SPORTS TALK

Journal of the ACA Sport Council

THE PRE-PARTICIPATION PHYSICAL EXAM BY CHIROPRACTORS

By: Dr. Joel (Chip) Carmichael

The phrase "turn your head and cough" evokes a certain sense of anxiety in those males among us who are old enough to remember the good ole days of the "sports physical." I still remember my 17 yr-old self pondering the purpose of it all as I exited the yearly ritual, proud that I was able to muster enough composure to pee in a cup on command in anticipation of what was to follow.

Thankfully knowledge is progressive. We've moved beyond the notion that the presence of an inguinal hernia places an athlete at undue risk. The ritual of yore is now exactly that: "of yore" … and life is good. Not to be dismissive, mind you. A larger responsibility for all physicians, chiropractors and others, looms large even as we celebrate the demise of the outmoded sports physical. Let's take a closer look at the current state of the art.

What is the Pre-Participation Physical Examination?

The Pre-Participation Physical Examination (PPE) is a clinical examination used to identify illness, injury and the increased risk of injury to an individual athlete or to others as a result of that athlete's participation in sport.

There are over 10 million PPE's performed each year in the United States. Only 0.3 to 1.9% of athletes undergoing PPE are denied clearance to participate in sport.

The primary objectives of a PPE, according to a recently updated ePocrates overview, (https://online.epocrates.com/noFrame/showPage.do?method=diseases&MonographId=888&ActiveSectionId=11) are as follows:

- Detect potentially life-threatening or disabling conditions
- Detect conditions that may predispose the athlete or others to increased risk of injury or illness (this includes evaluating the athlete for sport-specific fitness)
- Fulfill legal, administrative and insurance requirements, which vary by context and location

The First Objective: Save a Life and Do No Harm

The most life-threatening medical condition one could fail to screen for on PPE examination is sudden cardiac death from hypertrophic cardiomyopathy. A systolic murmur that increases with the Valsalva maneuver and decreases with squatting should make the examiner suspicious of hypertrophic cardiomyopathy. Unfortunately, PPE's commonly performed today often fail to include auscultation of the heart in the standing in squatting positions. These positions are necessary to appreciate the outflow murmur. The left lateral decubitus position and the seated, leaning forward posture are popular ways to examine the chest, but less directed at identifying

The incidence of sudden death among young athletes is rare. There are fewer than 100 reported deaths each year due to hypertrophic cardiomyopathy in young athletes. It is estimated that 200,000 young athletes would need to be screened to detect 1 athlete who would experience sudden cardiac death. As such, the utility of the PPE to screen for potentially fatal cardiovascular disorders is poor. Experts have considered the inclusion of ECG as an augmented screening procedure. However, currently the American Heart Association does not recommend routine augmented screening with ECG or other additional cardiovascular testing methods. I have been a part of multi-station PPE's for a local school district that try to include augmented ECG screening. It was cumbersome, intensely time-consuming, and impractical. In short, the lofty goal of screening every athlete in this setting fell dismally short.

All this begs the question: are our updated screening methods making a difference? To date that question remains unanswered. However, the current status quo leaves much to be desired. The American Heart Association (AHA) recommends that all PPEs contain 12 elements designed to screen for potentially serious cardiovascular disease. Research indicates that only a small proportion of competitive scholastic athletic programs across the US fulfill the AHA recommendations. One study found that only 26% of US colleges and universities used PPE forms that included at least 9 of the 12 AHA recommendations, and 24% contained 4 or less.

Additional potentially serious conditions that must be considered and competently screened for in the PPE include Marfan syndrome (which can cause a variety of cardiac abnormalities including mitral valve prolapse, mitral regurgitation, dilation of the aortic root, aortic regurgitation, aortic aneurysm and aortic dissection), unpaired organs (e.g., one eye, one functional kidney, one testicle, etc.), and the history of prior concussion. Concussion and mild traumatic brain injury (TBI) are hot topics right now, and merit ongoing discussion in separate articles.

The Second Objective: Detect Predisposing Conditions to Injury or Illness

The online ePocrates overview on PPE, last updated Nov 28, 2011 provides space for recording findings from a very limited, non-standardized, non-quantitative range of motion examination.

http://www.amssm.org/Content/pdf%20files/PPE2010RevisedForm.pdf

Ladies and gentlemen, this is where our greatest opportunity lies! Our current detection mechanisms are poor and non-predictive. We need to add functional screening to the PPE to get the most data we can prior to the begin of the season.

Can a cursory range of motion, the duck-walk or a single leg hop give us any meaningful information about core strength? Can it quickly assess shoulder flexibility? Many functional deficits – each with a risk of increased injury – are unidentified because we simply are not looking for them in a standardized, reproducible way.

If you care for high performance athletes or anyone who takes their participation in sport seriously, I recommend that you make a Functional Movement Screen (FMS, by Gray Cook) mandatory for your athletes or high school.

The seven simple, well-conceived functional tests are quantitative, affording repeated measure comparison over time to a prescribed strength and conditioning program, remedial exercise program or, in fact, your treatment of the athlete! The FMS is used by the NFL Combine as one mechanism to identify athletes who are at higher risk of injury and "less draftable."

The Third Objective: Legal and Administrative Demands

In a nutshell, this is "doing your paperwork." States and local school districts are under increasing pressure to document legal accountability in our litigious society. I was shocked to learn this week that in some places Little League baseball batters are no longer allowed to warm up by swinging the bat "on deck" like we did when I was a kid. The only "safe" place to swing the bat nowadays is at the plate. These rules were installed to keep a flying bat from hitting somebody in the head, understandably, but times just aren't what they used to be, are they?

