Primary Care Sports Medicine: Principles and Reasons for Referral

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2 Objectives

- Discuss basic principles of Primary Care Sports Medicine
- Discuss principles of biomechanics in overuse injuries and prevention of injuries
- · Discuss current implications on cardiovascular screening
- · Discuss importance of pre participation sports physicals
- · Discuss early sport specialization

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3 Primary Care Sports Medicine

- 2 Care of sport related and general medical needs of athletes
 - Weekend Warriors
 - Active individuals

4 Primary Care Sports Medicine

- Coordination of care of patients
 - Athletic trainers
 - PT
 - Orthopedic surgeons
 - Nutrition
 - Psychologists
 - · Team Physicians
 - Communication

5 Primary Care Sports Medicine

- Special Populations
 - Youth
 - Geriatric
 - Disabled
 - Pregnancy

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Biomechanics and Kinematics

7 Why is this so useful?

- Affected by our day to day
 - · Essential for understanding of overuse injuries
 - · Implicated in other injuries
 - ACL in females
 - Concussions
 - Back pain
 - Hip pain

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10 Implications of Appropriate Biomechanics

- Meta analysis on Neuromuscular Education for ACL prevention
 - −6 RCT and 8 cohorts total of 27,000 patients
 - Decreased incidence of ACL by 50 %
- Meta analysis Low Back pain in Children and Adolescents (PT and manual therapy)
 - -11 studies
 - -334 patients (221 treatment, 113 control)
 - Clinical and Statistical improvement in pain and QOL scores

11 Biomechanics in throwing injuries

- Weak serratus anterior
 - Scapular dyskinesis
 - Winging
 - Depression
 - Protraction
 - · Weakness in core

12 Implications of Appropriate Biomechanics

- Throwing injury prevention
 - Mechanics
 - Throwing restrictions
 - · Overuse injuries
 - · Better performance

13 If all else fails

14 TO EKG or not to EKG or Cardiac MRI?

15 HB 1319

- Mandatory EKG
 - One time before 1st year of participation
 - 2nd before students 3rd year
 - PPE
 - UIL Legislation
 - PPE mandatory
 - EKG and Echocardiogram recommended not mandatory
 - Awareness form

16 Sudden Death Athletes

- Rare event
- Sudden cardiac death is the leading cause amongst young athlete

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- · Exercise is trigger for SCD in athletes
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- 17
- 18
- 19 SCD in USA
- 20 Corrado NEJM
- 21 Corrado 49 athletes
- 22

23 Ongoing Studies

- EKG in Athletes
 - Fewer FP than HP and PE
 - Cost effective
 - Recognized HR conditions
 - Cardiac MRI
 - School age children
 - Recognized HR-CVC that even EKG missed
 - Increased number of individuals with ACA
- 24 **AHA**
- 25 Role of Team Physician

26 Role of team physician

- Leadership
 - · Provision of medical care
 - Individual
 - Mass events
 - Prevention
 - · Integration of services
 - Athletic care network
 - RTP

27 Being a Team Physician

- Improve the care of adolescent and pediatric athlete participating in Sports
 - MSK conditions
 - Medical
 - Psychological
 - Administrative
 - Ethical
 - Medico/Legal

28 Role of Team Physician

- Challenging Environment
 - -NO \$\$\$\$\$
 - High Risk Population

- Health care evolution

29 Role of Team Physician

- · Provide PPE
- Prevention
 - Injuries
 - High risk Medical conditions
- Navigation of Health Care system
 - Provide imaging
 - Specialist care

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30 Pre-Participation Sports Physical

31 Primary Goals

- Detect medical conditions
 - present a risk of injury
 - disease
 - death to an athlete or opponent
- · Injuries in Particular
 - When did it happen
 - Evaluated?
 - Management
 - Cleared

32 Primary Goals

- · Detect Medical Conditions
 - Undiagnosed
 - Misdiagnosed medical conditions

33 Primary Goals

- · Detect medical conditions
 - That need further evaluation
 - Rehabilitation prior to participation

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34 Primary Goals

- · Guidance for participation
- · Patients with known conditions

35 Primary Goals

• Meet legal and insurance obligations

Secondary Goals

- Counsel health related issues
- · Assess fitness level
- Injury prevention and treatment
- Determine general health

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37 Pre-participation Sports Evaluation Take Advantage of it!

85% of those athletes who get a PSE will not return for a health maintenance visit.

38 Take advantage!!

- Female Athlete triad
 - Disordered eating
 - Poor energy
 - Low Bone Density
 - Osteopenia
 - Irregular Menses
 - Menstrual Dysfunction

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39 Take Advantage!!

- Substance Abuse
- Illicit Drugs

40 Quick Tips...

- Go over questions
 - Our patients
 - Rarely see doctors
 - High risk environments
 - All they want is to get cleared
 - Focus on most important conditions
 - · Legally your name on the paper

41 Not all Kids are Destined to be these guys!

42 Early Sports Specialization

43 Do Genetics Play a Role?

- · Very limited data
- Over 200 autosomal gene variants and loci associated with physical performance
- <u>Preferable genotypes</u> are uncommon AND <u>combinations</u> are even more rare
- Chances of a "perfect" sports genotype are 1 in 20 million

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44 Early Sports Specialization

- · "Professional Pie"
- 0.2 to 0.5% percent of High School athletes go PRO
 - Higher risk of overuse
 - Higher risk of burnout
 - Isolation?
- Young athletes who participate in multiple sports have lower risk of injury

45 **2004 Olympians**

- Sport
- 2 T&F
 - Wrestling

- Basketball
- Hockey
- · Rowing
- Volleyball
- · BB/SB
- Swimming
- Age Began Sport
- 4 14.0
 - 11.2
 - 11.1
 - 8.9
 - 15.4
 - 8.1
 - 10.4
 - 13.8

46 **2004 Olympians**

- Age of onset of training was <u>NEGATIVELY</u> correlated with time lag before competing in an international championship.
- R = -0.63 to -0.83 p< 0.01

47 German Olympic Athletes

German national athletes in all Olympic sports (N = 1558)

- Older age of initiating training in main sport compared to those who did achieve international level (11.4y vs. 10.2y)
- On average, participated in 2 other sports before or parallel to main sport.
- Internationally successful athletes continued in other sports to a later age.
- · Adolescent success did not predict senior level success.

48 Sports Specialization

- Few Make it Pro
- Early Specialization
 - Success limited
 - Likely detrimental
- Encourage other Sports
- Early success does not mean later success

49

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