Life Experience as a Team Physician

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• Goals of this presentation:
  1. Discuss what has transpired in the world of sports medicine through the centuries
  2. Define the responsibilities of the team physician
  3. Discuss the makeup of the Sports Medicine Team
  4. Present my philosophy of how I approach the care of athletes
  5. Dream about the future of the team physician

• Herodicus – reportedly the first team physician and “father of sports medicine”
  1. A Thracian physician in the 5th century B.C. who rendered his foundational theories on the
     use of therapeutic exercises for the maintenance of health and treatment of disease
  2. Hippocrates’ father reportedly sent him to the Isle of Crete to study sports medicine from
     Herodicus

• There has been an abundance of sports medicine theories and practices since then – some
  good, some bad, and lots of inconsistencies. The one fact that has been consistent through
  history is that athletic competition does produce injuries, some of which are severe, career
  ending and even deadly.

• Modern sports medicine really began in 1890 at Harvard Medical School
  1. It became apparent that unattended, uncoached and academically unsupervised team
     sports activities frequently produced significantly large numbers of musculoskeletal injuries
  2. Because of this, a program was instituted to educate the players of the need for personal
     fitness, the use of proper gear, the need for treatment of all injuries and the importance of
     rehabilitation
  3. Team athletic trainers and therapists were provided and escalated in importance
  4. The team physician was recognized as the team surgeon with full responsibility for the care
     and health of the athlete

• Other milestones in the development of the team physician and Sports Medicine:
  1. 1899 – Dr. Darling’s scientific report defined the physiologic effects of strenuous athletic
     activity and methods for decreasing injuries
  2. 1904 – Dr. Nichols as a team physician changed football rules to have protective gear and
     defined the basis for a significant decrease in injuries
  3. 1905 – President Theodore Roosevelt formed the American Football Rules Committee
4. 1910 – the work of that committee under the leadership of Henry L. Williams later formed the NCAA
5. 1914 – Germany was the first country to use the term “Sports Physician”
6. 1933 – organization of Federation Internationale de Medico-Sportive et Cientifique “FIMS”
7. 1938 – Dr. Thorndike of Harvard Sports medicine wrote the first book on Sports Medicine entitled “Athletic Injuries, Prevention, Diagnosis and Treatment”
8. 1940’s and 1950’s – many scientific articles were published in the U.S. which began the scientific basis for Sports Medicine in this country
9. 1957 – Dr. Quigley at Harvard (the first real team physician) produced “the Athlete’s Bill of Rights”

- Other pioneers in Sports Medicine:
  1. Delorme
  2. Dutoit
  3. Hey
  4. Pendergrass
  5. Bosworth
  6. Bennett – noteworthy for his contributions in a study on shoulders and elbows in pitchers

- After World War II, a whole new arena of Sports Medicine arose with the coverage of athletic events on the sidelines. The leader in this coverage explosion was Dr. Jack Hughston who, with his group of physicians, covered high school games on Friday night and Auburn University and other colleges on Saturday. The NATA was also organized and founded during this post-war period.

- In the 1950’s, Don O’Donoghue the team physician for the University of Oklahoma became the father of modern Sports Medicine. His book entitled “Treatment of Injuries to Athletes” was considered the Bible for Sports Medicine physicians.

- Through the work of Dr. Hughston as Chairman of the American Medical Association’s “Sports Medicine Committee” and later as Chairman of the AAOS “Sports Medicine Committee”, post-graduate education courses and peer review research articles became the standard.

