

Executive Summary: Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges

This consensus paper is written to help guide superintendents of schools, secondary school athletic directors, college/university athletic department administrators, athletic trainers and team/school physicians by presenting the best practices in sports medicine management in the secondary and collegiate settings. This document outlines important considerations regarding: (1) duties and responsibilities of the athletic trainer and team physician; (2) supervisory relationships and the chain of command within the sports medicine team members; (3) decision-making authority relating to approval for participation of student-athletes, as well as injury management and return to sport participation status following injury/illness; (4) administrative authority for the selection, renewal, and dismissal of related medical personnel; and (5) performance appraisal tools for the sports medicine team.

Athlete-Centered Care

- “Athlete-centered care”, the delivery of healthcare services that are focused on the individual athlete’s needs and concerns, is highly applicable and desired in sports medicine.
- Sports medicine physicians and athletic trainers are often presented with an ethical dilemma that arises whenever an individual athlete’s best medical interests conflict with the performance expectations of authority figures (e.g., coaches, parents).

Duties and Responsibilities of the Athletic Trainer and Team Physician

- All stakeholders who have as their primary focus the immediate and long-term health and wellbeing of the individual athlete should be involved in the creation of the specific institution’s job descriptions and expectations for all sports medicine providers.
- The athletic trainer’s principal responsibility is to provide for the wellbeing of individual athletes, allowing them to achieve their maximum potential.
- The team physician’s first obligation is to the wellbeing of the athletes that are under the care of the sports medicine team. The team physician must have the ultimate authority for making medical decisions regarding the athletes’ safe participation.

Supervisory Relationships and Chain of Command within the Sports Medicine Team in the Secondary School and College/University Settings

- A variety of models exist for sports medicine administration. Regardless of the model utilized, there should be a clear delineation of responsibilities and supervisory roles should be documented in advance of employment with subsequent documentation as part of the employment contract.
- Some institutions may have models that vary from those presented in this paper or utilize some combination of models. Regardless of the model utilized, in no case should there be a supervisory relationship where members of the sports medicine team report to a coach due to both perceived and real conflicts of interest. The athletic trainer should report to the team or school physician.

Decision-Making Authority Relating to Approval for Participation of Athletes as well as Injury Management and Return to Sport Participation Status Following Injury/Illness in the College/University Setting

- Irrespective of level of play, there is immense pressure toward medical clearance for sport participation. Owing an obligation to athlete welfare, the institution must establish a clear line of unchallengeable authority to the team physician and athletic trainer.
- Athletes bear responsibility to report injury/illness, whether related or unrelated to sport. The athletic trainer informs the team physician, with serial communication as warranted. The athletic trainer communicates participation status to all coaches, including indicated activity limits. Coaches should notify the athletic trainer as they suspect an athlete has suffered injury, illness or other adverse condition or is having a performance or conditioning issue.

Decision-Making Authority Relating to Approval for Participation of Athletes as well as Injury Management and Return to Sport Participation Status Following Injury/Illness in the Secondary School Setting

It is recommended that:

- Athletic trainers work under the direction of a team physician based on their state practice act and professional standards.
- Athletic trainers have policies and procedures which are written in conjunction with the team physician and supported by the school administration.
- Athletic trainers communicate return to play concerns with the team physician, with whom the final return to play authority rests. When the athletic trainer is able to document evidence of functional levels insufficient to ensure the athlete's safety, the athletic trainer should express his/her concerns both to the treating physician and to the team physician. Whether or not the treating physician agrees, authority for the final decision on the athlete's return to play should remain with the team physician.
- All schools with athletic programs have Emergency Action Plans that are written, posted, and practiced by all who have responsibility for the acute management of athlete's injuries/illnesses.
- All schools with athletic programs provide an appropriate number of sports medicine providers, specifically and most appropriately athletic trainers, based on the number of athletic teams and athletes.

Policy and Procedure Recommendations Regarding Administrative Authority for Selection, Renewal and Dismissal of Athletic Trainer in the College/University Setting

- The athletic trainer should be appointed as a senior athletic administrator to provide for the health, safety and welfare of all athletes as well as having input into administrative areas such as budget, risk management, institutional liability, quality assurance and athlete satisfaction.
- The athletic trainer should be directed and supervised in regard to administrative tasks, by the athletic director; in regard to medical competence, by the team physician; and in regard to academic competence, by the academic department chair or dean. A coach should never be the direct supervisor of an athletic trainer due to conflict of interest issues.
- All institutional employment protocols and procedures for selection, evaluation, renewal, and dismissal should be followed. A clear, complete outline of the specific job expectations should be provided and understood before the employment agreement is finalized.

Policy and Procedure Recommendations Regarding Administrative Authority for Selection, Renewal and Dismissal of Athletic Trainer in the Secondary School Setting

- Selection of an Athletic Trainer: If there is a head athletic trainer on staff, this individual should have significant responsibility in the hiring process within the school's policies and procedures. In the absence of a head athletic trainer, the athletic director and principal should be responsible for the hiring process, as well as the school's HR department, if applicable.
- Retention of an Athletic Trainer: Renewal of the athletic trainer's employment should be based on a comprehensive, fair and equitable evaluation process involving all aspects of the job performance and duties. The evaluation process should be performed by the team physician, athletic director, and principal, each evaluating competence in their areas of responsibility.
- Dismissal of an Athletic Trainer: The periodic performance appraisal process holds employees accountable for competent performance.

Performance Appraisal Tools for Athletic Trainers in the Secondary School and College/University Settings

- The performance appraisal tools should be built upon established goals and job objectives for each athletic trainer and serve as a two-way document providing an open, ongoing active review process throughout the year. The appraisals should be goal-oriented, focusing not just on past performance but also on future improvement and professional development. Performance appraisals should include two main areas:
 - Individual Staff Performance
 - Athletic Training Services Metrics