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The Team Physician

THE HISTORY AND THE ETHICAL
CONSIDERATIONS OF THE POSITION



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In the first grade, our teacher assigned a report on what we wanted to be when we grow up. The only rule? “You CANNOT write about how you want to be a professional athlete.” A wise pronouncement in retrospect, as I remember every single boy in my elementary school class had that dream. Regardless of the sport of choice, many imagined raucous stadiums cheering their name and willing the team to victory. While almost all of us have given up on this dream (likely due to a lack of athleticism, skill, or both), the medical profession can get you remarkably close to the field without having to be athletic yourself. I personally realized this early on, as I suffered two significant athletic injuries that resulted in sitting in the orthopedic office instead of out on the field. Remarkably, physicians have played an integral part in the health and safety of athletes since the times of ancient Greece. In this paper, I will trace the rise of sports medicine and the team physician from their origins to today while exploring the modern ethical quandaries that may arise from such a position.

History of the Team Physician Role: Ancient Greece to Modern Day

The role of physician is first documented as far back as 400 BCE with the father of medicine, Hippocrates. While these early physicians mainly concerned themselves with origins and treatment of disease, the first account of a physician tasked specifically as the “team doctor” was Galen (full name Claudius Galenos) in the 2nd century AD (Ergen). In what is now modern-day Turkey, Galen was appointed as the personal physician for the gladiators, attending to their needs in both training as well as in the ring. While modern media depicts gladiator fights as “a fight to the death”, gladiators in Galen’s time frequently lived to see another day and further matches – given the amount of training and resources that went into each fighter, a loss of a gladiator represented a major financial consequence. If a gladiator died or became disabled after a fight, the event sponsor (also known as the *editor*) would be forced to pay a penalty **much** more than the cost of his participation in battle (Mattern). As a result, Galen was tasked to treat injuries and prevent disability in the athletes, allowing them to fight again. He did so admirably and creatively – he is now credited as the first to record the positive benefits of keeping wounds moist. To do so, Galen would soak linen cloths in wine and covered them in soft sponges, moistening them around the clock. Interestingly, Galen would later write

of his disdain of professional athletics and of his time as team physician. In his *Exhortation to the Study of the Arts, Especially Medicine*, he wrote that gladiators violated “the old rule of health which prescribes moderation in all things... [Athletes] spend their lives in over exercising, in over-eating, and over-sleeping like pigs.” As a result of this excess, he continued, they are “in miserable pain... [and] most parts of their bodies become deformed” by the time they retire (Berryman). Instead, he argues that maintaining a “healthy” lifestyle is preferred, one that includes exercise, drink, sleep, and sex “*in moderation*” (Galen).

