

M.V.P.

Most Valuable Physician

Doctors are playing an increasingly important role in sports these days.

Is serving as a team physician in your future?

By Tom Arterburn

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ODAY, SPORTS PHYSICIANS ARE BEING recognized more and more as vital contributors to a team's success. They are often quoted by sports writers wondering about the viability of star players. Owners rely on

them for confirmation that a new acquisition is healthy, and medical marketing representatives woo them in an attempt to get their products or services in the spotlight of professional sports.

According to Dr. Toby Freedman, the entire field of sports medicine has progressed quite a bit

since the "North Dallas Forty" movie days, when team doctors were sometimes portrayed as syringe-happy, pain-pill pushers. "They loved to popularize this profession as if doctors made [injured] people go back in the game, gave them a shot, and forced them to play. And nothing could be further from the truth. When we had people with head injuries, we would have to hide their helmets so they couldn't jump up and head back into the game as soon as they became conscious," he recalls.

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“Most of the time teams are looking for experience as a family practitioner or as an orthopaedist.” Family practice experience is a plus, because “it’s important to remember that athletes get the same sniffles and upset stomachs like everyone else.” — Dr. Jonathan Chang, a member of the U.S. Olympics Sports Medicine Society, a private practitioner, and clinical assistant professor at the University of Southern California.

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Freedman entered the field in 1947 as an intern at Los Angeles County Hospital after completing pre-med courses at the University of California-Berkeley and then Stanford Medical School.

In addition to serving as the doctor for the Apollo Project, he was an internist with the Los Angeles Rams for 26 years. "I've also worked with the Lakers, the Kings, the Angels, the Dodgers, racing jockeys. You name it, I did it."

Sports physicians often put the field of play ahead of their portfolios, however. One is Dr. David Glover of Warrensburg, Missouri. As the team physician for the Central Missouri State University Mules, he may not get a lot of calls from ESPN asking about the condition of injured players. And he may not have a library of dramatic on-field triage video footage, but the fulfillment is as great as any pro position, he insists. "You do it because you love it. You love being on the field, and you love being around athletes who work hard at succeeding at their given sport."

As in any profession, advancing one's career is a natural progression, and the ultimate goal for many team physicians is to make it into the pros. Many of them do it by getting involved with their local teams in order to evolve and get the exposure, says Freedman.

Dr. Robert Cantu, the past president of the American College of Sports Medicine, also suggests volunteering at the high school level, "where it is largely unpaid, but most high schools would love

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Sports Medicine's Fast Track

Racing is both professional and personal passion with one physician.

A lot of doctors are accused of living life in the fast lane, but few can compete with the speed associated with Dr. Terry Trammell's clinic on wheels. As a part of the [Championship Auto Racing Team \(CART\)](#) medical clinic, his patients can typically reach speeds well over 200 mph.

Donning a bright yellow racing-style jump suit, he took some time out during the Motorola 300 race in Madison, Illinois, to talk about his life's passions: racing and medicine.

His interest in racing goes back to before medical school, when he'd tag along with a neighbor and photograph races. "In medical school, I discovered a program in which they would take medical students and have them spend half a day at the track. This was nearly 20 years ago, before they really had sophisticated medical care at speedways."

He says his first stint at the track was a nightmare, however. "We had a fatality, and two very critical injuries that I was totally unprepared for educationally at that point in time." Then, as the youngest member of the orthopaedic group he joined in Indianapolis after graduation, he learned that the rookies had to take call for all the holidays, "but I didn't realize in Indianapolis race day is the holiday—not Memorial Day, so I ended up being on call at the emergency room in Indianapolis on race day."

Trammell typically works about 12 races per year, which means he travels all over the world, but still holds a position with a 70-member, multi-specialty orthopaedic group in Indianapolis. "Normally, I leave work at the

end of the day Thursday, I miss Friday, but I'm back Monday. If we go to Brazil or something like that, of course, I'll lose more time."

Whether he's parked in the infield along with all the team transport trailers, or back at the clinic, racing is still a major part of his practice. Most of the members of the practice are post-residency trained trauma surgeons, and not only perform surgery on the drivers, but also manage all the rehab. One of his most recent patients was Tony Kanaan of the McDonalds' race team. Trammell says what might have been considered career-threatening injuries 20 years ago, now can be treated, getting the driver back in the cockpit in a minimal amount of time.

