



TEAM PHYSICIAN AND RETURN-TO-PLAY ISSUES

EXPERT PANEL

Stanley A. Herring, MD, Chair, Seattle, Washington
John A. Bergfeld, MD, Cleveland, Ohio
Joel Boyd, MD, Edina, Minnesota
Timothy Duffey, DO, Columbus, Ohio
Karl B. Fields, MD, Greensboro, North Carolina
William A. Grana, MD, Tucson, Arizona
Peter Indelicato, MD, Gainesville, Florida
W. Ben Kibler, MD, Lexington, Kentucky
Robert Pally, MD, Hillsborough, New Jersey
Margot Putukian, MD, University Park, Pennsylvania
Robert E. Sallis, MD, Alta Loma, California

AOSSM CONTINUES ITS COLLABORATION

with other key sports medicine organizations to develop information pertinent to the ongoing education of sports team physicians. Over the past three years, this consortium has produced a series of consensus statements that both provide guidance to physicians responsible for the healthcare of sports teams and create a constructive forum for sports medicine organizations to bring together different areas of specialized expertise.

Earlier this year, the AOSSM Board of Directors endorsed the most recent consensus statement, *The Team Physician and Return-to-Play Issues*. This statement was developed by a panel consisting of representatives from the American Academy of Family Physicians, the American Academy of Orthopaedic Surgeons, the American College of Sports Medicine, the American Medical Society for Sports Medicine, AOSSM, and the American Osteopathic Academy of Sports Medicine. AOSSM members on the panel of experts include: John A. Bergfeld, MD; Joel Boyd, MD; William A. Grana, MD; Peter Indelicato, MD; and W. Ben Kibler, MD. AOSSM

is proud of its contributions to the consortium's efforts and is pleased to print this new consensus statement in its entirety; it is also available at the AOSSM website, www.sportsmed.org.

Definition

Return-to-play is the process of deciding when an injured or ill athlete may safely return to practice or competition.

Goal

The goal is to return an injured or ill athlete to practice or competition without putting the individual or others at undue risk for injury or illness.

To accomplish this goal, 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

Summary

The objective of this consensus statement is to provide physicians who are responsible for the health care of teams with a decision process for determining when to return an injured or ill athlete to practice or competition. This statement is not intended as a standard of care, and should not be interpreted as such. This statement is only a guide, and as such is of a general nature consistent with the reasonable and objective practice of the healthcare professional. Individual decisions regarding the return of an injured or ill athlete to play will depend on the specific facts and circumstances presented to the physician.

Adequate insurance should be in place to help protect the athlete, the sponsoring organization, and the physician.

This statement was developed by the collaborative effort of six major professional associations concerned with clinical sports medicine issues; they have committed to forming an ongoing project-based alliance to "bring together sports medicine organizations to best serve active people and athletes." The organizations are: American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine.

Establishing a Return-To-Play Process

Establishing a process for returning an athlete to play is an essential first step in deciding when an injured or ill athlete may safely return to practice or competition.

It is essential for the team physician to coordinate:

- Establishing a chain of command regarding decisions to return an injured or ill athlete to practice or competition
- Communicating the return-to-play process to players, families, certified athletic trainers, coaches, administrators, and other healthcare providers
- Establishing a system for documentation
- Establishing protocols to release information regarding an athlete's ability to return to practice or competition after an injury or illness.

It is essential that the return-to-play process address the:

- Safety of the athlete
- Potential risk to the safety of other participants
- Functional capabilities of the athlete
- Functional requirements of the athlete's sport

- Federal, state, local, school, and governing body regulations related to returning an injured or ill athlete to practice or competition.

Evaluating Injured or Ill Athletes

Evaluation of an injured or ill athlete establishes a diagnosis, directs treatment, and is the basis for deciding when an athlete may safely return to practice or competition. Repeated evaluations throughout the continuum of injury or illness management optimize medical care.

It is essential that evaluation of an injured or ill athlete include:

- A condition-specific medical history
- A condition-specific physical examination
- Appropriate medical tests and consultations
- Psychosocial assessment
- Documentation
- Communication with the player, family, certified athletic trainer, coaches, and other healthcare providers.

In addition, it is desirable that:

- The team physician coordinate evaluation of the injured or ill athlete.

Treating Injured or Ill Athletes

Treatment of an injured or ill athlete promotes the safe and timely return to practice or competition.

It is essential that treatment of the injured or ill athlete:

- Begin in a timely manner (see *Sideline Preparedness for the Team Physician: A Consensus Statement, 2000**)
- Follow an individualized plan, which may include consultations and referrals
- Include a rehabilitation plan
- Include equipment modification, bracing, and orthoses as necessary

- Address psychosocial issues
- Provide a realistic prognosis as to a safe and timely return to practice or competition
- Include continued communication with the player, family, certified athletic trainer, coaches, and other healthcare providers
- Include documentation.

In addition, it is desirable that:

- The team physician coordinate the initial and ongoing treatment for the injured or ill athlete.

Rehabilitating Injured or Ill Athletes

Comprehensive treatment includes proper rehabilitation of an injured or ill athlete, thus optimizing the safe and timely return to practice or competition. The team physician should be involved in a network that integrates expertise regarding rehabilitation. This network should include certified athletic trainers, physical therapists, medical specialists, and other healthcare providers.

