Return to Play: A review and update of the team physician consensus statement

John Hatzenbuehler, MD
ACSM TPC
February 2013
Miami

RTP Football
- Star running back
- 3 wks mid fibular fracture, non-displaced
- Able to run but with pain
- Has signed letter from his orthopedic surgeon clearing him.

WHO WOULD CLEAR HIM TO PLAY?

RTP Volleyball
- 19 yo sophomore volleyball player
- Sustains concussion at end of season, 5 prior concussions
- Not cleared Neurologist consultant
- Cleared by out of state neuropsychologist
- Wants to play, Mom and dad threaten legal action if not cleared by university

Do you clear her to RTP next season?
More Difficult Cases

Learning Objectives
1. Be able to establish a RTP Process
2. Understand how to evaluate an injured or ill athlete
3. Discuss the treatment and rehabilitation of injured or ill athletes
4. Apply a systematic approach to RTP decision-making

Return to Play
Definition:
“The decision-making process of returning an ill or injured athlete to practice or competition”

Goal: “To return an injured or ill athlete to practice or competition without putting the individual, or others, at undue risk for injury or illness.”
From Team Physician Consensus:

“To accomplish this goal (RTP), the team physician should have knowledge of and be involved with:

- Establishing a Return-To-Play process
- Evaluating injured or ill athletes
- Treating injured or ill athletes
- Rehabilitating injured or ill athletes
- Returning an injured or ill athlete to play”

Things to keep in mind

- Previous injury is a significant predictor of subsequent injury (CHI, ankle sprain, hamstring, etc, etc)
- Our role is safety
- Individualize
- Lack of evidence

Things to keep in mind

- “In the absence of clear scientific evidence, RTP decisions lack standardization and can be a source of confusion and disagreement for physicians, athletes, coaches and administrators” (I would add parents)
- ...and this is okay
- ...in fact, this is the whole point of this course!

Team Physician Consensus process

- ACSM, AMSSM, AOSSM, AAFP, AAOS, AOASM
- Guidelines NOT “standard of care”
- Stated Levels of recommendations:
  1. Essential skills
  2. Desirable

Establish An RTP Process

- Evaluation of athlete’s Health Status
- Participation Risk
- Extrinsic Factors
- The final RTP decision is made by the TEAM physician

RTP Process: Essential Skills

- RTP process established in the off season
- No (less) time pressures
- Less conflict of interest
- Meet with all members involved together
- Establish protocols
- Coordinate a chain of command
Process is important

- Sports med team (who is involved)
- Establish process before season
- Who makes final call (chain of command)
- Protocols
- Communication
- Documentation

Essential Skills: Evaluating Participation Risk

- Type of sport (collision, contact, repetitive)
- Position (pitcher vs. DH, lineman vs. anyone else)
- Competitive level (rec vs. pro)
- Able to protect (taping/bracing)
- Role of medical interventions (e.g. injections, IV, inhalers etc)
- Effect of RTP on other athletes

ES: Decision modification factors

- Timing (pre vs. late season)
- Pressure – athlete, coach, others
- Conflict of interest
- Who benefits and how
- Masking injury
- Brace, inject
- Medico-legal
ES: Communicate your decision
- Teamwork with AT-C
- Thoughtful
- Calm
- Reasonable
- To all parties
  - Athlete, coach, parent, consultants, administration

Medical-Legal
- Minor vs. adult athlete
- Volunteer vs. employed team physician
- Professional athletes
- Athletes with disabilities
- Waivers are worthless
- Standard of care

ES: Documentation
- Who is responsible?
- Where are records kept?
- Communication plan around release of information
  - Teammates, coaches, parents, admin, media
- Understand sport specific regulations
  - I.e skin infections in wrestlers
- Understand federal, state, local regulations
Desirable Skills: RTP Process
- Work with athletic care network to educate about the RTP process
- Athletes, parents, coaches
- Prepare a letter of understanding with admin
  - Defines authority
  - Responsibilities
  - RTP decisions

Essential Skills: Evaluate Health Status
- History, including MOI and natural hx dz
- Symptoms (stiff, swollen, unstable, weak)
- Signs (strength, laxity)
- Laboratory (LFT, CBC)
- Imaging
- Functional status (near normal, sports specific)
- Psychological state (ready to go?)

ES: Treatment and Rehabilitation Plan
- Development of a Rehabilitation Plan
  - Timely
  - Address short and long term goals
  - Individualized
  - Include equipment modifications
  - Address psychosocial issues
  - Provide a realistic prognosis for safe return
ES: Rehabilitation Plan

- Restore, maintain, promote MSK/organ function
- Restore, maintain, promote fitness
- Restore, maintain, promote psychological well-being
- Continuous monitoring/adjustment
- Continuous communication/documentation

ES: RTP Decision

- Restoration of illness or injury
- Restoration of sport skills
- Restoration of MSK, cardio, psychological well-being
- Able to perform with equipment mods
- Athlete poses no undue risks to themselves or others
- Decision communicated to ALL parties

RTP Considerations

- Risk vs. Benefit
  - Primum non nocere?
  - Not straightforward
  - Acceptable risk
  - Need to assess ALL R/B
- Conflict in decision making
  - Compensation
  - Primary vs. secondary gain
  - Understanding/acceptance of risk

Hippocrates didn’t have the NFL to deal with. Or Soccer Moms.
The crowd goes wild....
Stay calm....

Remember
※ You are the doc,
not a fan,
coach, friend,
parent

?RTP
It is (highly) desirable
※ (That) the team physician be the one
to assess, diagnose and manage the
athlete’s injury or illness but....
※ It is Essential that the team
physician be responsible for
the final determination for
return to play

RTP CAVEATS
Often RTP based on consensus or expert
opinion rather than evidence-based
medicine

THUS
When in Doubt, Keep them Out
A great article to get and read....

RETURN TO PLAY IN SPORT: A DECISION BASED MODEL
CREIGHTON, SHRIR, SHULTZ, MEEUWISE, MATHESON

“LET’S BE CAREFUL OUT THERE”
SGT. Phil Esterhaus, Hill Street Blues

Thanks for your attention.