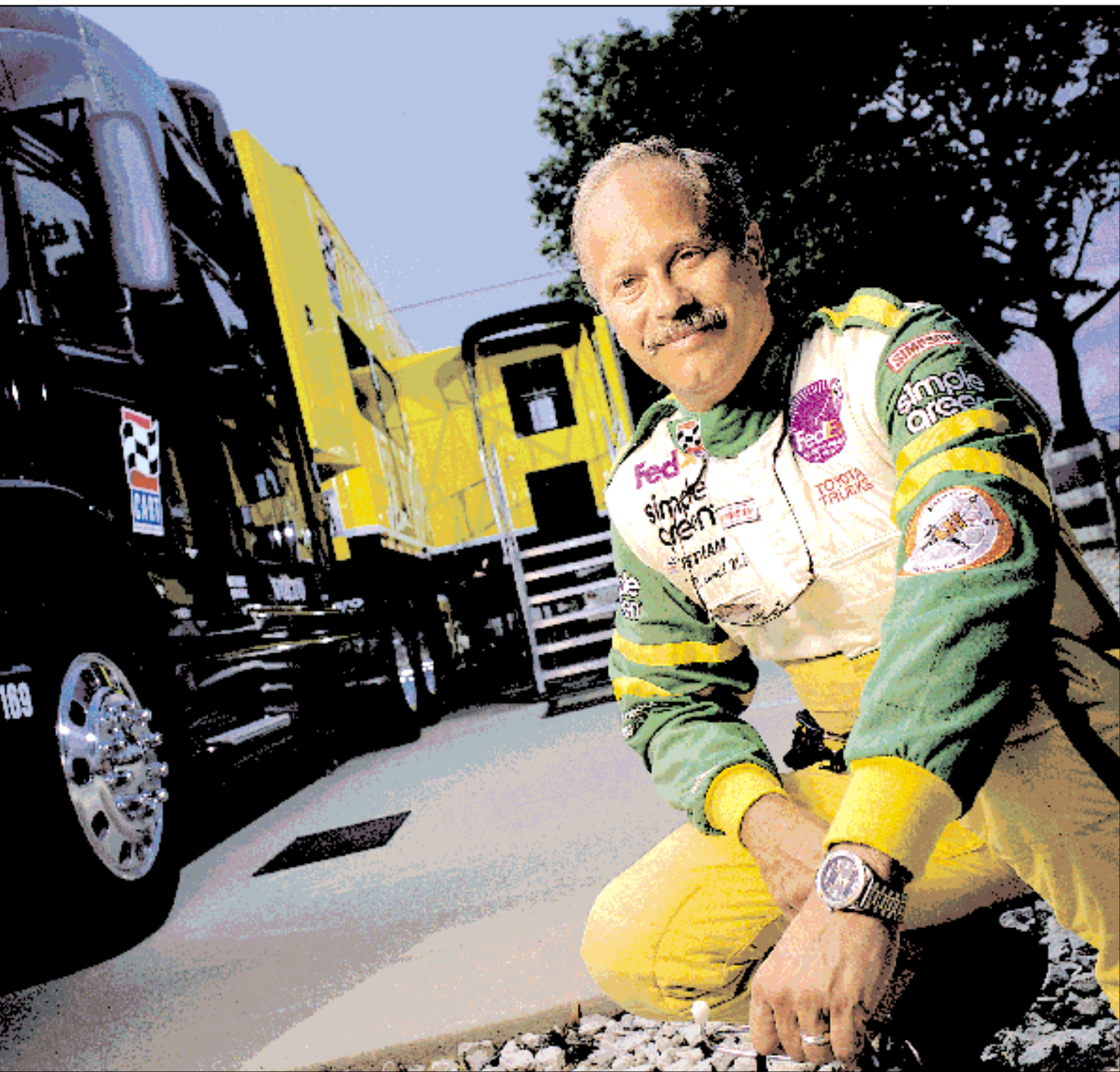
Drivers aren't the only people who have access to CART's clinic on wheels, however. "This is like a miniature ER in a big city. We take care of about 300 people in a weekend. Most of what we do are coughs, colds, things in the eye—it's like an industrial clinic. But we have the capacity to do some rather sophisticated trauma stabilization as well. It just depends on where the closest ER and hospital is. Some of the tracks are 20 or 30 minutes from the nearest trauma center."

