

# **How to Accelerate Returning Athletes to Sport Reflections of 30+ Years**

**Robert Hagen, M.D.**

**Lafayette Orthopaedic Clinic**



# Overview

Why I am giving this talk.

10 Key Elements

# Appropriate Early Diagnosis

- ATC evaluation and referral
- Timely access to sports medicine specialist
- Avoid insurance obstacles
- History – Mechanism of Injury
- Physical Exam
- Testing – Xrays, MRIs, etc.

# Education About Injury

- Athlete, family, coach, ATC.
- Prior athletes' clinical course examples.

# Appropriate Early Treatment

- Early rehab – ATC, Therapist
- Limit further damage – ice, compression
- Avoid stiffness, atrophy

# Timely Surgery (if needed)

- ACL, meniscal tears
- Shoulder stabilizations
- Fractures

# Solid Fixation (if surgery needed)

- To allow early mobilization (Rehab)
- ACL tunnels, graft selection, fixation
- Meniscal tears
- Solid shoulder stabilization
- Internal fixation of fractures

# Everyone Dedicated to the Task

- Patient, family
- Sports medicine specialist, therapist
- ATC
- Coaching staff



# Communication

## To and From All Involved

- Especially important
  - ATC ↔ Coach
  - Athlete ↔ Family
  - ATC ↔ Therapist
  - Sports Medicine Specialist ↔ All

# Appropriate Timing Relative to Each Situation

- Meniscus – 1 to 3 weeks
- ACL – Same season?
- ACL – Focus on next sport or next season?
- Fractures – 4+ weeks

# Willing to Accept Some Risk

- Does upside outweigh downside
- Calculated Risk
- Everyone Understands
  - Athlete, Family, ATC, Therapist, Coaches,  
Sports Medicine Specialist



# Implementation of the Plan

- Bracing for added protection?
- Point of the season
- Athletic event situation
- Position modification
- Minutes played

# Sample Cases - ACL

# Sample Case - Meniscus

# Sample Cases - Fractures

# Sample Case - Shoulder