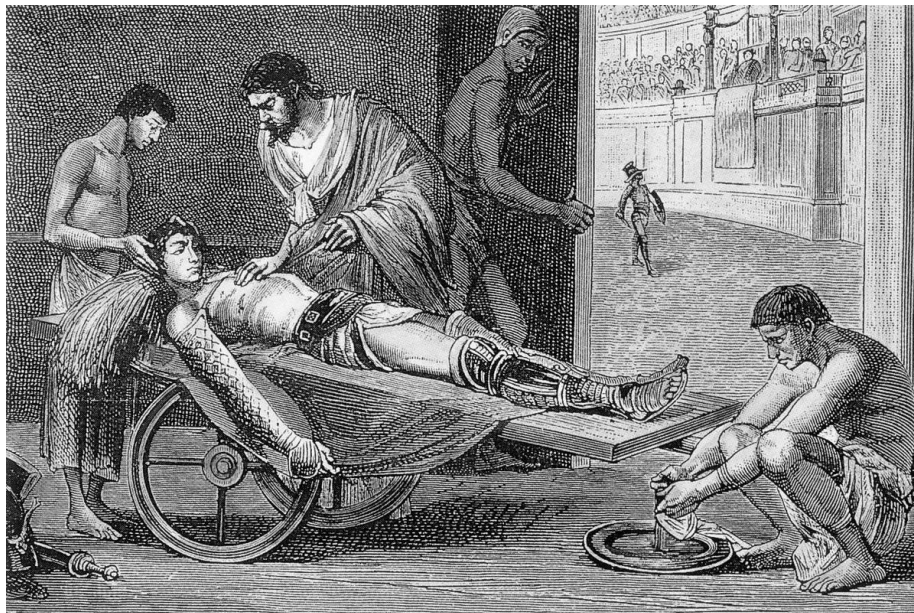


Figure 1: “Galen Treating Gladiator.” This is an artistic representation of Galen attending to an injured gladiator. His assistant is seen soaking bandages in a liquid (likely wine), a wound-care treatment that Galen is credited inventing. Additionally, the Editor is shown in the top right of the image – it would be these individuals who would be financially responsible for the permanent injury to the gladiator.

Through the Dark Ages and continuing well into the late 19th century, most physicians continued to largely agree with Galen’s critique of athletics. In the United States, the extreme nature of sports at this time cemented these views. News stories about the numerous and gruesome injuries suffered by collegiate and professional football players rose to national prominence – a headline of the *Chicago Sunday Tribune* in 1905 read, “Football Year's Death Harvest - Record Shows That Nineteen Players Have Been Killed; One Hundred Thirty-seven Hurt.” Physicians were understandably at odds with these events, and instead began promoting what became known as the “physical education” movement. This movement focused on

individual health promotion and bodily development with *moderate* exercise (Berryman). Recommended activities included calisthenics (a form of gymnastics), running, and climbing ropes rather than competitive sport (Boyce). However, as the 20th century continued and sporting events embraced rule changes to make them safer, the physical education movement began to move towards sports due to the perceived “moral and educational benefits” of competitive team-based activities (Berryman).

