The evolution of sports medicine as a subspecialty in orthopaedic surgery has a strong history at St. Croix Orthopaedics. As one of the first orthopaedic groups in the region to utilize arthroscopy as a minimally invasive means of treating sports-related injuries, St. Croix Orthopaedics gained a reputation for sports medicine in the 1980s. This progressive approach to treating musculoskeletal injuries gave athletes and coaches in the St. Croix Valley a clear advantage during their sports seasons.

Team Physician Qualifications

Sports medicine is considered a subspecialty in orthopaedic surgery. A sports medicine committee was developed by the American Academy of Orthopaedic Surgeons in 1965 and has grown extensively since then. Currently, the American Orthopaedic Society for Sports Medicine (AOSSM) serves as the primary organization for orthopaedic surgeons with a sports medicine interest.

Recently, a team physician consensus statement was developed through the collaboration of six professional associations. It states that the following qualifications are required to serve as a team physician:

- Have an MD or a DO and be in good standing with an unrestricted license to practice medicine
- Possesses a fundamental knowledge of emergency care regarding sporting events
- Have CPR training
- Have a working knowledge of training, musculoskeletal injuries, and medical conditions affecting the athlete

In addition, it is desirable for team physicians to have clinical training/experience in some or all of the following:

- Specialty board certification
- CME courses in sports medicine
- Fellowship training in sports medicine
- 50% or more of practice involving sports medicine
- Membership in a sports medicine society

Team Physician Duties

The duties of a team physician are many. Most of the time spent in the training rooms or athletic fields is volunteer work. Team physicians coordinate preparticipation screening physical exams, guide the treatments given by the athletic trainers, and coordinate the rehabilitations and returns to participation. Interaction with the teams’ coaches and athletes on a regular basis with a strong presence on the sidelines creates a level of communication that benefits the teams and coaches in difficult situations.

The athletes’ safety is always the primary priority. In addition, some sports injuries do not involve the musculoskeletal system. Exercise-induced asthma, mononucleosis, and chronic fatigue syndrome are often diagnosed in high school and college athletes. Primary care physicians with a sports medicine interest are often called upon to help with these conditions.
Many physicians at St. Croix Orthopaedics serve as team physicians to local high schools and colleges, including Stillwater, Mahtomedi, Somerset, River Falls, Hudson, and the University of Wisconsin-River Falls. St. Croix Orthopaedics physicians have also served as the team physicians for the St. Paul Saints baseball team for the last decade. In addition, I serve as Consulting Team Physician with the U.S. Ski Team, traveling to World Cup races annually with both the men’s and women’s ski teams.

**Twin Soccer Stars Battle Back from Knee Injuries**

Injuring your anterior cruciate ligament (ACL) is no laughing matter for anyone — athlete or not. When you are a rising star on a high school soccer team, a torn ACL is a devastating injury.

Danielle and Diana Wies, twin sisters and patients of Andrea Saterbak, MD, both sustained this common sports injury. Danielle injured her knee first while playing soccer, and underwent surgery to reconstruct her ACL. Only six weeks after Danielle was cleared to return to play, Diana incurred a similar knee injury that also required surgery.

Having been a competitive athlete herself, Dr. Saterbak understood the competitive drive of these girls and had them on their feet within a couple of days and off their crutches within a matter of weeks. “Dr. Saterbak is a great doctor because she truly cares about her patients,” says Danielle. “A lot of doctors provide good care, but she even took time out of her personal life to watch us play soccer.”

Dr. Saterbak says she enjoyed taking part in their return to sports. “Their knee injuries presented setbacks, but it ultimately challenged them physically and mentally to return and become better athletes and individuals,” she says.

The Wies twins have since graduated from Mahtomedi High School, leaving their ACL injuries behind them and moving on to play collegiate soccer.

**The Usual and the Unusual**

Common orthopaedic injuries such as wrist and ankle fractures, shoulder dislocations, and knee ligament injuries occur in sports regularly. What strikes my curiosity and interest is the unusual injury patterns that occur.

Sports medicine has challenged our profession to make specific diagnoses and develop unique and comprehensive treatment plans. No longer is the simple healing of a fracture as seen by x-ray parameters viewed as an endpoint of treatment. Full functional return of sports-specific activities takes on a more comprehensive and creative approach to the treatment plan. Injury to ligaments or tendons around or near a fracture may make the treatment parameters radically different and extend the recovery time. Furthermore, the treatment and recovery needed to return to competition in one sport may differ from another sport, even when the same injury pattern exists.

Most orthopaedic surgeons would agree that athletes have tested surgeons’ surgical techniques and have allowed us to be more aggressive in postoperative rehabilitation. Athletes stimulate physicians to rethink what past research has taught us and develop new research methods to study a similar problem treated with state-of-the-art techniques.

**Looking to the Future**

The team physician will continue to play an important role in athletics. Areas of focus will include a continued emphasis on injury prevention and safety for our athletes. Organizations such as the AOSSM and the Advanced Team Physician Course will continue to keep team physicians on top of their game. **OE**