The team physician

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This week, the BMJ publishes an interview with Jonathan Drezner, the team doctor for the Seattle Seahawks, winners of this year’s Super Bowl (doi:10.1136/bmj.g1745). The interview gives us a behind the scenes glimpse at an exciting yet uncommon career path for a physician. As a team doctor, Drezner’s practice is a mixture of a “non-operative musculoskeletal specialist” and a primary care doctor. One of his major responsibilities is to evaluate players for concussions and determine suitability for play.

Concussions are common among amateur and professional athletes of all ages engaged in contact sports, including football, rugby, hockey, lacrosse, and soccer. Many concussions are self limited injuries, but others may lead to cognitive and emotional problems and, when repetitive, can produce chronic traumatic encephalopathy, a degenerative condition characterized by tau deposition in the brain that leads to a progressive dementia.

Concussions are diagnosed clinically, as the neuroimaging correlates are not well understood, and decisions about return to play have to be made on the sidelines. Standardized instruments, such as the sport concussion assessment tool (SCAT3) can help the team physician make or exclude a diagnosis. The SCAT3 relies on the Glasgow coma scale, the Maddocks Score (a brief evaluation of orientation), clinical symptoms, a neck examination, and tests of balance and coordination. Other more detailed neurocognitive tests are also available for use on the sidelines. Players with a concussion should not return to play until symptoms have completely resolved.

Increased awareness of the deleterious effect of concussions has led to changes in the rules of football. And it has also prompted changes in National Football League (NFL) policies surrounding the way players are evaluated after sustaining a blow to the head. The SCAT3 is now routinely used and players diagnosed with a concussion are forced to retire to the locker room for the remainder of the game. And while the culture of the NFL among players, coaches, and owners, fosters under-reporting of signs and symptoms, Drezner acknowledges that attitudes are gradually changing. These changes might be caused by greater awareness of the long term risks of concussions, educational campaigns among players, coaches and team physicians, and ongoing litigation.

Sports related concussions are not limited to professional athletes. In the United States, 1.6 to 3.8 million sports related concussions occur every year, and concussions are responsible for almost a tenth of all US high school sports injuries. Fortunately, youth sports leagues are implementing standardized tools for evaluating concussions, and there is greater awareness among players, parents, teachers, and coaches about the importance of identifying players with concussions and removing them from the game until the symptoms resolve.

Drezner has good advice for young medics who are interested in a career as a team doctor at all levels, “stay true to your primary discipline. If you’re a family medicine physician, pediatrics, internal medicine, you have to keep your skills—especially your ambulatory skills—and build your sports medicine skills, of course. That makes you more valuable as a team physician.”

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