

# Sideline Preparedness for the Team Physician: A Consensus Statement

## Summary

The objective of the Sideline Preparedness Statement is to provide physicians who are responsible for making decisions regarding the medical care of athletes with guidelines for identifying and planning for medical care and services at the site of practice or competition. It is not intended as a standard of care, and should not be interpreted as such. The Sideline Preparedness Statement is only a guide, and as such, is of a general nature, consistent with the reasonable, objective practice of the healthcare professional.

Individual treatment will turn on the specific facts and circumstances presented to the physician at the event. Adequate insurance should be in place to help protect the physician, the athlete, and the sponsoring organization.

The Sideline Preparedness Statement was developed by a collaboration of six major professional associations concerned about clinical sports medicine issues; they have committed to forming an ongoing project-based alliance to "bring together sports medicine organizations to best serve active people and athletes." The organizations are: American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine.

## Expert Panel

Stanley A. Herring, M.D., Chair, Seattle, Washington  
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## Sideline Preparedness Statement Definition

Sideline preparedness is the identification of and planning for medical services to promote the safety of the athlete, to limit injury, and to provide medical care at the site of practice or competition.

## Goal

The safety and on-site medical care of the athlete is the goal of sideline preparedness.

To accomplish this goal, the team physician should be actively involved in developing an integrated medical system that includes:

- Pre-season planning
- Game-day planning
- Post-season evaluation

## Pre-Season Planning

Pre-season planning promotes safety and minimizes problems associated with athletic participation at the site of practice or competition.

The team physician should coordinate:

- Development of policy to address pre-season planning and the pre-participation evaluation of athletes
- Participation of the administration and other key personnel in medical issues
- Implementation strategies

## Medical Protocol Development

It is essential that:

- Prospective athletes complete a pre-participation evaluation

In addition, it is desirable that:

- The pre-participation evaluation be performed by an M.D. or D.O. in good standing with an unrestricted license to practice medicine
- A comprehensive pre-participation evaluation form be used (e.g., the form found in the current edition of Preparticipation Physical Evaluation<sup>©1</sup>)
- The team physician has access to all pre-participation evaluation forms
- The team physician review all pre-participation evaluation forms and determine eligibility of the athlete to participate
- Timely pre-participation evaluations be performed to permit the identification and treatment of injuries and medical conditions

### Administrative Protocol Development

It is essential for the team physician to coordinate:

- Development of a chain of command that establishes and defines the responsibilities of all parties involved
- Establishment of an emergency response plan for practice and competition
- Compliance with Occupational Safety and Health Administration (OSHA) standards relevant to the medical care of the athlete
- Establishment of a policy to assess environmental concerns and playing conditions for modification or suspension of practice or competition
- Compliance with all local, state and Federal regulations regarding storing and dispensing pharmaceuticals
- Establishment of a plan to provide for proper documentation and medical record keeping

In addition, it is desirable for the team physician to coordinate:

- Regular rehearsal of the emergency response plan
- Establishment of a network with other health care providers, including medical specialists, athletic trainers and allied health professionals
- Establishment of a policy that includes the team physician in the dissemination of any information regarding the athlete's health
- Preparation of a letter of understanding between the team physician and the administration that defines the obligations and responsibilities of the team physician

### Game-day Planning

Game-day planning optimizes medical care for injured or ill athletes.

The team physician should coordinate:

- Game-day medical operations
- Game-day administrative medical policies
- Preparation of the sideline "medical bag" and sideline medical supplies

### Medical Protocol

It is essential for the team physician to coordinate:

- Determination of final clearance status of injured or ill athletes on game-day prior to competition
- Assessment and management of game-day injuries and medical problems
- Determination of athletes' same-game return to participation after injury or illness
- Follow-up care and instructions for athletes who require treatment during or after competition
- Notifying the appropriate parties about an athlete's injury or illness
- Close observation of the game by the medical team from an appropriate location
- Provision for proper documentation and medical record keeping

In addition, it is desirable for the team physician to coordinate:

- Monitoring of equipment safety and fit
- Monitoring of post-game referral care of injured or ill athletes

### Administrative Protocol

It is essential for the team physician to coordinate:

