

# Sideline Preparedness for the Team Physician: A Consensus Statement

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## DEFINITION

Sideline preparedness is the identification of and planning for medical services to promote the safety of the athlete, to limit injury, and to provide medical care at the site of practice or competition.

## GOAL

The safety and on-site medical care of the athlete is the goal of sideline preparedness.

To accomplish this goal, the team physician should be actively involved in developing an integrated medical system that includes the following:

- Preseason planning
- Game-day planning
- Postseason evaluation

## SUMMARY

The objective of the Sideline Preparedness Statement is to provide physicians who are responsible for making decisions regarding the medical care of athletes with guidelines for identifying and planning for medical care and services at the site of practice or competition. It is not intended as a standard of care and should not be interpreted as such. The Sideline Preparedness Statement is only a guide, and as such, is of a general nature, consistent with the reasonable, objective practice of the health care professional. Individual treatment will turn on the specific facts and circumstances presented to the physician at the event. Adequate insurance should be in place to help protect the physician, the athlete, and the sponsoring organization.

The Sideline Preparedness Statement was developed by a collaboration of six major professional associations concerned about clinical sports medicine issues; they have committed to forming an ongoing project-based alliance to bring together sports medicine organizations to best serve active people and athletes. The organizations are: American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

## EXPERT PANEL

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## PRESEASON PLANNING

Preseason planning promotes safety and minimizes problems associated with athletic participation at the site of practice or competition.

The team physician should coordinate:

- Development of policy to address preseason planning and the preparticipation evaluation of athletes
- Participation of the administration and other key personnel in medical issues
- Implementation strategies

### Medical Protocol Development

It is essential that:

- Prospective athletes complete a preparticipation evaluation

In addition, it is desirable that:

- The preparticipation evaluation be performed by an M.D. or D.O. in good standing with an unrestricted license to practice medicine
- A comprehensive preparticipation evaluation form be used (e.g., the form may be found in *Preparticipation Physical Evaluation, 2<sup>nd</sup> edition*. New York: McGraw Hill Publishing, 1997.)
- The team physician has access to all preparticipation evaluation forms
- The team physician review all preparticipation evaluation forms and determine eligibility of the athlete to participate
- Timely preparticipation evaluations be performed to permit the identification and treatment of injuries and medical conditions

### Administrative Protocol Development

It is essential for the team physician to coordinate:

- Development of a chain of command that establishes and defines the responsibilities of all parties involved
- Establishment of an emergency response plan for practice and competition
- Compliance with Occupational Safety and Health Administration (OSHA) standards relevant to the medical care of the athlete
- Establishment of a policy to assess environmental concerns and playing conditions for modification or suspension of practice or competition

- Compliance with all local, state and federal regulations regarding storing and dispensing pharmaceuticals
- Establishment of a plan to provide for proper documentation and medical record keeping

In addition, it is desirable for the team physician to coordinate:

- Regular rehearsal of the emergency response plan
- Establishment of a network with other health care providers, including medical specialists, athletic trainers and allied health professionals
- Establishment of a policy that includes the team physician in the dissemination of any information regarding the athlete's health
- Preparation of a letter of understanding between the team physician and the administration that defines the obligations and responsibilities of the team physician

## GAME-DAY PLANNING

Game-day planning optimizes medical care for injured or ill athletes.

The team physician should coordinate:

- Game-day medical operations
- Game-day administrative medical policies
- Preparation of the sideline medical bag and sideline medical supplies

### Medical Protocol

It is essential for the team physician to coordinate:

- Determination of final clearance status of injured or ill athletes on game day before competition
- Assessment and management of game-day injuries and medical problems
- Determination of athletes' same-game return to participation after injury or illness
- Follow-up care and instructions for athletes who require treatment during or after competition
- Notifying the appropriate parties about an athlete's injury or illness
- Close observation of the game by the medical team from an appropriate location
- Provision for proper documentation and medical record keeping

In addition, is it desirable for the team physician to coordinate:

- Monitoring of equipment safety and fit
- Monitoring of postgame referral care of injured or ill athletes

### Administrative Protocol

It is essential for the team physician to coordinate:

- Assessment of environmental concerns and playing conditions
- Presence of medical personnel at the competition site with sufficient time for all pregame preparations

- Plan with the medical staff of the opposing team for medical care of the athletes
- Introductions of the medical team to game officials
- Review of the emergency medical response plan
- Checking and confirmation of communication equipment
- Identification of examination and treatment sites

In addition, it is desirable for the team physician to coordinate:

- Arrangements for the medical staff to have convenient access to the competition site
- A postgame review and make necessary modifications in medical and administrative protocols

### On-Site Medical Supplies

The team physician should have a game-day sideline medical bag and sideline medical supplies. Following are lists of medical bag items and medical supplies for contact/collision and high-risk sports.

