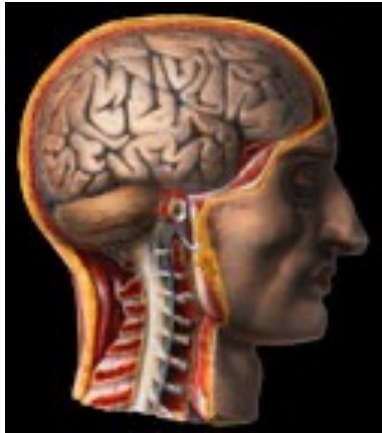

Becoming a High School Team Physician: Rabbit Holes and Responsibilities



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Disclosures

- Partner, Slocum Center for Orthopedics and Sports Medicine- Eugene
 - OSAA SMAC Chair
 - Former NFHS SMAC Chair
 - USA Football MAC
 - Medical Director- 4J (Eugene) school district
 - Sideline team physician- 20+ years
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Objectives

- Identify community needs and resources
 - Define role in Preparticipation exam and return to play decisions
 - Be aware of potential medicolegal issues
 - List state and national resources available to high school team physicians
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Role of the Team Physician

- Primary responsibility is to provide for the physical well-being of athletes
 - Legal, medical, social, and ethical issues must all be set aside for the “best medical care” for the athlete
 - What role should the importance of the event, level of competition, or age of the athlete play in the decision making process, if any?
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What is the NFHS?



- Based in Indianapolis
- Serves its 50 member state high school athletic/activity associations, plus the District of Columbia
- *Publishes playing rules in 16 sports for boys and girls competition* and administers fine arts programs in speech, theater, debate and music.
- Provides a variety of program initiatives that reach the **18,500 high schools** and over **11 million students** involved in athletic and activity programs.

OSAA Sports Medicine Advisory Committee

- Advises the OSAA on student health and safety issues
- First in nation- created mid-1970' s
- Seen as national leaders in high school athletics health and safety- multiple leadership roles and initiatives:
 - Sports Physical law
 - Wrestling weight management
 - Concussion Rule/Max's Law
 - Fall practice model changes
 - Football practice regulations
 - Anyone Can Save a Life
 - Baseball pitch counts
 - Air quality guidelines



High School Coach and AD Education- What are we currently mandating in Oregon?

Required Certifications and Training Courses for Oregon High School Coaches



NFHS Fundamentals of Coaching

One time requirement, or grandfathered
"NFHS Fundamentals of Coaching" - \$50
» [NFHS Online Course](#)



Spirit Safety Clinic

Annual - required every year (only for cheerleading & dance/drill coaches)
OSAA Online Training - free
» [OSAA Spirit Safety](#)



Concussion Recognition & Management

Annual - required every year
"NFHS Concussion in Sports" - free
» [NFHS Online Course](#)



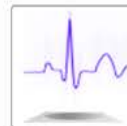
OSAA Football Certification

Annual - required every year (only for football coaches)
Composed of 4 course components that must be completed annually: [Concussion in Sports](#), [Heat Illness Prevention](#), [Sudden Cardiac Arrest](#), & [Football Tackling](#)



Heat Illness Prevention

Quadrennial - required every 4 years
Annual - required every year (only for football coaches)
"NFHS Heat Illness Prevention" - free
» [NFHS Online Course](#)



Sudden Cardiac Arrest

Annual - required every year (only for football coaches)
"NFHS Sudden Cardiac Arrest" - free
» [NFHS Online Course](#)



Anabolic Steroids and Performance-Enhancing Substance

Quadrennial - required every 4 years
NFHS Online Course or ODE/Other Training
» [Steroids Training](#)



Football Tackling

Annual - required every year (only for football coaches)
"NFHS Football Tackling" - free
» [NFHS Online Course](#)



First Aid

Optional - per district/school policy
Not an OSAA or state requirement



OSAA Interrupting and Preventing Discriminatory Acts Training

One time requirement
» [OSAA Online Course](#)



CPR / AED Training

Optional - per district/school policy
Not an OSAA or state requirement



OSAA Racial Equity Training

Optional - per district/school policy
Not an OSAA or state requirement
» [OSAA Online Course](#)

Making connections

■ Athletic Trainer

- Relationship with local Ortho or PT clinic
- Relationship with local health care system
- Funded fully by school district

■ Athletic Director

- Availability for sports physicals if needed (hopefully not, but also opportunity to include others in community)
- Availability for advice/quick access to appointments

■ Coaches

- Sideline support as well as above
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PPE

- Not a great deal of case law
 - In context of pre-employment physical exam:
 - May be libel for failure to discover an adverse medical condition
 - Other cases hold no general duty of reasonable care, as exam is solely to determine physical fitness/capacity to perform job
 - Interaction is for specific purpose, there is no physician-patient relationship
-

