Pain Management on the Sidelines

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DISCLOSURES

• I have no relevant conflicts of interest or business relationships in relation to the topic of this lecture.
• Followed
• All persons imaged in talk have given their consent
Ukraine lifter: 2013 Worlds, Wroclaw Poland
What is our GOAL on the Sidelines?

• First do no harm (immediate or long-term)
• TREAT the patient
• Reduce pain; know the half-lives of the medications you are using
• Enable / Enhance performance
• Enhance recovery
Derrick “Crash” Crass, 284 lbs in SNATCH
Los Angeles, CA: 1984 Summer Olympic Games

REASON WHY YOU DO NOT INJECT CORTISONE AROUND PATELLA TENDON 1 DAY BEFORE MAX LIFT!!

https://www.youtube.com/watch?v=spMg5ro2BlU
Janos Barayni, Hungarian Lifter
2008 Olympics, Beijing, China

148kg (325 lbs) Snatch (77 kg body weight class)
OBJECTIVES

At the end of this presentation, participants should understand

• Goals of Sideline Pain Management
• Aware of legal ramifications of pharmaceutical treatment on sidelines
• Pros and cons for game day pain management decisions
• What is “ok” and “not ok” to consider on the sideline
• A team physician’s perspective
LEGAL CONTROVERSY: Drug Enforcement Agency

• DEA and Team Doctor’s Schedule Medicine, October 2010
• San Diego Charger’s Doctor: David Chao, Orthopedic surgeon
  • “Then team doctor for the San Diego Chargers, was reviewed as a result of allegations he wrote 108 drug prescriptions to himself. Chao was eventually cleared, but stepped down from his position in 2013 amid pressure from the NFL Players' Association” International Business times, 2014
  • No violation, though a “SHOT ACROSS THE BOW”
  • Expectation that ALL Scheduled Drugs meet same standards at Pharmacy
    • Packaging/labeling
    • Record of inventory
    • Record of dispensing
    • Secure location

http://www.ibtimes.com/nfl-dea-raids-could-painkiller-investigation-result-criminal-charges-team-medical-1725069
LEGAL CONTROVERSY: Drug Enforcement Agency

- DEA and NFL - November 16th, 2014: DEA check ATCs/ Team Doctors gear
  - Tampa BAY at BBWII after playing Redskins
  - 49ers at MetLife Stadium after playing NY Giants
  - Seattle SeaHawks at Kansas City

  “The Drug Enforcement Administration is continuing its investigation of alleged mishandling of prescription drugs by NFL team doctors and medical staffs. Last Sunday the DEA surprised at least three NFL clubs by questioning medical personnel while their teams were attempting to clear TSA checkpoints in order to be allowed to board charter flights.

  No additional on-site probes are scheduled, according to a law enforcement source, though that could certainly change, and the DEA was not seeking criminal charges during the inquiries. Sources said there were no bombshells found, and NFL teams were very cooperative with the investigation overall. There remains fact-finding going on and the DEA takes the charges, alleged in a civil suit filed by former players against the NFL, very seriously, with their investigation into the matter likely to go into 2015.

  The administration is devoting considerable assets to the investigation, and last week's searches were devised as in all likelihood a one-time event, meant to catch teams off-guard and get a glimpse into whether all laws and protocols under the Controlled Substances Act – which strictly governs how and when prescriptions can be written and how substances can be brought across state lines – are being strictly adhered to.” CBS Sports Nov 2014

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AOSSM Expresses Gratitude to Sens. Thune and Klobuchar for Introducing S.2220 to Provide Licensure Clarity for Sports Medicine Professionals

Washington, D.C.—The American Orthopaedic Society for Sports Medicine (AOSSM) welcomes the introduction of S.2220 by Senator John Thune (R-SD) and Senator Amy Klobuchar (D-MN). This bill would provide licensure clarity for sports medicine professionals who travel to another state with an athletic team solely to provide care for that team. As the leading national association representing more than 3,000 orthopaedic surgeons who specialize in sports medicine, the AOSSM strongly supports S.2220’s effort to preserve sports medicine providers’ access to their medical liability insurance coverage when they travel across state lines with athletic teams. By protecting sports medicine providers traveling to a secondary state with sports teams, this bill enables team practitioners to efficiently...
LEGAL CONTROVERSY: STATE LICENSES

• Can physicians treat when covering their team when crossing state lines?
  • FEDERAL BILL: S.2220 set forth by:
    • Senators John Thune (R-SD)
    • Amy Klobuchar (R-MN)
  • If successful, will provide clarity for team doctors who travel to different states to treat athletes on teams.