It is essential that the rehabilitation network:

- Coordinate the development of a rehabilitation plan that is designed to:
 - Restore function of the injured part
 - Restore and promote musculoskeletal and cardiovascular function, as well as overall well-being of the injured or ill athlete
- Provide sport-specific assessment and training to serve as a basis for sport-specific conditioning (see *The Team Physician and Conditioning of Athletes for Sports: A Consensus Statement*, 2001*)
- Provide for continued equipment modification, bracing, and orthoses
- Continue communication with the player, family, rehabilitation network, and coaches concerning the athlete's progress
- Include documentation.

Available Resources

Ongoing education pertinent to the team physician is essential. Information regarding team physician-specific educational opportunities can be obtained from the six participating organizations:

American Academy of Family Physicians (AAFP)
11400 Tomahawk Creek Pkwy
Leawood, KS 66211
800-274-2237
www.aafp.org

American Academy of Orthopaedic Surgeons (AAOS)
6300 N River Road
Rosemont, IL 60018
800-346-AAOS
www.aaos.org

American College of Sports Medicine (ACSM)
401 W Michigan Street
Indianapolis, IN 46202
317-637-9200
www.acsm.org

American Medical Society for Sports Medicine (AMSSM)
11639 Earnshaw
Overland Park, KS 66210
913-327-1415
www.amssm.org

American Orthopaedic Society for Sports Medicine (AOSSM)
6300 N River Road, Suite 500
Rosemont, IL 60018
847-292-4900
www.sportsmed.org

American Osteopathic Academy of Sports Medicine (AOASM)
7611 Elmwood Avenue, Suite 201
Middleton, WI 53562
608-831-4400
www.aoasm.org

In addition, it is desirable that:

- The team physician coordinate the rehabilitation program for the injured or ill athlete.

Returning an Injured or Ill Athlete to Play

The decision for safe and timely return of an injured or ill athlete to practice or competition is the desired result of the process of evaluation, treatment, and rehabilitation.

It is essential for return-to-play that the team physician confirm the following criteria:

- The status of anatomical and functional healing
- The status of recovery from acute illness and associated sequelae
- The status of chronic injury or illness
- That the athlete pose no undue risk to the safety of other participants
- That restoration of sport-specific skills has occurred
- Psychosocial readiness of the player
- Ability to perform safely with equipment modification, bracing, and orthoses

- Compliance with applicable federal, state, local, school, and governing body regulations.

Before return-to-play, these criteria should be confirmed at a satisfactory level.

Conclusion

Use of the information in this document will allow the team physician to make an informed decision as to whether an injured or ill athlete may safely return to practice or competition.

The return-to-play process should be under the direction of the team physician whenever possible. While it is desirable that the team physician coordinate evaluating, treating, and rehabilitating the injured or ill athlete, it is essential that the team physician ultimately be responsible for the return-to-play decision.

Individual decisions regarding return of an injured or ill athlete to play will depend on the specific facts and circumstances presented to the team physician.

References

- Adams BB. "Transmission of cutaneous infections in athletes." *British Journal of Sports Medicine*. December 2000, 34(6): 413-414.
- American College of Sports Medicine, American College of Cardiology, 26th Bethesda Conference. "Recommendations for competition in athletes with cardiovascular abnormalities." *Medicine & Science in Sports & Exercise (MSSE)*. 1994, 26(10): 5223-5283.
- American Medical Society for Sports Medicine, American Academy of Sports Medicine. "Human Immunodeficiency Virus and Other Blood-Borne Pathogens in Sports," (Joint Position Statement). *Clinical Journal of Sports Medicine (CJSM)*. 1995, 5:199-204.
- Cantu RC. "Return-to-play guidelines after a head injury." *CJSM*. 1998, 17(1): 45-60.
- Cantu RC. "Stingers, transient quadriplegia and cervical spinal stenosis; return-to-play criteria." *MSSE*. 1997, 29(7 Suppl): S233-5.
- Committee on Sports Medicine and Fitness. "Cardiac dysrhythmias and sports." *Pediatrics*. May 1995, 95(5): 786-9.
- Goodman R., Thacker S, Soloman S, et al "Infectious disease in competitive sports." *JAMA*. 1994, 271(11): 862-6.
- Herring SA. "Rehabilitation of muscle injuries." *MSSE*. 1990, 22: 453-6.
- Kibler WB, Herring SA, Press JM. *Functional Rehabilitation of Sports and Musculoskeletal Injuries*. Aspen Publishers, Maryland, 1998.
- Kibler WB, Livingston BP. "Closed-chain rehabilitation for upper and lower extremities." *Journal of the American Academy of Orthopedic Surgery*. 2001, 9: 412-21.
- Maron BJ. "Cardiovascular risks to young persons on the athletic field." *Annals of Internal Medicine*. September 1998, 129(5) 379-86.
- Mellion MB, Walsh WM, Madden C, Putukian M, Shelton GL (eds). *Team Physician's Handbook, 3rd Edition*. Hanley & Belfus, Philadelphia, 2002.
- Mitten MJ and Mitten RJ. "Legal considerations in treating the injured athlete." *Journal of Orthopedic Sports Physical Therapy*. 1995, 21(1): 38-43.
- Preparticipation Physical Evaluation, 2nd Edition. AAFP, AAP, AMSSM, AOSSM, AOASM. *The Physician and Sportsmedicine*; McGraw-Hill Healthcare, Minneapolis, 1997.

*Available on the AOSSM Web site, www.sportsmed.org