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 Despite realistic influences to act otherwise, the AT’s ethical and legal responsibility includes making difficult decisions not always agreed on by all parties, but that protects the health and safety (short- and long-term) of the patient.

found in NATA position and consensus statements, the NCAA Sports Medicine Handbook and other sports medicine organizations.

When facing an RTP decision, the AT should ask several questions relative to the appropriateness of an athlete either continuing that day in a game, practice or conditioning session with an acute injury or medical condition. The same types of questions should also be contemplated when providing input to a physician when deciding to return an athlete back from a time-loss injury or medical condition or during a preparticipation physical examination.12

Some of these questions13 include:

• Does the injury or medical condition pose an existing emergency response (e.g., anaphylaxis from a bee sting, unresponsive patient following trauma)?
• Is there the potential for this injury or medical condition to turn into a medical emergency?
• Is this an injury or medical condition that needs to be referred to a physician?
• Does the injury or medical condition pose an unacceptable risk for short- or long-term well-being of the patient?
• Does the injury or medical condition place the athlete at increased risk for further injury with continued participation today or in the future?

should be in compliance with current sports medicine standards of care per evidence-based and best practices. SOPs should be reviewed and agreed upon in writing annually.

Next, the AT should be familiar with existing position statements and available clinical evidence related to conditions that will present themselves and require a RTP decision. Additionally, the AT should be fully aware of all preventable measures, including a thorough and updated emergency action plan, recognition of and the signs and symptoms of potential emergencies, and personnel management required to take action in emergent situations. Resources for these issues are

• Can the athlete safely return after a period of rest/care/taping/bracing, or should they conclude their participation for the day?
• Is the patient a minor child and does this situation require parental involvement?
• Is the patient able to RTP with appropriate interventions that no longer pose any greater risk than normal?
• Are any undue influences placing pressure on your decision to return the patient to participation?

The considerations above, along with others deemed necessary by the AT’s directing physician, should be emphasized while evaluating assessment to include how effective and efficient an AT is in returning patients back to participation. This can be viewed as a potential conflict, whereby one’s judgment may be skewed when making RTP decisions. In turn, making decisions simply to provide for a quicker RTP can place the patient’s long-term well-being at risk, and put the AT, directing physician and school/organization in the crosshairs of litigation in the event of an adverse or tragic outcome. Rather, the AT should be judged by the quality of their care that ensures the long-term well-being of the patient.

Another potential RTP scenario that is fraught with risk is an inexperienced AT making RTP decisions without having them reviewed or instructed by a more experienced AT staff member. There is value in both knowledge and experience, but the lack of experience in that one moment of RTP decision-making may turn out to be an unforgiving one if policies are not followed or the AT feels pressure to return the athlete inappropriately.

References


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