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