



Patient Education Is Key in Sports Medicine

Jeffrey R. Dugas, MD

Practicing sports medicine in a large Southern city has a number of pros and cons on an everyday basis. One of the many upsides is the trusting respect that patients have for their caregivers, doctors included. As an orthopedic resident in a large Northern city, I was often amazed at the distrust and skepticism that many patients showed toward the same professionals. I still believe—14 years later—that many of the surgeons I trained with are among the finest in the country, and they continue to lead the orthopedic world in many ways.

The trust that seems inherent in the population that I interact with on a daily basis can easily be taken for granted and/or misplaced. One manifestation of this misplaced trust occurs when a physician fails to educate a patient about their condition and treatment plan, and the patient is left wondering if the doctor is truly acting in their best interest, or if there are better options. On a daily basis, many patients who have come from every walk of life and every level of education simply want to better understand their condition and what their options are, in order to make an *informed* decision about what is best for them.

It is customary at this point in sports medicine practice to advise active people who suffer a torn anterior cruciate ligament (ACL) to undergo surgical reconstruction. Although the timing of surgery, surgical technique, postoperative rehabilitation, and return-to-activity criteria may differ from one surgeon to the next, the plan of care would generally be the same. The sports medicine literature would certainly support that there is more than one path to successful outcomes in ACL surgery, and it would also support there are some paths which are less likely to lead to success in some patient populations.

When encountering a patient whose surgeon did not explain the reasoning behind their specific treatment plan, what I find the most striking is that they had no idea that there was more than one way to achieve a successful

outcome; they appreciate the education that we provide to help them decide which path to choose. In the case of ACL treatment, I believe that the treating physician should be well-versed in the available literature and offer considerable education to the patient about his or her options, and why the surgeon chose to recommend a specific treatment plan. I do not believe that simply saying that surgery is required, with no further discussion of the process and the inherent variables within it, is sufficient. With accessibility of information via any number of online sites, the dogmatic one-path-fits-them-all ACL surgeon may find that patients increasingly seek other opinions. The single-technique ACL surgeon may find happiness through years of successful outcomes—by his or her standards—but may ultimately find that savvy patients become aware of their other options.

I have sat through many national meetings and listened to respected surgeons talk about their techniques and innovation, along with their outcomes. Too many times I have heard that one technique, or one device, is better than another. I have also heard surgeons say with *absolute certainty* that a specific device or technique *cannot* lead to success. There is more than one way to drill a femoral tunnel for ACL reconstruction, and the ACL surgeon should be able to accomplish the goal of proper tunnel placement regardless of the technique he or she chooses. More than one graft option may lead to successful outcomes, and ACL surgeons should be skilled in the use of the various graft options. ACL surgeons should be versatile, not dogmatic and one-dimensional, allowing for a better understanding of the spectrum of injury. In saying this, I am certain that there is more than one path to successful outcomes in many of the injuries we treat as sports medicine physicians, and that thoughtful and considerate education of the patient regarding the reasoning behind our recommendations is of paramount importance.

Perhaps the patients I encountered in my training were not trusting right off the bat. I learned to watch and listen to my mentors as they communicated their knowledge to their patients. I fully recognize that clinicians who are reading this editorial likely are the ones most interested in education of both themselves and their patients. However, patients are increasingly aware that there is often more than one path to success, and I find it interesting that the medically uninformed patients seem to be more willing to accept this fact than many of the medically knowledgeable physicians. ■

Dr. Dugas is Editorial Board Member of this journal; and Fellowship Director, American Sports Medicine Institute, Andrews Sports Medicine and Orthopaedic Center, Birmingham, Alabama.

Author's Disclosure Statement: The author reports no actual or potential conflict of interest in relation to this article.

Am J Orthop. 2013;42(6):261. Copyright Frontline Medical Communications Inc. 2013. All rights reserved.