The Team Physician and Return-To-Play Issues: A Consensus Statement

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 healthcare 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.

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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. Re-
peated 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

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
- Restoration of sport-specific skills
- Psychosocial readiness
- Ability to perform safely with equipment modification, bracing, and orthoses
- Compliance with applicable federal, state, local, school, and governing body regulations

Prior to Return-To-Play, these criteria should be confirmed at a satisfactory level.

CONCLUSION

Use of the information in this document allows 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.
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 Rd
  Rosemont, IL 60018
  800-346-AAOS
  www.aaos.org

- American College of Sports Medicine (ACSM)
  401 W Michigan St
  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 Rd, Suite 200
  Rosemont, IL 60018
  847-292-4900
  www.sportsmed.org

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

REFERENCES


