Introduction

• Purpose: provide a brief overview of two recent publications focusing on the team physician and their relationship with their ATC and Athletic Administration.…

“Team Physician Consensus Statement: 2013 Update”

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• Margot Putukian, MD…Princeton, New Jersey…AMSSM
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Disclosures

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Team Physician Consensus Statement…2013 Update

• Annually, for the past 14, various Sports Medicine Societies have met to discuss and create a “consensus statement” focusing each year on a specific topic germane to the team physician.…
• AOSSM, AAOS, AMSSM, AAFP, ACSM, AOASM
• Statements are published annually in the “Medicine & Science in Sports and Exercise”
• NOT standard of care documents
• Aimed at the team physician taking care of the local high school….

TPCC Update…Overview

• The team physician should possess proficiency in the prevention and care of musculoskeletal injuries and medical conditions encountered in sports. They should integrate the medical expertise with consultants, CAT and other allied health care professionals ( athletic care network )
Medical Care Responsibilities

**Essential**
- Establish a chain of command for injury and illness management
- Make final decisions on same day and post game day RTP

**Desirable**
- Perform/Review the PPE
- Provide ongoing medical care beyond game-day coverage
- Be involved in injury and illness prevention
- Be involved in the strength and conditioning program

Administrative Duties

**Essential**
- Develops an agreement of medical care and administrative responsibilities between themselves and administration, including a proper reporting structure within athletic care network...who reports to who !!!!

**Desirable**
- Oversees development and implementation of emergency action plan....

Ethical Issues...Unique to Team Physician

- Confidentiality...respecting rights of athletes within the constraints of the law. Should be clarified well in advance
- Compliant with HIPPA and FERPA
- Have an understanding that the athlete's medical and psychological conditions affect participation and well-being
- Drug testing results

Ethical Issues

- Informed Consent...most challenging
- The content of information AND THE PROCESS and DOCUMENTATION of supplying information in order for the athlete (parent) to make an informed decision...
- IE, discussion of reasonable treatment options, including short and long term risks and benefits !!!!

Ethical Issues...Challenges

- One must respect the individual athletes autonomy/desire versus optimal medical treatment...and, on occasion, “protect” the athlete from him/herself but never impose your will on theirs....
- Occasions and locations (sideline, bus/plane after game) are frequently less than ideal to not only explain, but also to document the extent of explanation....
Conflict of Interest

• It is ESSENTIAL that any factor that may compete or appear to interfere with the physician/patient relationship should be disclosed and managed…examples:
  – Financial relationship with team/organization
  – Personal gain (free tickets, parking, marketing opportunities…)

Conflicts of Interest

• The best way to address these ethical issues is to obtain the greatest possible clarity regarding the team physician’s relationship with all interested parties (athletes, parents, agents, club/team organizations)…. WHEN THE RELATIONSHIP IS ESTABLISHED !!!…

Prediction

• In the future, the potential conflict of interest issue (both real and speculative) will become a HUGE issue for those of us that provide medical care in the team setting….

Hot Topic?

Article in Medscape
Business of Medicine:
...Ethics: Today’s Hot Topics
“Sports Teams Should Be Forbidden to Hire Their Own Doctors”…Arthur L Caplan, MD
Division of Medical Ethics
at NYU
“We need a change…We should not let teams hire their own doctors.”

Second Publication to Discuss

NATA, AOAOSM, AMSSM, ACHA, CATS, NACDA, NFHSFA and NIAAA
Published in the JAT, March 2014

Purpose

• “…written to assist superintendents, secondary school athletic directors, college and university department administrators, athletic trainers and team physicians by presenting the ‘best practices’ in sports medicine management in secondary and collegiate settings”

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What does all that mean?

• It provides guidelines on various key topics many of which interface with the previous discussed key role of the team physician…

Key Points

• **Identifies the team physician as the final authority for medical clearance**…
• Athletes bear responsibility to honestly report injury and illness…
• The athlete must be an active participant in medical decisions..
• Although the team decision may relegate the RTP decision to ATC, he/she is still ultimately responsible…

Key Points

• The team physician should be intimately involved in the selection, retention, evaluation and dismissal of the athletic trainer…
• Chair this committee ??????

Key Points

• The team physician should overrule a consulting treating physician if the team physician feels it is still necessary to restrict the athlete’s participation…

Finally….

• THE COACH SHOULD NEVER BE THE DIRECT SUPERVISOR OF AN ATHLETIC TRAINER DUE TO CONFLICT OF INTEREST…..

**Paradigm Shift !!!**

Conclusion

• The landscape relative to serving in the role of a team physician is becoming better defined and those of us who serve in that capacity should be aware of these changes…BUT
Despite all these issues, it’s still the best job in the world !!!!

Thank you for your attention !!!!

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