



BY WILLIAM G. WILKOFF, M.D.

LETTERS FROM MAINE

Being an Athletic Supporter

After practicing for more than 30 years in the same small town, one finds oneself draped in a wide variety of perceptions—some well deserved and some not. Among the ones I wear most proudly is: “If you are injured, Dr. Wilkoff is the guy to see when you want a note to return to sports participation ASAP.”

For as long as I can remember, sports have been woven into the fabric of my life. Like many boys who grew up in the 1950s, I dreamed of being a college football player. Making the high school team and earning a varsity letter were goals that required devotion that bordered on obsession. Being an athlete was critical to establishing and strengthening my puberty-challenged ego. The memory of those adolescent days has left me with great sympathy for junior high and high school athletes who find their careers interrupted by an injury.

I hope that my reputation among young athletes is the result of a holistic and compassionate approach to sports injuries and not a result of my being perceived as a rubber stamp. That management style has several key components. First, one must possess the skills and comfort level to determine when it is safe for the injured athlete to return to the specific challenges of the sport. This doesn't mean that one must be board certified in sports medicine. I certainly don't remember the names of all the muscle groups, nor can I recite or even spell the sometimes tongue-twisting names of all the ligaments and tendons that hold us together. But, determining the strength, stability, and range of motion is usually pretty straightforward and doesn't require x-rays or MRIs.

Second, the practitioner must ask the right questions to understand how the injury fits into the bigger picture—that is, the picture from the perspective of the young athletes: What positions do they play? Are they on the first string? How many weeks are left in the season? Is the team going to make the playoffs? When do they play their traditional rivals? Is this current sport their favorite or is it merely a way to stay fit until their favorite sport's season?

The responses to these questions are almost as important as is the answer to “Where does it hurt?” They provide me a window into my young patient's mind and can help me understand how the young athlete will accept my rehab plan and prediction of the healing time.

We all know that few decisions in medicine are as easy as telling black from white and rehabilitation schedules are seldom chiseled in stone. Of course we should never allow ourselves to recommend or allow a patient to risk permanent or serious injury. But, can I err on the side of liberalism if a playoff birth hinges on the next game(s)? Is the patient willing to accept the risk of aggravating an injury

and missing even more games or the try-outs for a sport he considers his favorite? Entering into a dialogue with the patient and his family can help clarify which shade of gray suits this injury.

Unfortunately for the patient with a head injury, a concussion is not a condition that allows for compromise or negotiation. I have found that sharing a printed copy of my favorite set of head injury management guidelines can return the

discussion to the clarity of black and white.

Finally, successful and compassionate management of an athletic injury should include a rehab plan that incorporates a list of things the patient can do that is at least as long as the prohibitions. Very few injuries require total inactivity. Keeping the uninjured extremities in motion can help maintain the athlete's cardiovascular conditioning, but most importantly it can

protect his fragile emotions while he is waiting impatiently to get back on the field.

When it's time to return to the action, he may remember that I was one of the people who were on his side. ■

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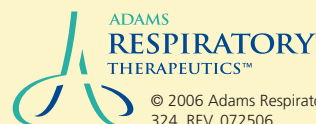
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