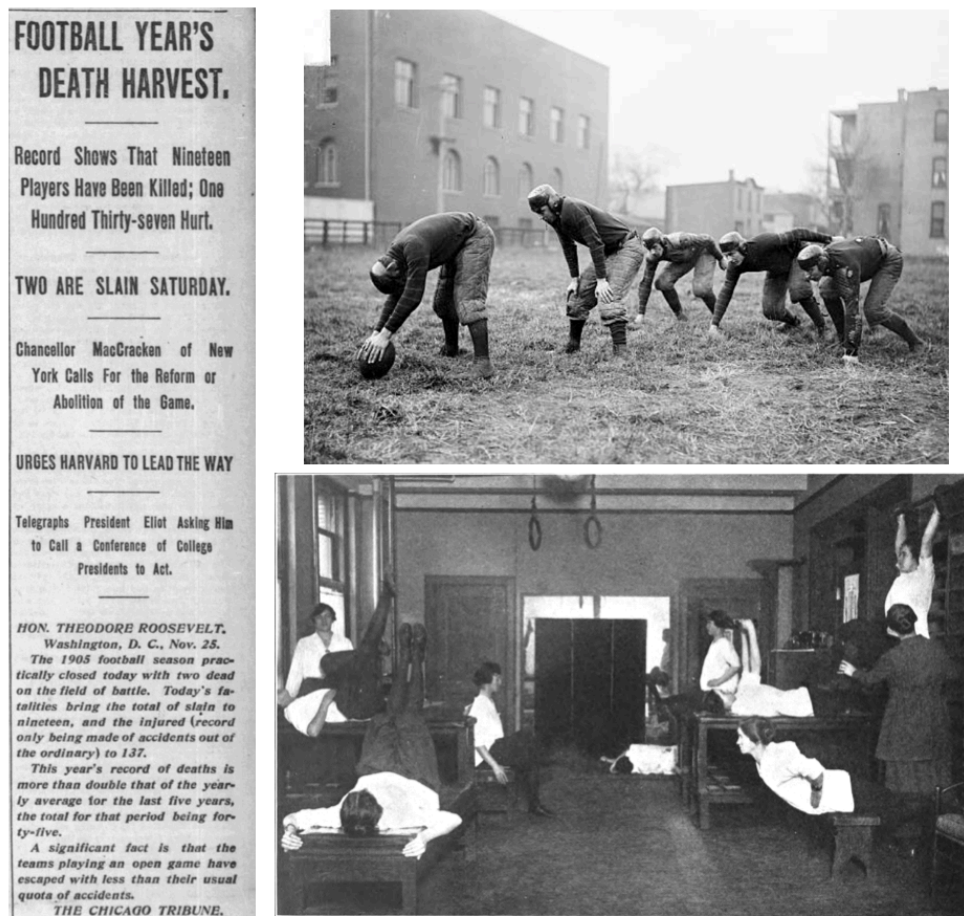


Figure 2: Images of Physical Education and Sport in the early 1900s. Left: Newspaper clipping from the Chicago Tribune on Nov 26, 1905 about the dangers of football. Top Right: Three high school running backs crouching in position behind the center and quarterback on a field in Chicago, Illinois in 1902. Bottom Right: Images of high school students in New York City practicing calisthenics from the NYC Physical Education Handbook, 1922.

On record, the first team physician position in the United States was created in 1890 for Harvard University athletics. Administrators had previously noted that their “unsupervised” team activities often resulted in musculoskeletal injuries of their athletes. They thought the

presence of the “team surgeon” (as it was named at the time) would help prevent these injuries from occurring (Whiteside and Andrews). This coincided with the inception of the modern Olympic Games, which is often credited with stimulating worldwide interest in what we now know as the field of Sports Physiology and Sports Medicine (Ergen). By the 1920s, team-based activities had established a foothold in American culture. Thus, by 1925, Harvard had expanded its athletic-medicine partnership with the construction of a medical facility reminiscent of today’s amenities – complete with deep heat modalities, whirlpool baths, radiograph machines, and 3 full time physical therapists (Whiteside and Andrews).

When the 1950s arrived, the modern-day obsession with sports had firmly intertwined itself in American culture and the ubiquity of team physicians soon followed. Athletes like Mickey Mantle and Willie Mays were household names and participation in recreational activities at the elementary and high school level exploded. Physicians became entrenched in sports culture at this time, with many local physicians, often times generalists without any formal athletic training, either willingly volunteering or forced into caring for their community’s athletic events (Whiteside and Andrews). Around this time, the modern model of orthopedic groups formally aligning themselves with major universities also began. One of the first and best examples in the country is here in Georgia: Dr. Jack Hughston (1917–2004), an orthopedic surgeon from Columbus who is considered to be a visionary in sports medicine, started covering both local high school and Auburn University football games (Ingersoll). In addition, Dr. Hughston started a program for a physical therapist or trainer from his practice to visit all of his schools once to twice per week to examine any injured patients, establish rapport with coaching staff, or advise orthopedic consultation if necessary (Whiteside and Andrews). Dr. Fred Allman (1927 – 1997) had a similar practice in Atlanta – a former UGA football player, Dr. Allman established an affiliation with both Georgia Tech as well as other high school athletic programs in the Atlanta Area. He would later go on to become the official orthopaedic consultant for the Atlanta Public School System, often seeing athletes from across 26 high schools without regards to race or economic status (AOSSM). By the 1970s and 80s, the part-time physician at the sideline was largely replaced by the current model today – a full-time medical team responsible for day-to-day care for most NCAA colleges and universities.