- Assessment of environmental concerns and playing conditions
- Presence of medical personnel at the competition site with sufficient time for all pre-game preparations
- And plan with the medical staff of the opposing team for medical care of the athletes
- Introductions of the medical team to game officials
- Review of the emergency medical response plan
- Checking and confirmation of communication equipment
- Identification of examination and treatment sites

In addition, it is desirable for the team physician to coordinate:

- Arrangements for the medical staff to have convenient access to the competition site
- A post-game review and make necessary modifications of medical and administrative protocols

### On-Site Medical Supplies

The team physician should have a game-day sideline "medical bag" and sideline medical supplies. The following is a list of "medical bag" items and medical supplies for contact/collision and high-risk sports:

It is highly desirable for the "medical bag" to include:

#### *General*

- Alcohol swabs and povidone iodine swabs
- Bandage scissors
- Bandages, sterile/non-sterile, band-aids
- D-50%-W
- Disinfectant
- Gloves, sterile/non-sterile
- Large bore angiocath for tension
- Pneumothorax (14-16 gauge)
- Local anesthetic/syringes/needles
- Paper
- Pen
- Sharps box and red bag
- Suture set/steri-strips
- Wound irrigation materials (e.g., sterile normal saline, 10-50 cc syringe)

#### *Cardiopulmonary*

- Airway
- Blood pressure cuff
- Cricothyrotomy kit
- Epinephrine 1:1000 in a pre-packaged unit
- Mouth-to-mouth mask
- Short-acting beta agonist inhaler
- Stethoscope

### *Head and Neck /Neurologic*

- Dental kit (e.g., cyanoacrylate, Hank's solution)
- Eye kit (e.g., blue light, fluorescein stain strips, eye patch pads, cotton tip applicators, ocular anesthetic and antibiotics, contact remover, mirror)
- Flashlight
- Pin or other sharp object for sensory testing
- Reflex hammer

It is highly desirable for sideline medical supplies to include:

#### *General*

- Access to a telephone
- Extremity splints
- Ice
- Oral fluid replacement
- Plastic bags
- Sling

### *Head and Neck /Neurologic*

- Face mask removal tool (for sports with helmets)
- Semi-rigid cervical collar
- Spine board and attachments

In addition, it is desirable for the "medical bag" to include:

#### *General*

- Benzoin
- Blister care materials
- Contact lens case and solution
- 30% Ferric subsulfate solution (e.g., Monsel's — for cauterizing abrasions and cuts)
- Injury and illness care instruction sheets for the patient
- List of emergency phone numbers
- Nail clippers
- Nasal packing material
- Oto-ophthalmoscope
- Paper bags for treatment of hyperventilation
- Prescription pad
- Razor and shaving cream
- Rectal thermometer
- Scalpel
- Skin lubricant
- Skin staple applicator
- Small mirror
- Supplemental oral and parenteral medications
- Tongue depressors
- Topical antibiotics

### *Cardiopulmonary*

- Advanced Cardiac Life Support (ACLS) drugs and equipment
- I.V. fluids and administration set
- Tourniquet

In addition, it is desirable for sideline medical supplies to include:

#### *General*

- Blanket
- Crutches
- Mouth guards
- Sling psychrometer and temperature/humidity activity risk chart
- Tape cutter

### *Cardiopulmonary*

- Automated external defibrillator

### *Head and Neck/Neurologic*

- A sideline concussion assessment protocol

There are many different sports, levels of competition, and available medical resources that must all be considered when determining the on-site medical bag and sideline medical supplies.

## **Post-season Evaluation**

Post-season evaluation of sideline coverage optimizes the medical care of injured or ill athletes and promotes continued improvement of medical services for future seasons.