For those interested in trading in their scrubs for a racing suit, however, Trammell offers a caveat. "It's really exciting the first time on the road, but what happens is you get to the point where you don't know what city you're in. You're working from seven in the morning until six at night, but you do it because you love racing."

For Trammell, his concern for racers' safety is personal as well as professional. His wife,

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Rhonda, drives in the Barber Dodge Pro Series, an entry-level pro series. He says his wife's involvement gives him "added incentive to see to it that the series are as safe as possible." He adds that it gives him a personal and unique perspective into the needs of professional drivers.

When it comes to the future of race medicine, Trammell is touting a new organization dedicated to advancing the field.

It's the International Council of Motor Sports Science, a group of doctors, engineers, drivers, car constructors—"anyone who is involved in racing safety and science," says Trammell. "It's become a very sophisticated group looking at racing from a medical safety standpoint. We look at everything very analytically in order to make sure design changes don't cause injuries." ■

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to have doctors volunteer to provide coverage for contests.”

Catching the professional coach's eye, adds Dr. Jonathan Chang, a member of the U.S. Olympics Sports Medicine Society, requires a knack for networking and understanding the sports medicine hierarchy.

Knowing a team owner is even better, says Dr. Nicholas DiNubile, an orthopaedic consultant to the Philadelphia 76ers. After paying his dues at the local and regional levels, he scored a gig with the pros by way of an influential patient. “My luck with the Sixers happened when Pat Croce took over as owner. I had been Pat's doctor for many years. He was a physical therapist in my region, and we shared many, many patients, so he knew first hand my reputation and my results.”

Cantu also suggests joining the [American College of Sports Medicine](#) and subscribing to journals such as the [Clinical Journal of Sports Medicine](#), [American Journal of Sports Medicine](#), and [Physician and Sports Medicine](#).

Cantu says sports medicine is markedly expanding with the largest area of expansion being primary-care sports medicine. “The major specialties involved with that are pediatrics, emergency medicine, internal medicine, and family practice,” says Cantu, who is currently chief of the neurosurgery service and the director of sports medicine at Emerson Hospital in Concord, Massachusetts.

According to Chang, a private practitioner and a clinical assistant professor at the University of Southern California, there are two clinical tracks to take toward reaching one's goal of becoming a team physician. “Most of the time teams are looking for experience as a family practitioner or as an orthopaedist.” Family practice experience is a plus, because “it's important to remember that

athletes get the same sniffles and upset stomachs like everyone else,” he says.

What most, but not all, of the professional teams are looking for is an orthopaedist with one or more years of fellowship training in sports medicine. The fellowship in orthopaedics focuses

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on specific major types of injuries that tend to occur in sports.

DiNubile adds that more and more opportunities are developing for physicians interested in working not only with a team, but as a team. “We have a team of doctors with a variety of specialties,” he says. “About 10 years ago, [the field] changed a little bit. The family practice doctors and the internal medicine doctors began getting some extra training in the area of sports medicine. They were able to do one-year fellowships in non-operative sports medicine, so they learned to diagnose things, and care for things on the sideline. Then it almost became a turf battle for a while where they wanted to be the team physicians,” DiNubile says.

Now, however, the trend is toward team medical practices versus a single physician. Just as players contribute unique skills, some team's medical groups are becoming specialized as well. “Most teams have access to doctors with a variety of specialties, but we have more physicians, even alternative medicine people, committed to being

there every game,” says DiNubile. “This way, we have immediate access to an orthopaedic surgeon, oral surgeon, ophthalmologist, podiatrist, chiropractor. We even have a world-renowned cardiologist because of the unique differences that some very large people have in terms of their cardiac rhythms. Our guy really wrote the book on this.”

