

Navigating the Athletic Healthcare System

**Urgent Health Care and Post-Injury Processes for
Secondary School Athletes**

What happens during an emergency?

- ▶ Ambulance called and directed to site
 - ▶ Accurate address, gates/doors unlocked, crowd/traffic control
- ▶ Who accompanies patient?
 - ▶ If AT is present, he/she must stay at venue with the rest
 - ▶ Parent/coach must be willing to communicate pertinent details
- ▶ Potential gaps:
 - ▶ Lack of planning or communication with EMS
 - ▶ Local ER policies (i.e. adult **MUST** be with child)
 - ▶ True emergent vs non-emergent athletic injuries
 - ▶ First line of care

Urgent Care Clinic or Physician Referral?

- ▶ When is it beneficial to utilize urgent care facilities for athletic health care?
 - ▶ Affordable and timely feedback to rule out specific injury type (i.e. fracture)
 - ▶ Non-life-threatening illnesses
 - ▶ Possible “bridge” of medical care when out of town
- ▶ Referral to physician from an AT
 - ▶ Streamline to specialized care (if insurance allows)
 - ▶ Reserve resources (time and money) in non-emergent situations
 - ▶ Build relationship with local sports medicine and orthopedic doctors (“team physicians”)
 - ▶ Quality of care, continuum of care
- ▶ Potential gap:
 - ▶ Some doctors, PTs and other health care professionals still unsure of ATs role
 - ▶ Parents and student-athletes not utilizing AT in appropriate situations

What happens next?

- ▶ Paperwork and follow-up care
 - ▶ Check school's policy, i.e. documentation **REQUIRED** for any doctor visit
 - ▶ Communicates status to AT and coach, prevent unsafe situations
 - ▶ Cleared from physician's care and cleared to return to play
- ▶ Potential gaps:
 - ▶ School administration and coach enforcement
 - ▶ Very vague paperwork
 - ▶ Communication, who is responsible?
 - ▶ Rehabilitation expectations
 - ▶ Return to play progressions

Post-Concussion Procedures

- ▶ State Law Review
- ▶ Not all physicians are up-to-date on diagnosing and treating concussions
 - ▶ Expending resources for MRI or CT on first visit?
 - ▶ Blanket recommendations?
 - ▶ Lack of return to play procedures?
- ▶ **MUST** have diagnosis written on documentation
- ▶ School district policy should have clearly outlined concussion return-to-play protocol, no exceptions in any case

- ▶ Potential gaps:
 - ▶ Incidences occurring outside of school sports
 - ▶ Who can clear athlete back to full go and when?

Ideal World

- ▶ Enough “front-line” health care providers with medical model (instead of “coverage”)
- ▶ Full understanding and 100% support from administration and coaches
- ▶ Cooperation and teamwork with outside medical providers
- ▶ Parents and athletes are educated and then properly utilize AT as resource provided to help
- ▶ School community is proactive (not reactive) about health care
- ▶ Multiple disciplines work together and communicate to ensure best care of student-athlete