

# Challenges as a Team Physician

James R. Andrews, M.D.

## Conflict of Interest Disclosure

James R. Andrews, M.D.  
 Disclosure Information  
 The following relationships exist:

- Consulting - Bauerfiend
- Consulting - Biomet Sports Medicine
- Consulting - Theralase
- Consulting - MIMedx
- Medical Director - Physiotherapy Associates
- Stock Shareholder - Andrews Patient Connection
- Stock Shareholder - Connection Orthopaedics
- Stock Holder & Board Member - FastHealth Corporation

## Orthopaedic Sports Medicine

Whatever it is, it's a "team effort"!

Sports medicine encompasses a number of medical disciplines!


## The Modern Sports Medicine Team

Sports Doctor	Hand Surgeon
Sports Orthopedist/Arthroscopist	Neurosurgeon
Athletic Trainer	Dentist
Physical Therapist	Sports Chiropractor
Strength and Conditioning Specialists	Massage Therapist
Medical specialist	Nutritionist
	Psychologist
	EMT
	Bioengineer / Biomechanist


*+ Other para-medical personnel*

## Hallmarks of a Good Sports Medicine Physician

- Availability
- Compassion
- Gentleness
- Honesty
- Communication
- True love of being helpful to those who show good sportsmanship



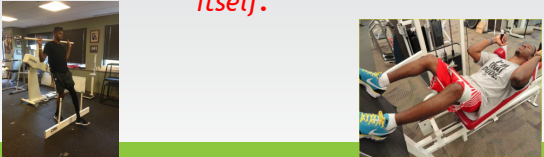
## The Athletic Trainer is the Glue That Keeps This S.M. Team on track



By the way:

I can't emphasize how important **physical therapy** is in my practice:

For me, rehabilitation is often more important than the actual surgical procedure itself.



### “Duties of the Medical Team”

Physicians, athletic trainers and other para-medical personnel are responsible for the health and well being of the athlete..  
i.e. “Sports Medicine”.

The team physician and athletic trainers must be prepared to identify and plan for medical care and services that promote the safety of the athlete, limit injury and provide medical care at the site of practice or competition or thereafter!

### Priorities related to Responsibilities of The Sports Medicine Team

#1: To the player

#2: To the parents


Then to the:  
team, coaches and to management / ownership

Remember if  
“Mother Ain't Happy  
Nobody's Happy”

### Andrews Patient Philosophy


- Always be open-minded
- Do not be the first person to make the BIG statement
- The patient is always right
- Make the patient feel he is treated properly by his previous physician
- Do not say anything bad about another physician, for that matter another person
- Listen to the patient
- Attitude, responsibility, knowledge, desire and availability are always necessary to be successful
- One must always be able to read the patient
- The physician must be confident with his skills. His confidence is reflected back and perceived by the patient
- Try to make every patient feel as though they are **special!!**

### Challenges as a Team Physician in College



Pre-participation / Medical Eligibility Decision  
*Who Decides? Team physician vs. outside doctor*


- It is pretty well accepted in the sports medicine world, that the head team physician has the final word on “disqualification for participation”
- He can certainly utilize outside consultants to help in **HIS** decision!



*Who decides return to play after an injury in the heat of the battle or week to week practice?*


*Absolutely the answer is the head team physician*

*The team physician must use good judgment and can't be caught up as a fan in the heat of the battle*




Medical Exemption (Disqualification) NCAA Rule

- If an athlete has a medical/orthopaedic condition of a sever nature that continued participation in their sport would in all likelihood result in adverse long term sequelae
  - The athlete receives the remainder of their Educational scholarship
  - He/she no longer counts against that sport's total scholarship number
  - He/she can not take part in another sport at that institution
  - He/she can not change their mind and return to play for that institution in any sport
  - He/she **CAN** transfer and play for another school!!!




