

Joint Commission on Sports Medicine and Science Convenes in Colorado Springs

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On February 25-27, following the first Joint Commission on Sports Medicine and Science Team meeting held in 10 years, attendees marveled at the depth of the ever-evolving professional sports medicine community. The meeting validated the idea that the success of the profession depends largely on the ability to stay connected.

Representatives of nearly 40 sports medicine organizations converged in Colorado Springs, Colorado, where Olympic athletes train for the Games, and Olympic hopefuls recuperate between bouts of preparation. Sports medicine leaders from all professions committed their time and energy, confident that the investment would prove prolific. The results surprised those who may have underestimated the magnitude of the synergy produced.

Leaders Rally to Build Professional Network

Officials from the major sports medicine organizations attended: the ACA's Council on Sports Injuries and Physical Fitness, the AMA, the American College of Sports Medicine, the National Athletic Trainer's Association, the President's Council on Physical Fitness and Sports, the American Dental Association, the American Academy of Podiatric Sports Medicine, the American Orthopedic Society for Sports Medicine, the American Osteopathic Association, the U.S. Olympic Committee, and the U.S. Olympic Sports Medicine Society,

Their goal was to investigate the potential benefits of establishing close lines of communication between members of the sports medicine community. They sought to strengthen the web of sports medicine care delivery by sharing professional expertise in order to heighten the accuracy, validity, reliability, and efficacy of the field as a whole.

Organizer Thomas Miller summed up the value of the conference with a quotation by the great Chief Seattle:

"Humankind did not weave the web of life; each of us is merely a strand in it. Whatever we do to the web, we do to ourselves. All things are connected like the blood which unites one family."

Connecting professionally required that the disciplines develop a better understanding of one another. "We are different in our disciplines in that we have somewhat different agendas, but through this meeting we discovered how each contributor fits together to form the united web of sports medicine delivery," said ACA Sports Injury and Physical Fitness Council Advisor and Olympic Representative John Danchik, DC, CCSP. The team meeting provided an opportunity to recognize the specific contributions of each of the disciplines sharing a common bond of interest, that of treating the athlete. The conference mission was to assemble sports medicine leaders to engender familiarity and create a network that positioned each representative within two phone calls of resolving issues, preventing or solving problems or sharing valid advice between professions.

Teamwork Gets a Running Start

Keynote speaker Frank LaFasto gave a dynamic address to a spirited audience. He identified ambitious conference goals and set the stage for teamwork via effective communication. One highlight of the meeting was the letter from chairman of the President's Council of Physical Fitness and Sports, Arnold Schwarzenegger. His message called upon leaders to gain familiarity with other organizations and individuals who could help in endeavors to make fitness, sports, and activity healthier and safer for all age groups. "When any of us have personal knowledge of the people involved in areas similar to ours," wrote Schwarzenegger, "better results are sure to follow. ... Your concept of teamwork and better communication between the various interested groups should eventually make sports safer and more fun for all concerned."

Hot topics of the meeting centered on the issue of the day: drug abuse and drug testing

Question: Is drug testing effective or simply an overrated approach to a social issue?

Conclusion: Random drug testing has resulted in the expulsion of athletes who abuse. Steroid abuse may be on the wane as evidenced of outcomes of NCAA football players documented at the Spring '93 Professional Football Combine evaluations in Indianapolis: overall, the players tested slower, had less strength, and higher fat ratios than in previous years.

High schools need to address the problem, but lack the funds to do so.

AIDS and AIDS Testing for Athletes

Question: How should the profession deal with the AIDS crisis?

Conclusion: While serious, the issue of AIDS is not as imperative in athletics as implicated by public perception. There has not been a single case of AIDS transmission through athletic involvement. Hepatitis B represents a more prevalent and daunting problem.

Americans with Disabilities Act

Sports medicine professionals working with disabled athletes is a relatively new and uncharted area that must be addressed, for undoubtedly there will be legal implications for everyone involved.

Definition of Sports Medicine

Question: Is there a consensus on the definition of "sports medicine?"

Conclusion: The interpretations of sports medicine are as diverse as the profession itself. One common theme prevails: A sports medicine professional delivers a service or treatment to enhance the health and performance of the professional, competitive, scholastic, recreational or physical fitness athlete.

Universal Licensing Board

Question: Should the field create a universal licensing board to regulate and monitor sports medicine physicians?

Conclusion: No. The field consists of too many divergent specialties to effectively umbrella licensing authority under the auspices of one board.

Task Forces Formed to Get the Job Done

One of the most tangible outcomes of the meeting was the formation of a task force designed to collect and catalogue each organization's position papers related to AIDS, HIV, and athletics, and to analyze those papers. This action may lay the foundation and blaze the trail for future task force assignments designed to focus the efforts of the profession's most formidable representatives on issues of vital importance to the general field of sports medicine.

A second task force was formed to plan future meetings, determine whether they should be held annually or biannually, develop additional discussion of topics related to sports medicine, and to further generate contact between organizations and individuals. Just two weeks after the conference, ACA Sports Council Advisor John Danchik cited outstanding interaction results: "Since the meeting in Colorado Springs, I have had a stream of constant communication with organizations where decision makers have previously been inaccessible. Likewise, I have been in regular contact with individuals who in their locale have issues involving chiropractic sports medicine." Within days, for instance, the ACA Council received a copy of guidelines on procedures for treating athletes on field when there is danger of communicable disease.

Roll Call Engendered Mutual Esteem

The act of placing sports medicine leaders from divergent factions into one room might seem to raise the danger of eliciting antagonism. In fact, just the opposite occurred when open communication loosened previously held constructs. For example, some nonmedical professionals with limited exposure to the field of chiropractic sports medicine took note when the U.S. Olympic Committee mentioned the role of the chiropractic profession in the care of Olympic athletes. Dr. David Joyner, USOC Winter '92 sports medicine director, described the work of the Olympic medical staff as the culmination of a team effort carefully orchestrated to effectively treat the athlete, "a team that includes orthopedists, chiropractic physicians, athletic trainers, and physical therapists, as well as other allied health care professionals."

The Joint Commission on Sports Medicine and Science has now documented the power of linking individuals by association toward a common goal. The outcome of their endeavor suggests that profound and effective progress is about to be made in the all-encompassing field of sports medicine.

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