In baseball, the specialization leans toward throwing injuries, says Dr. Michael G. Cicotti, the team physician for the Philadelphia Phillies and the director of sports medicine at the Rothman Institute and Thomas Jefferson University in Philadelphia. “There are some very exciting things in terms of innovations in baseball, because we now have an increased understanding of the shoulder and elbow and how they react to the throwing mechanism. We now know how to maintain appropriate range of motion in the shoulder and how it's important to do appropriate stretches to the shoulder before the athlete throws. If you maintain good range of motion and flexibility in the shoulder, you can hopefully prevent them from developing the previously serious shoulder injuries that required surgery,” Cicotti says. “We're also developing ways of diagnostically assessing ligament injuries in the shoulder and the elbow that may be easier than some of the current studies like MRIs. We can actually look at some of these structures as a thrower is performing and see if they are indeed injured.”

According to Chang, however, sports medicine, like all fields, has its drawbacks.

“The dirty little secret is that the selection of physicians for professional sports teams is not necessarily based on merit. In some cases, it's based on marketability. Many of the teams do not pay their team physicians anything—no retainer, no salary, nothing. It's difficult to say how common it is because most

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teams are not willing to divulge that kind of information,” Chang says

And many of the physicians with full-time jobs with clinics, medical practices, schools or hospitals, consider the position a job within a job.

“I used to go to practice at least once a week and provide a sick call if you will,” recalls Freedman. “And if circumstances called for the intercession of an orthopaedist, I would arrange to have one come down, or send the player out to them, depending on the severity of the problem.”

In order to improve quality of care and promote standardization, a team physician consensus statement was developed in 2000 by a collaboration of six major professional associations. Its objective is to provide physicians, school administrators, team owners, the general public, and individuals who are responsible for making decisions regarding the medical care of athletes and teams with guidelines for choosing a qualified team physician and an outline of the duties expected of a team physician. Ultimately, by educating decision-makers about the need for a qualified team physician, the goal is to ensure that athletes and teams are provided the best medical care.

The collaborating associations were 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](#), the [American Orthopaedic Society for Sports Medicine](#), and the [American Osteopathic Academy of Sports Medicine](#). These organizations have committed to forming an ongoing project-based alliance to “bring together sports medicine organizations to best serve active people and athletes.”

This move toward requirements and

standardization may stem from the non-monetary value of the position, which Chang says can lead to overworked, under-developed team physicians. It could

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also help individual physicians market their contributions, Chang says. “A person who lands the position can put that on their letterhead saying ‘Team Physician For’ whatever team and that is a very powerful marketing tool.”

The types of services provided by physicians and the hours required vary according to the contracts signed with team management. “In many cases, the physician will travel with the team. [Sports] is a business, though, so that’s not always going to happen,” says Chang.

In some cases, there tends to be a fair amount of turnover because of the pressure that is on the physicians. One pressure area stems from the media. “You have to be careful how you answer some of the questions because athletes need their privacy,” insists Chang. “The bottom line is divulging only the information that the player wants to give out.”

Promotion enters into the package, as well, adds DiNubile. “When the Sixers started doing so well, people came out of the woodwork, approaching me at games, at home and at the office, saying ‘I have this device that can help Alan [Iverson] heal quicker,’ or ‘I’m a massage therapist. I can help him too.’ Therefore,

you have to be able to critically think through some of this stuff and make a decision as to what’s going to be best for the athlete and the team.”

Another concern is giving instant notoriety to an unproven clinical device or concept, which, once used on a professional athlete, can “all of a sudden have national news behind that product.”

But if a doctor loves sports, the benefits of being a team physician can outweigh the bumps and bruises. While not typical, consider one of DiNubile’s memorable days:

“This year we’ve had a lot of injuries, and it’s been really busy, but during the Toronto series, I got a call that Pat Croce was going up to Toronto on the Gulf Stream Jet and did I want to go. That’s always fun: You pull up at the airport, walk right on the plane, and 40 minutes later you’re in Toronto with limos taking you to and from everything.”

When it comes to perks, however, physicians agree that getting an athlete healthy again is the greatest reward. For Cicotti, helping Phillies right fielder Bobby Abreu bounce back from elbow injuries stands out in his mind as a prize moment in his career. “More recently we have the Phillies All-Star catcher Mike Lieberthal, who had a severe knee injury, and I just performed reconstructive ligament surgery on him, and we’re hopeful and optimistic that he’s going to be able to get back by spring training of this coming year to his pre-injury form.” ■

Tom Arterburn is an award-winning independent journalist and syndicated columnist based in St. Louis. This is his first article for UO.