

# Information Statement

# Team Physician Definition, Qualifications, and Responsibilities: A Consensus Statement

This Information Statement was developed as an educational tool based on the opinion of the authors. It is not a product of a systematic review. Readers are encouraged to consider the information presented and reach their own conclusions.

#### Definition

Team physicians have the leadership role in the organization, management and provision of care of athletes in individual, team and mass participation sporting events. This document describes the definition, qualifications, education, duties and responsibilities of the team physician fulfilling this role.

#### Goal

Since the publication of this statement in 2000, the roles and responsibilities of the team physician have evolved. The goal of this update is to outline the duties of the team physician to best serve athletes. To accomplish this goal, the team physician should possess, be responsible for and/or understand:

- Medical qualifications and education
- Medical and administrative duties and responsibilities
- Ethical issues
- Medicolegal issues

#### Summary

The Team Physician Consensus Statement delineates qualifications, duties and responsibilities of the team physician and provides guidelines to individuals and organizations in selecting team physicians. These delineations and guidelines provide a foundation for best practices in the medical care of athletes and teams. The team physician's education, training and experience uniquely qualifies him/her to provide the best medical care for the athlete.

This document is not intended as a standard of care, and should not be interpreted as such. It is only a guide, and as such, is of a general nature, consistent with the reasonable, objective practice of the healthcare profession. Adequate insurance should be in place to help protect the physician, the athlete, and the sponsoring organization. This document was originally developed as the first in the team physician consensus series, representing an ongoing project-based alliance of the major professional associations concerned about clinical sports medicine issues. The organizations are the American Academy of Family Physicians, American Academy of Orthopedic Surgeons, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

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# The Team Physician Defined

The team physician must have an unrestricted medical license and be a Medical Doctor (MD) or Doctor of Osteopathy (DO). He/she has the leadership role in the organization, management and provision of medical care for individual, team and mass participation sporting events. The most important responsibility of the team physician is the medical care of athletes at all ages and all levels of participation.

The team physician should possess special proficiency in the prevention and care of musculoskeletal injuries and medical conditions encountered in sports. The team physician integrates medical expertise with medical consultants, certified and/or licensed athletic trainers, and other allied health care professionals (athletic care network). Aided by the athletic care network, the team physician also educates athletes, coaches, parents/guardians, and administrators. The team physician is ultimately responsible for the clearance to participate and the return to play (RTP) decision.<sup>1</sup>

#### **Medical Qualifications and Education**

Since the primary responsibility of the team physician is to provide optimal medical care for athletes, the team physician must possess certain qualifications and education. Additional qualifications and education may be required for team physicians for some collegiate, national and professional teams.

It is *essential* the team physician:

- Is an MD or DO in good standing, with an unrestricted license to practice medicine
- Possesses a fundamental knowledge of on-field medical emergency care (e.g., concussion, cardiac emergencies, spinal injuries and heat-related illnesses)
- Is trained in basic cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use<sup>2</sup>
- Has a working knowledge of musculoskeletal injuries, medical conditions and psychological issues affecting the athlete

It is *desirable* for the team physician to have clinical training/experience including:

- Medical specialty board certification
- Fellowship training in sports medicine
- Additional American Council of Graduate Medical Education (ACGME)/American Osteopathic Association (AOA) certification in sports medicine
- A significant portion of clinical practice focused on sports medicine
- Continuing medical education in sports medicine

- Membership and participation in a sports medicine professional association or society
- Involvement in teaching, research and publications related to sports medicine
- Training in advanced cardiac and trauma life support (ACLS/ATLS)
- Knowledge of medicolegal, disability, and workers' compensation issues
- Media training including communication skills and knowledge of social media

#### Medical and Administrative Duties and Responsibilities

It is important for the team physician to be available, accessible and maintain sport-specific knowledge and experience to provide medical care for the athlete. The team physician should also be involved in the medical and administrative aspects of team care.<sup>2</sup> Certified and/or licensed athletic trainers and other members of the athletic care network report to the team physician on medical issues. As in all areas of medicine, there are ethical and medicolegal issues that need to be identified and managed.