• What does this mean for College, High School, Olympic, Professional team doctors?
What type of pain are you treating?

- CHRONIC
- MSK
- NEUROLOGIC
- CEPHALGIA
- VISCERAL
- GYN
- UROLOGIC

- ACUTE
  - Muscule/tendon
  - Bone
  - Joint
  - Neurologic
  - Cephalgia
  - Visceral
What are going to use to treat the PAIN?

- **PHARMACOLOGIC**
  - NSAID's
  - Acetaminophen
  - Narcotics

- **NON-PHARMACOLOGIC**
  - Acupuncture/ Dry Needling
  - OMT/Manipulation
  - Modalities (ICE/Phono/Ionoto)
  - Biofeedback
PHARMACOLOGIC: ACETAMINOPHEN

- OTHER NAMES:
  - APAP
  - Paracetamol

- MECHANISM:
  - Not completely known
  - The primary mechanism of action is believed to be inhibition of cyclooxygenase (COX), with a predominant effect on COX-2.

- PROS:
  - Decrease gastric irritation
  - Not inhibit platelets
  - Pain relief

- CONS:
  - No anti-inflammatory
  - Liver toxicity at large dose

- SAFETY:
  - Excellent
  - Pregnancy-approved

- LEGAL
  - Non-scheduled
PHARMACOLOGIC: NSAIDs

- **ORAL**
  - Ibuprofen
  - Naprosyn
  - Diclofenac
  - Mobic

- **INJECTABLE**
  - Ketorolac

- **TOPICAL**
  - Diclofenac (patch/cream)
  - Compounded mixtures

- **PROS**
  - Very good pain control
  - Some inexpensive
  - Quick response

- **CONS**
  - Effect gastric irritation
  - Inhibit platelets (unless COX-2)

- **SAFETY**
  - good

- **LEGAL:** non-scheduled
PHARMACOLOGIC: OTHER

• ANALGESICS
  • Lidocaine
    • Patch
    • Injectable
    • topical
  • NSSRIs
    • Cymbalta
  • DISSOCIATIVE
    • Ketamine (IM/IV)
  • SEDATIVE
    • Benzodiazapines

• PROS
  • Good pain control
  • Different deliver systems

• CONS
  • Often expensive
  • Often has side-effects

• SAFETY
  • Good-poor

• LEGAL
  • If contains scheduled (BZD/Ketamine)
PHARMACOLOGIC: NARCOTICS

- **ORAL**
  - Tramadol
  - Acetaminophen/ Codiene (T#3)
  - Acetaminophen/ Hydrocodone
    - NORCO, Vicodin,
    - OXYCONTIN
- **INJECTABLE**
- **TOPICAL**

- **PROS**
  - Low abuse potential (TRAMADOL)
  - Great pain control
  - Not inhibit platelets
  - Low cost (T#3)
- **CONS**
  - High Abuse potential (NARCOTICS)
  - Expensive (brand specific)

- **SAFETY**
  - poor
- **LEGAL**
  - Scheduled
Considering doing an INJECTION?

- Where are you injecting?
- Why are you injecting it?
- Who are you injecting?
RISKS

• It doesn’t work
• It makes the situation worse
• Infection & other complications
• Side effects
• More significant injury
This Team Physician’s Approach

• AGE
  • KIDS/ADOLESCENTS
  • ADULTS
  • MASTERS ATHLETE

• LEVEL OF COMPETITOR
  • School-age, HA, College, Olympic, Pro

• VENUE
  • Practice, regional, national, international
This Team Physician’s Bias

• If is NOT in my GAME BOX, I do not use it.
  • ORAL
    • Tylenol, Naproxen, Ibuprofen,
  • INJECTABLE
    • Lidocaine, Bupivicaine, Ketorolac, Phenergan
  • TOPICAL:
    • Diclofenac patch, lidocaine (Patch/Cream)
    • Ketoprofen
  • RECTAL SUPPOSITORY
    • Phenergan
  • OTHER
    • Accupuncture needles (30g 30mm/40mm)

• What I no longer carry in my GAME BOX as of 2011
  • Tylenol #3 (PO)
  • Vicodin (PO)
  • Morphine Sulfate (IM)
  • Tramadol (PO)
  • Diazepam (PO/IM)
This Team Physician’s Bias

- **What I'll inject**
  - Ketorolac IM
  - Anesthetic intra-articular (only in mature high level athletes)
  - Phenergan IM/IV
  - Dry Needle IM

- **What I won't inject**
  - Corticosteroids intra-articular with 7 days of competition
Thank You
REFERENCES