PPE

- Changing nature/purpose of PPE
 - Exam must be “reasonable under the circumstances”
 - May incur malpractice liability from deviating from customary or accepted sports medicine practices during the exam
 - ❑ Cardiac screening?
 - ❑ Neurologic screening?
 - ❑ Will these practices change?
-

PPE- History and Physical Exam

- Take a comprehensive personal and family medical history
 - This includes cardiovascular history to include exercise-related symptoms, previous diagnoses and family history.
 - OSAA/ODE just updated PPE form. Adapted from PPE5
 - AHA history
 - PHQ-2 with resources QR code
 - A parent or guardian must complete the history portion of the exam form and is ideally present for the PPE to answer any questions or provide additional information.
-

PPE- Considerations

- Recognize that competitive athletes may not fully disclose symptoms or significant past history items for fear of being disqualified from participation.
 - Any athlete with a suspected cardiac abnormality should be further evaluated and cleared for participation by a cardiologist, using the Bethesda Guidelines.
 - Consider including documentation of cognitive issues, e.g, reading disabilities, attention span, or questions related to history of cognitive problems, recent academic struggles or neurological symptoms that the parents might not think to mention. If the school or organization uses ImPACT or other forms of baseline neuropsychologic assessment these results should be reviewed prior to full release to participation.
-

PPE- Assuring appropriate follow-up and clearance

- When referring an individual for specialty evaluation, make sure that the athlete and parent or guardian understand that the child has NOT been cleared for participation and that determination of eligibility requires completion of all follow up consults and tests.
 - If the patient requires further evaluation and has a primary care provider, contact that individual to help facilitate further evaluation and ensure appropriate follow-up.
-

PPE- Physician-patient relationship

- Depending upon the legal venue, courts may hold that conducting a PPE serves to create a physician-patient relationship with the same legal duties as that of an established, private practice patient.
 - To limit this risk, consider the following points communicated verbally or by use of a handout:
 - Explain to the patient and legal guardian the precise nature and scope of the physician-patient relationship.
 - Emphasize that the relationship is solely to examine the individual and does not replace an annual well-child exam.
 - Ensure that the parents or legal guardian provides consent to evaluate the student.
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On the Field

- Med kit??
 - Emergency Action Plan
 - AED
 - Introduce yourself to officials and other team's AT
 - Relaxed atmosphere
 - Rarely have EMS coverage on sideline
 - Local UC hours?
 - Call ahead to ED when necessary
-

Definition of Negligence

- The failure to use such care as a reasonably prudent and careful person would use under same or similar circumstances
 - Four elements must be proven:
 - That the defendant owed the plaintiff a duty of care
 - That the care fell below the applicable standard of care
 - The plaintiff suffered an injury
 - That the breach of duty was the proximate cause of the plaintiff's injury
-

Case Generalities

- Courts generally have allowed suits in which an athlete alleges that a physician has improperly treated an injury, failed to inform the athlete of the material risks of athletic participation or has improperly provided clearance to return to play.
 - They generally have not allowed claims for failing to discover a physical abnormality during the PPE
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Standard of Care

- “Sports Medicine Specialist” is an evolving standard
 - In past, the physician would be held to the standards of his or her specialty
 - “good medical care”
 - Potential to evolve further as we develop further subspecialties- knee, shoulder, concussion??
 - Legal liability greater with NIL agreements and potential income losses??
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Informed Consent

- The team physician or consulting specialist should fully disclose to an athlete the material medical risks of playing with an injury, illness, or physical abnormality, and the potential health consequences of a given medication or treatment.
 - Document in writing or video/audio recording
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Return to Play

- There is currently no well-defined judicial precedent establishing the specific parameters of a physician's legal duty of care in clearing athletes to participate in competitive athletics.
 - Medical clearance recommendations should be within the bounds of accepted or reasonable sports medicine practice and governed by the team physician's paramount obligation to protect the competitive athlete from medically unreasonable risks of harm.
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Good Samaritan Laws

- Oregon- “emergency medical assistance” defined as:
 - Medical care provided voluntarily in good faith and without expectation of compensation by a physician licensed by the Board of Medical Examiners for the State of Oregon in the physician’s professional capacity as a team physician at a public or private school or college athletic event or as a volunteer physician at other athletic events.
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Closing Thoughts

- Privacy and confidentiality
 - Discussions with athletic trainer
 - Discussions with coaches
 - Role of the media

 - Record Keeping in the training room
 - Notoriously poor
 - No dictaphone
 - No time
-

Questions??????



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Thank you all very much!!!!

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