- From these post-graduate courses grew two very important establishments:
  1. The American Orthopaedic Society for Sports Medicine (AOSSM)
  2. The American Journal of Sports Medicine (AJSM) with Dr. Hughston as editor

- The first Sports Medicine Fellowship was established in the early 1970’s
• From the 1970’s to the present, there has been an explosion in the academics of Sports Medicine, including:
  1. Arthroscopic surgery
  2. Modern ACL reconstruction surgery and other acute and chronic ligamentous surgery
  3. Minimally invasive procedures for the other joints (shoulder, elbow, ankle, hip, wrist)

• Out of the leadership of these groups, the modern Sports Medicine Team was born

• Leadership roles were also taken by other sports societies and their leaders
  1. American College of Sports Medicine (ACSM)
  2. National Athletic Trainer’s Association (NATA)
  3. The Sports Section of the American Physical Therapy Association (APTA)
  4. American Medical Society for Sports Medicine (AMSSM)
  5. Association of Strength & Conditioning Coaches (ASCC)

• The hallmarks of a good team physician:
  1. Availability
  2. Compassion
  3. Gentleness
  4. Honesty
  5. Communication
  6. And a true love of being helpful to those who show good sportsmanship

• Orthopaedic Sports Medicine – what is it?
  1. “The care of the muscles, bones, and joints of athletically active individuals”
  2. Whatever it is, it’s a team effort

• The modern Sports medicine Team encompasses a number of medical disciplines
  1. Sports doctor
  2. Sports orthopaedist
  3. Athletic trainer
  4. Physical therapist
  5. Strength & conditioning specialists
  6. Medical specialist
  7. Hand surgeon
  8. Neurosurgeon
  9. Dentist
  10. Nutritionist
  11. Psychologist
  12. Bioengineer
  13. Other para-medical personnel
• Responsibilities of the Sports Medicine Team
  1. To the player
  2. To the parents
  3. To the team, the coaches and the management/university

• Sports Medicine is a hobby. Why do we do it?
  1. Community involvement and interest
  2. Because we enjoy it
  3. It’s the right thing to do
  4. You are expected to do it voluntarily

• Dealing with athletes
  1. Availability is # 1
  2. Communication is the other key factor
     A. Lack of communication is the major reason for failures in taking care of the athlete
     B. You must effectively communicate with the player, the parents, the trainer/therapist, the coach and the management/ownership
     C. In regards to professional athletes, the agents become a big factor
     D. The media and the fans have also made the care of the athlete much more difficult and complex

• Dr. Andrews’ Patient Philosophy
  1. Always be open-minded
  2. Do not be the first person to make the BIG statement
  3. The patient is always right
  4. Make the patient feel he has been treated properly by his previous physician
  5. Do not say anything bad about another physician, or for that matter another person
  6. Listen to the patient
  7. Attitude, responsibility, knowledge, desire and availability are always necessary to be successful
  8. One must always be able to “read” the patient
  9. The physician must be confident with his skills, because his confidence is reflected back and perceived by his patient
  10. Try to make every patient feel as though they are special

• Physical therapy and its role in my practice
  1. We work side-by-side with the physical therapist and the athletic trainer
  2. All follow-ups are seen together in the physical therapy department
  3. Rehabilitation is often more important than the surgical procedure in the overall result!

• Education and research is still the core ingredient in any Sports Medicine practice
• The future of Sports Medicine
  1. The future is just around the corner and it is going to be unbelievable
  2. “If you are still talking about what you did yesterday, you’re not doing much today”
  3. The future team physician will have to be more sophisticated than ever
     A. Fellowship trained
     B. Holder of a Sports Medicine Subspecialty Certification
     C. Posses administrative capabilities to formulate an efficient Sports Medicine Team that includes all of the medical disciplines, athletic trainers, sports physical therapists and others
     D. Will have to learn to balance their busy lives with other priorities to include faith, family and their passion for Sports Medicine
  4. Prevention will become more important than treatment, especially with the epidemic rise in injuries in youth sports

• Conclusions
  1. Sports Medicine has evolved since the beginning of Herodicus’ time
  2. Many physicians have passionately molded the profession to where it is today
  3. You need a complete and integrated Sports Medicine Team to take care of any athlete
  4. You must develop your own philosophy and ethical parameters to be successful
  5. You will be challenged!