Medical Communication

*The Health Insurance Portability and Accountability Act (**HIPAA**) regulates the way the team physician and members of the health care team communicate and handle patient medical information*



*The HIPAA law is a real paradox in this communication age of the new millennium. It certainly make life difficult for the sports medicine team!*



I know we have to abide by federal regulations, but as with all of us in sports medicine...

The HIPAA Rule “**GETS IN MY WAY**”!

Unique Challenges Faced by the Team Physician **“Conflicting Healthcare Goals”** Case Presentation

- The **star college running back** is hurt
- Its “playoff time”
- Rapid rehabilitation may do it
- Get him back at all cost “Pressure Pressure”!
- New healing enhancement miracle drugs are exciting and hopefully spectacular!!
- They are usually not scientifically proven to be helpful, and may even be harmful!!
- Sensationalism for the player and to the public is a problem

Unique Challenges Faced by the Team Physician **“Conflicting Healthcare Goals”** Case Presentation

- If severe enough this urgent injury may require surgical decision.
- That decision is complicated by what’s best for long haul and career vs. what gets the player back quickest for the playoffs

*I.E. Do you take out the torn meniscus or do you repair it?*

*The lesson to learn in this case presentation is..*

*The medical team must inform patient of his options and at all times inform him of what is best for his career over the long haul!*

**Challenges Faced by the Team Physician**

*The bottom line though is doing what’s best for the player in the long run is usually what’s best for the team!*

**Advertising**

Medical advertising including sports team affiliation raises particularly difficult ethical questions in sports medicine

- There is no question that these physicians have marketing advantages.
- These advantages should not be fueled by aggressive self promotion.
- There is no question that this notoriety comes with some ethical price.

*The committee on Ethics for the AAOS has recommended that orthopaedic surgeons not use publicity in an untruthful, misleading or deceptive manner*

## Medical Economics

*To be successful in sports medicine, you must also be successful in medical economics! But never let economics interfere with doing what's best in medical care for the patient / athlete*

## Challenges in Professional Sports

- Return to play decision making must be predicted quickly to enable coaches about fielding a team next week and / or for the rest of the year!!
  - Estimate to coaches and management
  - Players and agents will have their own time table
  - Physicians are caught in the middle
  - Decisions should be made on known time tables and subjective / objective findings
  - Get more tests as needed!!

## Challenges in Professional Sports

- Patient underestimates his injury and subsequent sequelae
  - Team physician must explain to athlete short term as well as long term sequelae
  - Informed consent is necessary however it is tricky from a legal standpoint
  - The informed consent should be in simple terms that the athlete can understand and he should be willing to sign it.

## Special Challenges in Multiple 2<sup>nd</sup> Opinions

- 2<sup>nd</sup> opinions can be good or bad
  - No 2<sup>nd</sup> opinion physician will know the player and his medical situation as well as the day to day team physician
  - As a 2<sup>nd</sup> opinion MD on many occasions I know this 1<sup>st</sup> hand
  - Communication with the Team Physician and Team Athletic Trainer is critical
  - A common "Game Plan" is optimum and essential

**"GET ON THE SAME PAGE"**

## Special Challenges in Professional Sports

- The over active role by agents and representatives in Players Healthcare decisions can be complicated
- If can be disruptive and lead to inferior Healthcare

## Communication Lines in Sports Medicine

- Who releases the medical information?
- There is no uniform way to do this
  - It is the policy of some teams for the head coach to do it
  - For some it is the athletic trainer
  - For others it is the team physician
- Most often it is the Sports Information Department
- As an outside physician, I must know how a specific team wants medical information released. As a general rule, I don't ever talk directly to the press about a player condition and direct all inquiries back to the team's sports information director!!

### Challenges in The NFL

- **Player under reports his condition**
  - Not unusual especially for a lower level athlete trying to make the team or trying not to get cut
  - Must have a trusting relationship with the athletic trainer
  - An honest pre-participation "history" is essential
- **Player over reports his injury**
  - PE based on subjective complaints
  - The problem often arises in preseason for avoidance of mini-camp, OTA and preseason workouts and games
  - No great solution
  - Team physician is really put in a tough spot!!

