

## SPECIAL COMMUNICATIONS: TEAM PHYSICIAN OPEN LETTER

### PROTECTING ATHLETES AND THE TEAM PHYSICIANS WHO CARE FOR THEM AMID RISING COMPLEXITY AND LIABILITY RISK

High-level athletes perform best when utilizing their bodies to the utmost while facing significant mechanical and physiologic stressors. The safety and well-being of athletes is the top priority of the sports medicine teams who are responsible for providing care to keep athletes in the game and enjoying the activities they love. This special relationship is now being threatened.

Now is the time to stand up for physicians—who have made the commitment to acquire subspecialized expertise—and the athletes they serve. A concerted effort is needed to preserve the future of the sports medicine field, and in cases where expert testimony is required, this testimony should come from a qualified medical physician expert.

The team physician role has undergone significant evolution with regard to the advancement of required medical training and expertise. This includes the treatment and coordination of comprehensive medical care; management of pre-participation physical examinations; event coverage; collaboration with a multidisciplinary team; oversight of emergency action plans; and providing care within the complex setting of an athlete's career.

The [Team Physician Consensus Statement](#) by the American Academy of Family Physicians (AAFP), American Academy of Orthopaedic Surgeons (AAOS), American College of Sports Medicine (ACSM), American Medical Society for Sports Medicine (AMSSM), American Orthopaedic Society for Sports Medicine (AOSSM), and the American Osteopathic Academy of Sports Medicine (AOASM) **delineates qualifications, duties, and responsibilities of the team physician and** provides a foundation for best practices in the medical care of athletes and teams.

Due to the rising complexity of the team physician role, most collegiate and professional teams require team physicians to have additional sports medicine fellowship training and hold a certificate in sports medicine. These additional board certifications are designed to recognize excellence among diplomates who have practices that emphasize expertise in sports medicine. For the primary care physician, the American Board of Family Medicine (ABFM) hosts the Certificate of Added Qualifications (CAQ) in Sports Medicine in conjunction with the American Board of Emergency Medicine (ABEM), the American Board of Internal Medicine (ABIM), the American Board of Pediatrics (ABP) and the American Board of Physical Medicine and Rehabilitation (ABPMR). For the surgeon, the American Board of Orthopaedic Surgery (ABOS) offers Subspecialty Certification in Orthopaedic Sports Medicine to ABOS Board Certified orthopaedic surgeons who have qualifications in sports medicine beyond those expected of other orthopaedic surgeons by virtue of additional training, experience, and a practice characterized by a higher volume of sports medicine cases. The National Board of Medical Examiners (NBME) also recognizes sports medicine as a specialty with a unique body of knowledge.

Providing care for sports teams requires a multidisciplinary approach and expertise from a variety of subspecialty physicians and healthcare professionals. These experts are authorities in areas other than sports medicine and also play a key role in the diagnosis, management, surgical treatment, and return to play decisions of the athletes.

The education, training, and experience acquired by expert sports medicine physicians qualifies them to provide optimal medical care to athletes. Despite the desires to provide the best care, these subspecialists have an increasingly elevated liability risk as their athlete patients inherently have higher risks of injury, lower return to play rates, and increased likelihood of significant loss of high-earning income potential.

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Team physicians have dedicated their lives to caring for athletes in unique and complex scenarios, which requires extensive time and expertise. However, recent and ongoing litigation may have an enormous negative impact on the medical care of competitive and elite athletes. This is equally important to recognize with the escalating implementation of Name Image Likeness (NIL) of high school, collegiate, and professional athletes. Subspecialists must work together to fight the unnecessarily high legal risk of practicing sports medicine and the damage that it will do to the profession and the medical care of athletes.

Consistent with the American Medical Association's (AMA) policy on [Medical Expert Witness Testimony](#) and [Policy on Expert Witness Testimony](#), AOSSM and the supporting organizations below believe that in situations where quality of care has come into question, testimony in support of critical medical care should come from an expert in their subspecialty.

**The following organizations\* support this AOSSM Open Letter:**

American Orthopaedic Society for Sports Medicine (AOSSM)  
American Academy of Orthopaedic Surgeons (AAOS)  
Arthroscopy Association of North American (AANA)  
American Academy of Physical Medicine and Rehabilitation (AAPM&R)  
American Academy of Sports Physical Therapy (AASPT)  
American Association of Hip and Knee Surgeons (AAHKS)  
American Association of Latino Orthopaedic Surgeons (AALOS)  
American Board of Orthopaedic Surgery (ABOS)  
American College of Sports Medicine (ACSM)  
American Medical Society for Sports Medicine (AMSSM)  
American Osteopathic Academy of Sports Medicine (AOASM)  
American Shoulder and Elbow Surgeons (ASES)  
American Society for Surgery of the Hand (ASSH)  
The FORUM  
J. Robert Gladden Orthopaedic Society (JRGOS)  
Major League Baseball (MLB) Team Physician Association (MLB TPA)  
Musculoskeletal Tumor Society (MSTS)  
National Athletic Training Association (NATA)  
National Basketball League (NBA) Physician Association (NBA PA)  
National Collegiate Athletics Association (NCAA) Sport Science Institute  
National Hockey League (NHL) Team Physician Society (NHL TPS)  
National Women's Soccer League (NWSL)  
North American Spine Society (NASS)  
Pediatric Orthopaedic Society of North America (POSNA)  
Pediatric Research in Sports Medicine Society (PRiSM)  
Professional Soccer Physician Society (PSPS)  
Ruth Jackson Orthopaedic Society (RJOS)

*\*As of May 26, 2023. Additional medical societies and professional men's and women's leagues continue to review through their governance processes. If your organization is interested in supporting this letter, please contact AOSSM CEO Greg Dummer at [greg@aossm.org](mailto:greg@aossm.org).*