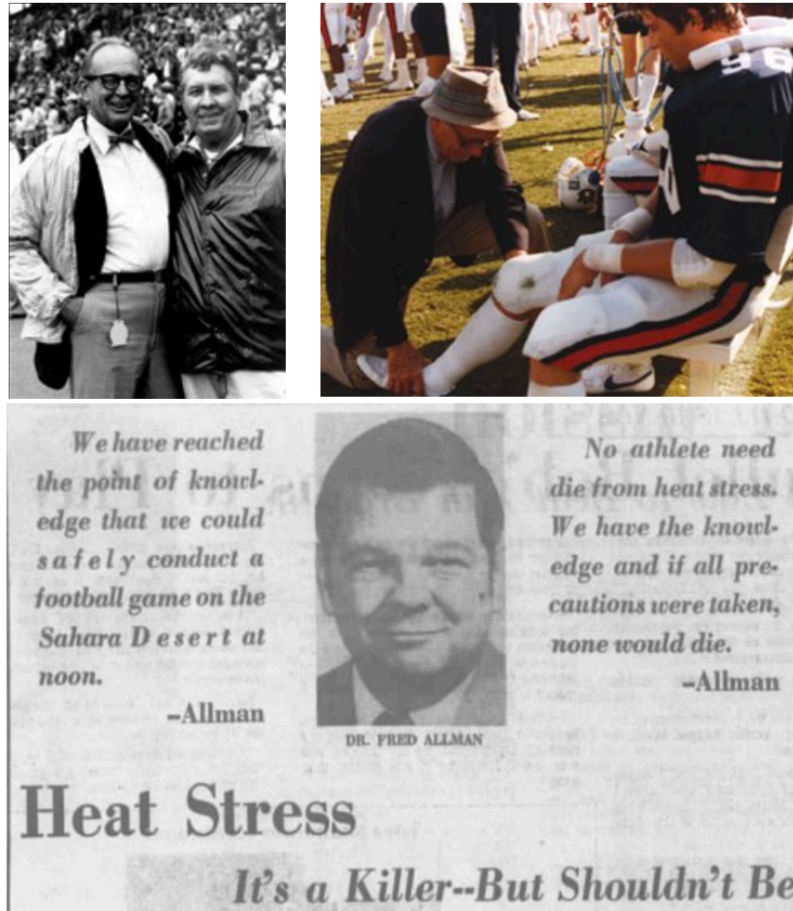


Figure 3: Famous Georgians in the Sports Medicine Field. Top Left: Dr. Jack Hughston (left) with Auburn University's head football coach James "Shug" Jordan (right). Top Right: Dr. Hughston attending to an Auburn football player on game day. Bottom: Newspaper clipping from *The Atlanta Constitution* on Sep 26, 1974 about Dr. Allman's talk at a local Athletic Injury Symposium to educate about the risk of "Heat Stress" in athletes.

Today, the medical team is comprised of an assortment of health care professionals such as the Athletic Trainers, Medical Director, and a variety of medical and surgical specialists. The team is responsible for a multitude of tasks: conducting pre-participation health screenings, managing injuries on and off the field, facilitating rehabilitation and education regarding nutrition, strength and conditioning, etc. (Fu, Tjoumakaris and Buoncristiani). The front-line and "true coordinator" of care is the athletic trainer. These are the individuals seen rushing onto the field – they are responsible for treating injuries that occur both at practices and competitive events. Athletic Trainers are quite widespread, seen in 63% of secondary schools as of 2013 (Lombardi et al.) and that percentage has continued to grow. They work very closely with the

Medical Director, who oversees the entire medical team. The Medical Director is an MD or DO who classically has specialized in sports medicine with an orthopedic background. They are responsible for creating chains of command, planning and training for emergencies, and coordinating outside referrals if needed. The final members of the team are the general medical specialists. These individuals are physicians with internal medicine backgrounds, and treat any general medical problems that may arise from the team, the opponents, umpires or other personnel related to the team.

Potential Pitfalls to Avoid

Taking care of elite level athletes is a calling for many, but the position does come with a fair share of challenges that are unique to the post. In both the medical and legal literature, there are a plethora of articles discussing the potential conflicts of interest that team physicians should be aware of while performing in that role. While relatively rare, a potential conflict of interest could impair a team physician's medical judgment and put an athlete's health at risk (Koller).

First, team physicians should remember that their priority is to the patient first and foremost. As most physicians are employed by the organization or club, there may be times when the goals or interest of the sports franchise (to maximize both wins and profits) may be at odds with the goals of the athlete. In a deposition for a medical malpractice claim by a player, likely Hall of Fame Coach Tom Coughlin candidly remarked that he "can and will exert as much pressure on the player and the doctors to get the player [back] on the field" (Calandrillo). Conversely, given that it is the team physician's responsibility to provide best estimates for future injury or timeline to return, players may also be incentivized to withhold pertinent information out of fear that the information will be used against them or prevent them from returning to play (Khodaei, Gudelis and Young). Indeed, this situation has reached the forefront of current cultural zeitgeist surrounding potential concussions and the player's desire to return to field – recent studies have showed that despite understanding the dangers of returning to the field with a concussion, almost *all* high school athletes have reported that they would continue to play after a head injury (Chrisman, Quitiquit and Rivara). It is imperative to

remember that as the team physician, their responsibility is to advocate on behalf of the patient's health – even when the athlete themselves may not agree with the assessment or want to divulge the information.