### Challenges Faced by the Team Physician in the NFL

- **Injury settlement**
  - Common problem for filler players used in pre-season practice and games
  - Teams want a quick release & minimal settlement, players want the most they can get!

### Challenges Faced by the Team Physician in Professional Baseball

- 40 man roster problems
  - Player is sent down to minors - then claims injury while in the majors
  - Young players quite frequently hide injuries trying to make a major league team and when they don't they get sent down!
  - This creates a medical / legal controversy
- When did a chronic injury occur?
  - Today this problem is compounded by frequent trades, free agency, and time spent on multiple teams
  - Therefore who or which team is responsible for injury treatment and / or compensation?

*I.E. when did the tire tread start to wear and when did it blow out?????*

### Special Challenges as a "NBA Team Physician"

- **Collective bargaining and guaranteed contracts**
  - Presents special considerations related to injuries
  - Motivation for recovery and medical decisions can be difficult!

### Challenges Faced by the Team Physician

*In dealing with these challenging issues, the team physician gets caught in the middle and the ART is keeping both the player and the team happy!..Its like playing both ends from the middle..*

### Team Coverage

*The AOSSM established the following guidelines in 2005*

**AOSSM Guidelines**

The selection of a team physician should be based upon  
Sports Medicine capabilities  
through the best care available

*The selection of team medical staff should not be based on financial incentives offered by the physician and/or his or her institution*

**Remuneration**

*If possible, the team physician should be a voluntary participant. If the team physician becomes a paid employee on contract, then his ethics will be challenged. They should never allow themselves to be considered in the back pocket of the club management*

**Remuneration**

*Of course a voluntary position is not always possible due to time away from one's formal practice and of secondary loss of revenue. So especially in professional sports remuneration for many hours of service is a necessity*


**Orthopedics & Sports Medicine**

*The Future...*

**Orthopedics and Sports Medicine**

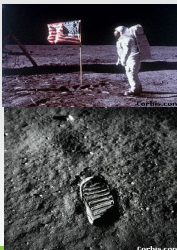

**The Future...**

*"Failing to prepare is preparing to fail"*  
-Coach Dale Brown, LSU




*"Tomorrow belongs to those who prepare for it today."*

Everyone of you probably remember when man first walked on the moon and how unbelievable it was!





July 21, 1969  
2:56 UTC  
11:56 CST




*Our future  
In Orthopaedics & Sports Medicine  
is unbelievable and just around  
the corner...*

*I am sure that it is also  
“purpose driven”*



*The future Sports Medicine specialist will have  
to be  
more sophisticated than ever!*

- Fellowship trained
- The holder of a Sports Medicine Subspecialty Certification
- They will need to possess administrative capabilities to formulate an efficient sports medicine team that includes all of the medical disciplines, athletic trainers, sports physical therapists and others




We are at the genesis of radical advancements in treatments of sports injuries. I am sure that as the arthroscope was a “transformational” event in the 70’ s and 80’ s that revolutionized sports medicine to the hereafter, there will be other breakthroughs in this millennium such as:

- Gene therapy
- Tissue engineering
- Biologics
  - stem cell research and clinical use
- Robotic surgery
- And other newer technology and instrumentation to make complex, diagnostic and surgical procedures fast, simple, and reproducible



**We must still be careful about  
the use of emerging technology**


- Sports medicine is a field of rapid technological advancements
- There is a natural environment for a rush to judgment and use in which research and evidence based medicine lags behind
- **Patient reported outcome measures are needed now more than ever**



***In Conclusion:***

I want to leave you with this one last thought...  
if you haven’ t heard anything  
or if you don’ t remember anything  
I had to say today, remember this:

*If you love what you do  
and do what you love,  
you will be successful in your career and in life!*



*Thank You for allowing me  
to present this information to  
you.*

*James R. Anderson MD*