It is highly desirable for the medical bag to include:

#### *General*

- Alcohol swabs and povidone iodine swabs
- Bandage scissors
- Bandages, sterile/nonsterile, Band-Aids
- D-50%-W
- Disinfectant
- Gloves, sterile/nonsterile
- Large bore angiocath for tension pneumothorax (14 to 16 gauge)
- Local anesthetic/syringes/needles
- Paper
- Pen
- Sharps box and red bag
- Suture set/steri-strips
- Wound irrigation materials (*e.g.*, sterile normal saline, 10- to 50-cc syringe)

#### *Cardiopulmonary*

- Airway
- Blood pressure cuff
- Cricothyrotomy kit
- Epinephrine 1:1000 in a prepackaged unit
- Mouth-to-mouth mask
- Short-acting beta agonist inhaler
- Stethoscope

#### *Head and Neck/Neurologic*

- Dental kit (*e.g.*, cyanoacrylate, Hank's solution)
- Eye kit (*e.g.*, blue light, fluorescein stain strips, eye patch pads, cotton tip applicators, ocular anesthetic and antibiotics, contact remover, mirror)
- Flashlight
- Pin or other sharp object for sensory testing
- Reflex hammer

It is highly desirable for sideline medical supplies to include:

#### *General*

- Access to a telephone
- Extremity splints
- Ice
- Oral fluid replacement
- Plastic bags
- Sling

#### *Head and Neck/Neurologic*

- Face mask removal tool (for sports with helmets)
- Semirigid cervical collar
- Spine board and attachments

In addition, it is desirable for the medical bag to include:

#### *General*

- Benzoin
- Blister care materials
- Contact lens case and solution
- % Ferric subsulfate solution (*e.g.*, Monsel's for cauterizing abrasions and cuts)
- Injury and illness care instruction sheets for the patient
- List of emergency phone numbers
- Nail clippers
- Nasal packing material
- Oto-ophthalmoscope
- Paper bags for treatment of hyperventilation
- Prescription pad
- Razor and shaving cream
- Rectal thermometer
- Scalpel
- Skin lubricant
- Skin staple applicator
- Small mirror
- Supplemental oral and parenteral medications
- Tongue depressors
- Topical antibiotics

#### *Cardiopulmonary*

- Advanced Cardiac Life Support (ACLS) drugs and equipment
- I.V. fluids and administration set
- Tourniquet

In addition, it is desirable for sideline medical supplies to include the following:

#### *General*

- Blanket
- Crutches
- Mouth guards
- Sling psychrometer and temperature/humidity activity risk chart
- Tape cutter

#### *Cardiopulmonary*

- Automated external defibrillator

#### *Head and Neck/Neurologic*

- A sideline concussion assessment protocol

There are many different sports, levels of competition, and available medical resources that must all be considered when determining the on-site medical bag and sideline medical supplies.

## **POSTSEASON EVALUATION**

Postseason evaluation of sideline coverage optimizes the medical care of injured or ill athletes and promotes continued improvement of medical services for future seasons.

The team physician should coordinate:

- Summarization of injuries and illnesses that occurred during the season
- Improvement of the medical and administrative protocols
- Implementation strategies to improve sideline preparedness

#### Medical Protocol

It is essential for the team physician to coordinate:

- Postseason meeting with appropriate team personnel and administration to review the previous season
- Identification of athletes who require postseason care of injury or illness and encourage followup

In addition, it is desirable for the team physician to coordinate the following:

- Monitoring of the health status of the injured or ill athlete
- Postseason physicals
- Off-season conditioning program

#### Administrative Protocol

It is essential for the team physician to coordinate:

- Review and modification of current medical and administrative protocols

In addition, it is desirable for the team physician to coordinate:

- Compilation of injury and illness data

## **CONCLUSION**

This Consensus Statement outlines the essential and desirable components of sideline preparedness for the team physician to promote the safety of the athlete, to limit injury, and to provide medical care at the site of practice or competition. This statement was developed by the collaboration of six major professional associations concerned about clinical sports medicine issues: American Academy of Family

Physicians, American Academy of Orthopaedic Surgeons, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

Ongoing education pertinent to the team physician is essential. Information regarding team physician specific educational opportunities can be obtained from the six participating organizations:



- American Academy of Family Physicians  
11400 Tomahawk Creek Pkwy.  
Leawood, KS 66211-2672  
1-800-274-2237  
www.aafp.org



- American Academy of Orthopaedic Surgeons  
6300 N. River Rd.  
Rosemont, IL 60018  
1-800-346-AAOS  
www.aaos.org



- American College of Sports Medicine  
401 W. Michigan St.  
Indianapolis, IN 46202  
(317) 637-9200  
www.acsm.org



- American Medical Society for Sports Medicine  
11639 Earnshaw  
Overland Park, KS 66210  
(913) 327-1415  
www.amssm.org



- American Orthopaedic Society for Sports Medicine  
6300 N. River Rd., Ste. 200  
Rosemont, IL 60018  
(847) 292-4900  
www.sportsmed.org



- American Osteopathic Academy of Sports Medicine  
7611 Elmwood Ave., Ste. 201  
Middleton, WI 53562  
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www.aoasm.org

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