Expediting Professional Athletes' Return to Competition

Jeff M. Coppage, MD, Michelle G. Carlson, MD*

KEYWORDS

• Return to play • Protected return to play • Athlete • Professional athlete • Sports medicine • Hand • Wrist

KEY POINTS

- Upper extremity injuries are common in elite athletes and are responsible for significant amounts of time away from sport.
- Return-to-play decisions can be difficult and demand careful consideration of many factors. Despite attempts to standardize the decision-making process, return to play considerations must be individualized to a given athlete and his or her injury.
- Return to play decisions for elite athletes have ethical and legal implications for the treating physician that must be carefully considered.
- There is variability in return-to-play protocols for given injuries based on the sport, position, and the nature of the injury.
- Return to play with protective equipment is highly variable, and league-specific regulations are outlined in this text and should be familiar to practitioners treating elite athletes.

INTRODUCTION

Injuries to the upper extremity are a common occurrence among professional athletes. Fifteen percent of injuries in the National Basketball Association (NBA)[1] and 50% of injuries in Major League Baseball[2] involve the upper extremity. Upper extremity injuries account for 18% of all injuries in the National Football League (NFL) and occur in 50% of NFL games.[3] Decisions regarding return to play (RTP) after upper extremity injuries represent an important and often challenging aspect of caring for elite athletes. Athletes with a prior injury are 4 times more likely to sustain another injury,[4] and premature RTP may result in complications and potentially permanent sequelae that would otherwise be preventable. The surgeon's recommendations regarding RTP must consider and balance many factors including the individual injury, athlete safety, timing and duration of time away from sport, short and long-term career considerations and ethical, legal, and financial issues.

The purpose of this article is to bring to light the multifaceted nature of RTP decisions. In addition to discussing individual injuries and treatment strategies to expedite RTP, the authors hope to provide the reader with an appreciation and understanding of other considerations that affect RTP decisions.

THE ROLE OF THE TEAM PHYSICIAN

Decisions regarding RTP are an integral part of the team physician's practice but may be less familiar to a consultant upper extremity surgeon. These decisions can be challenging because of many competing interests and parties including the athlete, coaches, trainers, agents, and

Disclosure Statement: None of the authors of this article have pertinent financial interests to disclose.
Hospital for Special Surgery, Hand and Upper Extremity, 523 East 72nd Street, 4th Floor, New York, NY 10021, USA
* Corresponding author.
E-mail address: carlsonm@hss.edu

Hand Clin 33 (2017) 9–18
http://dx.doi.org/10.1016/j.hcl.2016.08.002

organizations. The process of making recommendations regarding RTP has become more difficult in recent years because of the increasingly competitive culture of professional sports, rapidly changing medical technology and treatments, increased media involvement, and ever-increasing financial pressures to minimize missed participation in their sports activities. Furthermore, despite efforts to institute some degree of standardization to RTP decisions,[5–7] the process remains largely individualized to a specific injury in an athlete with a unique set of personal and professional circumstances that must be considered.

ETHICAL CONSIDERATIONS

A discussion of expediting athlete RTP would not be complete without mention of the ethical issues that are inherent in the current culture of elite athletics. Care of the elite athlete is complicated by attributes that are inherent to this patient population. The competitiveness of high-level athletics selects for highly motivated and committed individuals. These traits, although essential to elite performance, may serve as an obstacle to the delivery of ethical care. Athletes commonly pressure the physician into early RTP for a variety of reasons such as an inherent love for the sport, financial motivation, external pressure from peers and the organization, and perceived expectations to "play through it."

The relationship between an athlete's physician and his or her patient is unique because in modern-day professional athletics, the traditional doctor–patient dyad is probably more appropriately viewed as a doctor–patient–team triad[8] given the additional influences of the team on the athlete. Ethical standards such as informed consent, autonomy, and confidentiality become more difficult to apply to professional athletes. Informed consent is designed to protect patient autonomy by allowing an individual patient to make decisions based on his or her personal values. As more parties become involved in the medical decision-making process, the introduction of conflicting values and interests may sway the athlete to make decisions that are not aligned with his or her values and thus not allow for a truly autonomous decision. This is compounded by influences on the team physician. The position of team physician is considered one of considerable prestige and offers significant market advantages. This position establishes a relationship that has potential to introduce some degree of inherent conflict of interest for the physician. The team physician has incentives to maintain his or her affiliation with the team and take the team values and interests into consideration. This affiliation is further compounded by intense media attention to the injured athlete. The physician's decisions regarding RTP may be scrutinized by the media and the public and influence public opinion regarding the competence of the physician. The American Medical Association Code of Medical Ethics States that "The professional responsibility of the physician who serves in a medical capacity at an athletic contest or sporting event is to protect the health and safety of the contestants. The desire of spectators, promoters of the event, or even the injured athlete that he or she should not be removed from the contest should not be controlling. The physician's judgment should be governed only by medical considerations."[9] Although this is an agreed-upon tenet of athletic medicine, one can appreciate how the aforementioned pressures create challenges to dutiful execution of these principles.

Patient confidentiality is another area in which special considerations exist for the athlete. The physician has an obligation to keep all patient information confidential except in specific cases outlined by law.[10,11] Differences in the handling of the athlete's confidential medical information have been described depending on the relationship between the private physician and the physician who is employed by the athletic organization.[12] In the former relationship, the physician has no obligation to share the athlete's medical information with the athletic organization unless the information represents a potential harm to other players. In the latter relationship, the physician is an agent of the team and may be required to share information with the team even if the athlete requests that the information be kept confidential.[13] The impact of the Health Insurance Portability and Accountability Act (HIPAA) on this particular issue was analyzed by Magee and colleagues in 2003[14] who found that team physicians who care for professional athletes may disclose an athlete's medical information to the coaches and owners because the information is considered part of the athlete's employment record. Conversely, a physician who evaluates a professional athlete in his or her private office is bound by HIPAA confidentiality regulations. The issue of patient confidentiality for elite athletes has ramifications in the legal realm as well, which are outlined below.

LEGAL CONSIDERATIONS

In addition to the unique ethical environment of professional sports medicine, a special set of legal considerations exists. Although it is beyond the scope of this article to detail the many legal