## **Medical Care**

It is essential the team physician:

- Establishes a chain of command for injury and illness management
- Coordinates the assessment and management of game-day injuries and medical problems<sup>2</sup>
- Makes the final decisions on clearance to participate, same day RTP and post-game day RTP
- Understands the importance of the pre-participation examination (PPE)
- Understands medical management and prevention of injury and illness in athletes
- Recognizes other issues that affect athletic performance, including strength and conditioning, nutrition, ergogenic aids, substance abuse and psychological response to injury
- Recognizes unique issues in females, master athletes, adolescent athletes, and other defined athletic populations
- Integrates medical expertise with the athletic care network
- Provides for documentation and medical record keeping

## It is *desirable* the team physician:

- Is familiar with the Team Physician Consensus Statement series (www.acsm.org)
- Performs the PPE
- Reviews PPE performed by others to address identified conditions that may affect athlete health and safety
- Provides ongoing medical care beyond game-day/event coverage
- Is involved in injury and illness prevention
- Addresses other issues that affect athletic performance, including strength and conditioning, nutrition, ergogenic aids, substance abuse and psychological response to injury
- Address unique issues in female, master and adolescent athletes and other defined athletic populations
- Understands the effect of exercise and sports participation on medical conditions, as well as the effect of medical conditions on exercise and sports participation
- Develops and participates in the selection of the athletic care network
- Educates athletes, parents/guardians, coaches and administrators

# **Administrative Duties**

It is essential the team physician:

- Is aware of or involved in the development and rehearsal of an emergency action plan<sup>2,3</sup>
- Is aware of or involved in other aspects of sideline and event preparedness (e.g., environmental concerns, supplies, equipment, medication, policies and postseason review<sup>2,3</sup>
- Develops an agreement of medical care and administrative responsibilities between the team
  physician and the organizing body, including a reporting structure from the athletic care
  network.<sup>2</sup>

It is *desirable* the team physician:

- Oversees the development and implementation of the emergency action plan as well as other aspects of sideline or event preparedness
- Obtains a written agreement outlining medical care and administrative responsibilities<sup>2</sup>
- Educates athletes, parents/guardians, administrators, coaches and other interested parties

#### **Ethical Issues**

Ethical challenges are present for all physicians, including team physicians. These challenges may have unique presentations in sports medicine. Examples of ethical challenges include:

- Confidentiality: Respecting the rights of patients and safeguarding confidences within the constraints of the law. The confidentiality relationship with athletes may need to be clarified in advance. Examples include:
  - Information disclosure compliant with Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA).
  - Athlete's medical and psychological conditions that affect participation and wellbeing<sup>4</sup>
  - Athlete's medical condition(s) that affects other participants
  - Drug testing results
- Informed consent: The content of information and the process of supplying information in order for the athlete and/or parent/guardian to make an informed decision. Examples include:
  - Discussion of all reasonable treatment options, including short- and long-term risks and benefits
  - o Athlete autonomy/desires vs. optimal medical treatment
  - Occasions and locations for which informed consent must be given in time-sensitive situations (e.g., training rooms, sideline)
- Conflict of interest: Any factor that may compete or interfere with the physician/patient relationship. Disclosure and management of potential conflicts is essential. Examples include:
  - Financial relationships with industry
  - Financial relationships with a team/organization
  - o Personal/professional gain versus welfare of the athlete
- Influence of third parties: Implicit or explicit influence on medical decision making. Examples include:
  - Pressure from teammates, coaches and administrators
  - o Pressure from parents/guardians, community, media and social media

- Drug use: Examples of ethical challenges include:
  - Pressure to supply/administer, hide use of or provide counsel regarding illegal, illicit or performance-enhancing drugs.
  - o The use of local or systemic pain medications to allow participation
- Advertising/marketing/publicity: Examples of ethical challenges include:
  - o Individual or corporate payment to the team to be a team physician
  - Individual, corporate or institutional payment to the team for sponsorship or naming rights
- New products and technology: An example of an ethical challenge:
  - Endorsement, utilization or prescription of treatments, medications, devices and equipment without evidence of efficacy or safety.

The overriding principle for all physicians, including team physicians, in managing ethical issues is to provide care focused on what is best for the patient, and only for the patient. An effective way to address ethical challenges is to obtain the greatest possible clarity regarding the team physician's relationship with all interested parties (athlete, parent/guardian, club/team/organization) when the relationship is established. Disclosure and management of potential conflicts is essential.

# **Medicolegal Issues**

Medicolegal issues are present for all physicians, including team physicians. Some ethical issues may also be viewed in a medicolegal context. Medicolegal issues may have unique presentation in sports medicine. Some key areas of potential medicolegal liability include:

- Compliance with school and governing body guidelines, standards, policies, regulations and rules<sup>2,5</sup>
- Compliance with local, state, and/or federal rules, regulations and laws<sup>2,5</sup>
- Compliance with privacy laws (HIPAA, FERPA)
- Decisions made as a result of the PPE, clearance to play, waivers and RTP
- Evaluation and management of significant on-field injuries and illnesses (e.g., concussion, cervical spine, cardiac, heat-related illness)
- Medical record documentation

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Adopted October 1999 by the Board of Directors of the American Academy of Orthopaedic Surgeons. Reviewed December 2007. Revised June 2013.

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