureau of Product Safety *NEISS News* (Oct., 1972).

PAGE 9: Quotation from Prince Philip from foreword to

*Encyclopedia of Sport Sciences and Medicine* (page xvii). For more on history of sports medicine see Dr. Allan J. Ryan, *ibid*, pps. xxxiii-xlvi.

PAGE 11: Quotation from Sir Arthur Porritt from his foreword to Donald F. Featherstone's *Sports Injuries: Their Prevention and Treatment* (Bristol: John Wright & Sons Ltd., 1957).

PAGE 13: High jumpers' injuries on lift-off are discussed by Dr. Arthur L. Dickinson in *Encyclopedia of Sport Sciences and Medicine*, pps. 576-577.

PAGE 15: For data on adaptation of NASA telemetry techniques to athletic use see *The Physiological Basis of Physical Education and Athletics* by Donald K. Mathews, D.P.E. and Edward L. Fox, Ph.D. (Philadelphia: W. B. Saunders Co., 1971). Flooring stress data from Riddell Inc., 1151 W. Roscoe St., Chicago, Ill. 60657.

PAGE 19: National Geographic Society estimates of jogging also reported in Copley News Service (April 14, 1973). Sports equipment spending from Dept. of Commerce and Copley News Service (April 14, 1973). Emergency room data from *NEISS News* (Oct., 1972).

Suggested further reading includes the long-standing work by Dr. Augustus Thorndike of Harvard University, *Athletic Injuries* (Philadelphia: Lea & Febiger, 1962. Fifth edition); and an interesting comparative treatment of British conditions by Donald F. Featherstone, *Sports Injuries: Their Prevention and Treatment* (Bristol: John Wright & Sons Ltd., 1957).

# New Health Institute De-emphasizes Disease to Concentrate on Qualities of Good Health

A well-known executive of a major corporation had just undergone an extensive physical examination for a \$1 million life insurance policy and happily told his regular doctor that he had been given a "clean bill of health" with a near perfect EKG. Twenty minutes later he dropped to the floor with a massive heart attack that nearly killed him.

Incidents such as this are what bother men like Dr. Robert K. Kerlan about the ability of today's medicine to accurately measure the degree of a person's health. Kerlan is one of the leading sports medicine physicians in the country and has been working for years to develop a new concept of health that emphasizes physiology over pathology — the phenomena of health over those of disease.

"Medicine can do a good job of telling you how sick you are, or how free from disease you may be," says the acclaimed orthopedic surgeon from Los Angeles, "but we have no way in hell of telling you how healthy you are.

"After a thorough physical examination a patient may know that he is not suffering from a disease, but only subjective determinations can be made about the relative state of his real health. It's like plotting a value along a line from minus ten to plus ten. We can determine the degree of health from minus ten to zero, but no criteria is available on which to make a valid judgment on the positive side of zero."

Fortunately this problem has bothered Kerlan and his colleagues long enough and deeply enough for them to do something about it. In mid-1973 they formed the National Athletic Health Institute, a unique nonprofit foundation to establish research and education in all aspects of sports medicine and recreational health.

Why sports and recreation?

Well, for one reason, Kerlan and his team of orthopedic surgeons, internists, and physical therapists are sports medicine

men themselves and numbering among themselves physicians for all major professional teams in the LA area, including the Lakers, Dodgers, Rams, Kings, California Angels, and the LA Strings — the new World Team Tennis franchise. But more than that, Kerlan, who serves as medical director for the institute, maintains that athletic activity and physical recreation embody all the parameters of good health.

"By directing our fundamental research into sports and recreation, we will be able to measure the factors and collect the data that correlate with the essential items on the positive end of the health scale," he explains.

Initial research studies by the institute deal with everything from the use of drugs to enhance athletic performance to inflammatory response to micro trauma — a doctor's way of talking about maladies like tennis elbow and tendonitis. But underlying all research into what comprises a good health is the Physical Performance Profile — known as "Triple P" to those involved in the program.

Basically, Triple P begins with the measurement of an individual's physiological parameters, including body composition, nutrition, reflex action, stamina, general health, and psychometric evaluation. The institute plans to collect this information from thousands of individuals representing all demographic groups in a continuous study that eventually will have followed some subjects literally from the cradle to the grave.

By discovering the maximum and optimum conditions of physical performance, Kerlan and his staff hope to be able to establish objective criteria by which to determine "how healthy." But the ramifications of their research go far beyond collecting data and making statements about health. They include recommendations for immediate programs offering di-

rect benefits for everyone active in any form of athletics or physical recreation.

Funded entirely by private contributions, the institute sponsors sports medicine seminars for team physicians, athletic directors, coaches, and trainers to bring them up to date on the latest knowledge and techniques for maintaining a healthy team. In addition, it publishes precise guidelines for pre-participation examinations for anyone planning to engage in a sport and for on-field examination procedures of the athlete injured in the game, plus specific brochures on subjects as fundamental as *Taping and Wrapping the Ankle in Athletics*.

For the participant in physical recreation, the institute is preparing a broad public education program to explain safety and conditioning requirements for such popular leisuretime activities as skiing, tennis, golf, soft ball — even hiking and jogging.

From sandlot to Super Bowl, from the care of the ruptured patellar tendon of Wilt Chamberlain to that of the tennis elbow of the weekend athlete, the National Athletic Health Institute hopes to make the game more enjoyable by making it safer and by improving the health and physical ability of the player.

Kerlan foresees the day when the active person will be able to measure how healthy he is, not just whether or not he is sick. When he will know the limits of his ability and stamina so that he can be energetically active without fear of dropping from exhaustion or a coronary. And when a person can stay in top physical shape so that he will not have to cut back on an active life simply because he is getting older.

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