The team physician should coordinate:

- Summarization of injuries and illnesses that occurred during the season
- The improvement of the medical and administrative protocols
- Implementation strategies to improve sideline preparedness

### **Medical Protocol**

It is essential for the team physician to coordinate:

- A post-season meeting with appropriate team personnel and administration to review the previous season
- Identification of athletes who require post-season care of injury or illness and encourage followup

In addition, it is desirable for the team physician to coordinate:

- Monitoring of the health status of the injured or ill athlete
- Post-season physicals
- An off-season conditioning program

### **Administrative Protocol**

It is essential for the team physician to coordinate:

- Review and modification of current medical and administrative protocols

In addition, it is desirable for the team physician to coordinate:

- Compilation of injury and illness data

Ongoing education pertinent to the team physician is essential. Information regarding team physician specific educational opportunities can be obtained from the six participating organizations:



- American Academy of Family Physicians  
11400 Tomahawk Creek Pkwy.  
Leawood, KS 66211-2672  
Tel.: 1-800-274-2237  
Web Site: [www.aafp.org](http://www.aafp.org)



- American Academy of Orthopaedic Surgeons  
6300 N. River Rd.  
Rosemont, IL 60018  
Tel.: 1-800-346-AAOS  
Web Site: [www.aaos.org](http://www.aaos.org)



- American College of Sports Medicine  
401 W. Michigan St.  
Indianapolis, IN 46202  
Tel.: (317) 637-9200  
Web Site: [www.acsm.org](http://www.acsm.org)



- American Medical Society for Sports Medicine  
11639 Earnshaw  
Overland Park, KS 66210  
Tel.: (913) 327-1415  
Web Site: [www.amssm.org](http://www.amssm.org)



- American Orthopaedic Society for Sports Medicine  
6300 N. River Rd., Ste. 200  
Rosemont, IL 60018  
Tel.: (847) 292-4900  
Web Site:  
[www.sportsmed.org](http://www.sportsmed.org)



- American Osteopathic Academy of Sports Medicine  
7611 Elmwood Ave., Ste. 201  
Middleton, WI 53562  
Tel.: (608) 831-4400  
Web Site: [www.aoasm.org](http://www.aoasm.org)

**Endorsed by:**

American Academy of Physical Medicine and Rehabilitation (AAPMR); [www.aapmr.org](http://www.aapmr.org)  
 American Academy of Podiatric Sports Medicine (AAPSM); [www.aapsm.org](http://www.aapsm.org)  
 American Kinesiotherapy Association (AKA); [www.akta.org](http://www.akta.org)  
 American Physical Therapy Association (APTA); [www.spts.org](http://www.spts.org)  
 National Strength and Conditioning Association (NSCA); [www.nasca-lift.org](http://www.nasca-lift.org)  
 National Youth Sports Safety Foundation, Inc. (NYSSF); [www.nyssf.org](http://www.nyssf.org)  
 North American Spine Society (NASS); [www.spine.org](http://www.spine.org)  
 Physiatric Association of Spine, Sports and Occupational Rehabilitation (PASSOR); [www.aapmr.org/passor.htm](http://www.aapmr.org/passor.htm)

**Conclusion**

This Consensus Statement outlines the essential and desirable components of sideline preparedness for the team physician to promote the safety of the athlete, to limit injury, and to provide medical care at the site of practice or competition. This statement was developed by the collaboration of six major professional associations concerned about clinical sports medicine issues: American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine.

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## AOSSM Board of Directors Endorses Consensus Statement on Sideline Preparedness for the Team Physician

The full text is as follows:

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### Sideline Preparedness for the Team Physician

#### Consensus Statement

#### Definition

Sideline preparedness is the identification of and planning for medical services to promote the safety of the athlete, to limit injury, and to provide medical care at the site of practice or competition.

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- Notifying the appropriate parties about an athlete's injury or illness
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- Provision for proper documentation and medical record keeping

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### Administrative Protocol

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- Checking and confirmation of communication equipment
- Identification of examination and treatment sites

In addition, it is desirable for the team physician to coordinate:

- Arrangements for the medical staff to have convenient access to the competition site
- A post-game review and make necessary modifications of medical and administrative protocols



## On-Site Medical Supplies

<b>LEGEND</b>
Highly Desirable
Desirable

The team physician should have a game-day sideline "medical bag" and sideline medical supplies. The following is a list of "medical bag" items and medical supplies for contact/collision and high-risk sports:

### ON-SITE MEDICAL BAG

GENERAL	CARDIOPULMONARY	HEAD & NECK/NEUROLOGIC
Alcohol swabs and povidone iodine swabs	Airway	Dental kit <i>(e.g. cyanoacrylate, Hank's solution)</i>
Bandage scissors	Blood pressure cuff	Eye kit <i>(e.g. blue light, fluorescein stain strips, eye patch pads, cotton tip applicators, ocular anesthetic and antibiotics, contact remover, mirror)</i>
Bandages -- sterile/non-sterile, band-aids	Cricothyrotomy kit	Flashlight
D-50%-W	Epinephrine 1:1000 in a pre-packaged unit	Pin or other sharp object for sensory testing
Disinfectant	Mouth-to-mouth mask	Reflex hammer
Gloves -- sterile/non-sterile	Short-acting beta agonist inhaler	
Large bore angiocath for tension pneumothorax <i>(14-16 gauge)</i>	Stethoscope	
Local anesthetic/syringes/needles		
Paper and pen		
Sharps box and red bag		
Suture set/steri-strips		
Wound irrigation materials <i>(e.g. sterile normal saline, 10-50 cc syringe)</i>		
Benzoin	Advanced Cardiac Life Support (ACLS) drugs and equipment	
Blister care materials	I.V. fluids and administration set	
Contact lens case and solution	Tourniquet	
30% Ferric subsulfate solution <i>(e.g. Monsel's - for cauterizing abrasions and cuts)</i>		
Injury & illness care instruction sheets for the patient		
List of emergency phone numbers		
Nail clippers		
Nasal packing materials		
Oto-ophthalmoscope		
Paper bags <i>(for treatment of hyperventilation)</i>		
Prescription pad		
Razor and shaving cream		
Rectal thermometer		
Scalpel		
Skin lubricant		
Skin staple applicator		
Small mirror		
Supplemental oral and parenteral medications		
Tongue depressors		
Topical antibiotics		

## SIDELINE MEDICAL SUPPLIES

GENERAL	CARDIOPULMONARY	HEAD & NECK/NEUROLOGIC
Access to a telephone		Face mask removal tool <i>(for sports with helmets)</i>
Extremity splints		Semi-rigid cervical collar
Ice		Spine board and attachments
Oral fluid replacement		
Plastic bags		
Sling		
Blanket	Automated external defibrillator	Sideline concussion assessment protocol
Crutches		
Mouth guards		
Sling psychrometer and temperature/humidity activity risk chart		
Tape cutter		

There are many different sports, levels of competition, and available medical resources that must all be considered when determining the on-site medical bag and sideline medical supplies.

### Post-Season Evaluation

Post-season evaluation of sideline coverage optimizes the medical care of injured or ill athletes and promotes continued improvement of medical services for future seasons.

The team physician should coordinate:

- Summarization of injuries and illnesses that occurred during the season
- Improvement of the medical and administrative protocols
- Implementation strategies to improve sideline preparedness

#### Medical Protocol

It is essential for the team physician to coordinate:

- A post-season meeting with appropriate team personnel and administration to review the previous season
- Identification of athletes who require post-season care of injury or illness and encourage follow-up

In addition it is desirable for the team physician to coordinate:

- Monitoring of the health status of the injured or ill athlete
- Post-season physicals
- Off-season conditioning program

#### Administrative Protocol

It is essential for the team physician to coordinate:

- Review and modification of current medical and administrative protocols

In addition, it is desirable for the team physician to coordinate:

- Compilation of injury and illness data

## Conclusion

This consensus statement outlines the essential and desirable components of sideline preparedness for the team physician to promote the safety of the athlete, to limit injury, and to provide medical care at the site of practice or competition. This statement was developed with the collaboration of six major professional associations concerned about clinical sports medicine issues: *American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine* and the *American Osteopathic Academy of Sports Medicine*.

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Joel Boyd, MD, *Edina, Minn.*

Per Gunnar Broolinson, DO, *Toledo, Ohio*

Timothy Duffey, DO, *Columbus, Ohio*

David Glover, MD, *Warrensburg, Miss.*

William A. Grana, MD, *Oklahoma City, Okla.*

Brian C. Halpern, MD, *Marlboro, N.J.*

Peter Indelicato, MD, *Gainesville, Fla.*

W. Ben Kibler, MD, *Lexington, Ky.*

E. Lee Rice, DO, *San Diego, Calif.*

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