Secondly, the position is fraught with potential financial conflicts of interest. Unless they are the Medical Director, most physicians perform this duty part-time, and therefore are most likely motivated by a passion for the game rather than the paycheck. However, the position does have prestige and fiscal benefits as well. The official medical provider for the Houston Texans found that their association with the team was the *number one* driver of new calls from prospective patients (Calandrillo). There is now evidence of physician groups bidding up to \$2 million or more for the right to become the official healthcare provider for local sports teams. However, some physicians have voiced concerns over the optics of these agreements. Here in Atlanta back in 2004, Dr. Andrew Bishop, the orthopedic surgeon for the Falcons at the time, threatened to resign if the Falcons entered into a sponsorship agreement with a local hospital. He stated that the agreement may make "the perception... that if this [physician group] was so eager to do this [they're] willing to pay to do it, then [they're] going to do whatever management wants to keep the job [they] paid for" (Pennington). It is worthwhile to note that it is clear that teams are not *solely* giving out contracts to the highest bidder – the physicians chosen must be incredibly qualified, since the incentive to provide the best care for their athletes is still there. Additionally, since players have the option to obtain secondary medical opinions, any athlete that is wary of the qualifications of a particular physician can seek out an alternate treatment plan at any time.

Conclusion

The relationship between the athlete and the team physician is a sacred one, dating back two millennia to Ancient Greece. As shown above, the position has undergone a significant amount of change in the United States – starting from local physicians volunteering their time for their community to the now professionalization of the position at the highest level of sport. Thus, there is no doubt that this role will continue to evolve as we move forward into the 21st century. Already, high profile players are beginning to have their own trainers or physicians give

medical advice, bypassing the official medical team entirely. Additionally, there are growing movements to restructure the organization-physician affiliation, such as hiring physicians through a player's union instead. Regardless of what changes are to come, the role of physicians in treating and preventing injury in athletics will continue indefinitely. It is a relationship that, while filled with potential hazards, can be incredibly rewarding for all parties involved. Dr. John Cantwell, team cardiologist for the Atlanta Braves for 41+ seasons and whose son is currently continuing in the same role, reminisced about the experience of serving as a team physician in a recent article in the *Atlanta Magazine*. He wrote that his involvement had little to do with prestige or any financial gain, but instead the position allowed him to feel further connected with his hometown team, the sport that he loves, and strengthened intergenerational family roots (Cantwell).

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Image references:

Figure 1: "Galen Treating Gladiator." Science Photo Library. Online from

<https://www.sciencephoto.com/media/776420/view/galen-treating-gladiator>

Figure 2, Left: <https://www.newspapers.com/clip/16680563/chicago-tribune/>

Figure 2, Top Right: "Football Practice." GettyImages. Online from

<https://www.gettyimages.com/detail/news-photo/image-of-three-waller-high-school-football-running-backs-news-photo/86166943?adppopup=true>

Figure 2, Bottom Right: "Fig 3." *Individual gymnastics: A Handbook of Corrective & Remedial Gymnastics*. 1922. Online from <http://theleanberets.com/wp-content/uploads/2013/12/1922-Individual-Gymnastics-Drew.pdf>

Figure 3, Top left and right: "The Hughston Clinic's Sports Medicine Focus Led to World-Class Orthopedic Center." *OrthopedicsToday*, Mar. 2009, www.healio.com/news/orthopedics/20120325/the-hughston-clinic-s-sports-medicine-focus-led-to-world-class-orthopedic-center.

Figure 3, Bottom: <https://www.newspapers.com/clip/23703245/the-atlanta-constitution/>