

## The Team Approach to Caring for the Baseball Player

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## Submit Your Sports Medicine Xs and Os for the AOSSM Team Physician Bag

Sports Medicine Update will be having a regular column on tools and tips for the team physician. Please submit your pearls of wisdom for us to include to: Lisa Weisenberger at lisa@aossm.org. Items can be clinical, rehabilitative, or on-field strategies for success. It takes a team to take care of a team. The team physician must be ready for any in-game problem and have resources available to handle all medical issues. The athletic trainer and primary care sports medicine physician directly compliment the orthopaedic surgeon. Furthermore, in the off-season, you must identify and confirm "go to" consultants for each subspecialty. These consultants must be as responsive and available as you are. You must be able to recognize the limits of your expertise and trust their judgment.

Specifically in baseball, a thorough preseason exam is necessary to identify modifiable injury risk factors (e.g., GIRD, scapular dyskinesia, cuff imbalance, etc). Athletes with and without such issues should be entered into a rehabilitation program. The team physician should establish maintenance rehabilitation/ physical therapy programs with the athletic trainers as well as strength and conditioning coaches and massage therapists. These problems are common and a well-detailed protocol can provide more effective and efficient care to the athlete, and potentially earlier return to play.

Remember, in baseball, we manage problems more often than solve them. Every change on a radiograph or MRI cannot be chased—it's important to understand the difference between adaptive and pathological physical exam and imaging findings. This should be kept in mind when conveying medical news to the athlete, who may understand "changes" in the labrum different from a "tear" in the labrum. Appreciating the psyche of an athlete will ultimately allow for better communication and care.