So how far have we come? It wasn't that long ago that I testified before the Colorado High School Athletic Association (CHSAA) and explained that the guideline that credentialed sports chiropractors use for Pre-Participation Physical Examination (PPE) was the guideline adopted, endorsed and disseminated by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopaedic Society for Sports Medicine, and the American Osteopathic Academy of Sports Medicine.[2] Colorado Chiropractors who attend a certification course to review how to perform a PPE according to current published guidelines are allowed to perform PPE's in Colorado.

<u>Should Chiropractors be allowed to perform PPE's?</u>

Emphatically, yes!

My recommendation is that you look at your state's practice act. The Chiropractic Practice Act in the State of Colorado allows chiropractors to diagnose physical ailments, including heart conditions, concussions, Marfan's syndrome, etc. Therefore, by law the State recognizes and declares that licensed chiropractors are free to exercise their designated and recognized scope of practice INCLUSIVE of all Coloradans. Athletic Coloradans, including Coloradans in high school, are included in that pool of individuals for whom licensed chiropractors can render such diagnoses.

High school athletic associations have the duty to protect the health and safety of the athletes, spectators and venues involved in the activities they govern. The State Board of Chiropractic examiners have the duty to protect the public by examining, certifying and enforcing the standard of practice and continuing education of all its licensees. It is inappropriate, in my opinion, for a state high school athletic association, or for a school district or an individual high school, to take upon itself the duty of a Board of Examiners. In other words, take the opportunity to point out to your states high school athletic association that *chiropractors are already licensed to perform every listed in the guidelines for performing competent PPE's.*

I must strongly assert that the academic and clinical training chiropractors receive in physical diagnosis, and the accountabilities they are subject to in passing National Board Examinations and State Licensing Board Examinations qualify chiropractors to perform PPE's. In addition, and to the credit of our profession's sports medicine specialty, all certificants of the American Chiropractic Board of Sports Physicians (CCSP's and DACBSP's) are required to pass tests that specifically address all elements of an appropriate PPE. This Board has had a published policy statement -- a white paper -- on the proper performance of a PPE, for a decade.

Helpful links:

http://www.aafp.org/afp/2000/0501/p2683.html

http://pediatrics.aappublications.org/content/121/4/841.long

U.S. Olympic Track and Field Trials June 21-July 2

I am returning to my clinic in Syracuse, Utah after almost a week of covering the Track and Field Trials for the 2012 Olympics that will be held in London. I am reflecting on the great experiences I had in just those four short days. Treating Olympic hopefuls, Olympians, American Record holders, sucking knowledge from the heads of the best in several fields of health care. Wow, what a great time!

I was fortunate enough to be selected to treat the hammer throwers at the Nike campus in Beaverton, OR June 18-21. Once, not too long ago, I wandering through the treating room as an athlete but now I was there as a treating chiropractor. I ended my stint as a hammer thrower in 2008 and from there I decided that was enough and I was off to chiropractic school in Portland, OR to fulfill a dream I had since my first encounter with a chiropractor in 1998. Dr. Reed McGregor of Logan Utah changed my destiny forever in more ways than one. During my career as a hammer thrower I had three national championships beneath my belt, one world championship team, silver medal in the Pan American Games and the pinnacle of Olympic sports, an Olympic team in 2004! Now there I was in the treating room observing some of the best professionals in chiropractic and athletic training, orthopedics and physical therapy do their thing in order to field our best team possible for London in July. I honestly felt more in awe than the first time through the tunnel entering the Olympic stadium (well that might be a bit of a stretch).

Drs. Ted Forcum and James Parker

I was alongside some of the best sports chiropractors in the world with Drs. Ted Forcum, Shane Espinoza and Shawn Hanson of whom I gleaned valuable information on and about treating high level athletes. Watching some of these guys work was invaluable and has lifted my knowledge and skill to a new level.

Although we had only the hammer throwers, around 48 total athletes, several other event athletes were there to watch the competition and get some treatment. As I have not been out of the sport too long a lot of the athletes were former competitors and friends who I was able to catch up with and even treat. One thing I found super interesting was my experience as a chiropractor was consistent with my experience as an athlete in relation to the training/treatment room. The chiropractors were far more requested than any other discipline in the room. I remember the 2005 World Championship team in Finland. I was sitting waiting for a treatment from the chiropractor on staff and so were 5 other people. It seemed to me at the time that the other trainers and staff were kind of sitting around watching. At the Pan American Games I remember the D.C. was working overtime just to make sure he could fit everyone in each day. The Olympic Games in Greece were similar. This was no exception in Beaverton either. It seemed each athlete who walked through the doors had as their first request, a chiropractor. I find this very telling of the demand that our profession has in the athletic world. The athletes obviously value what the adjustment has to offer them. Having M.D.'s, ATC's, PT's and LMT's there was also very advantageous and I am not in one bit trying to downplay what they do, but I was impressed and proud that chiropractic is a very valued service to performance minded individuals at the elite level.

I want to thank all the doctors who made this experience possible, not only for the athletes but for myself. I know it takes a lot of preparation and coordination to execute an event such as the Trials and Dr. Ted Forcum and Dr. Rich Gorman deserve a high five. Having this experience in my back pocket will serve my future patients better and hopefully help someone else achieve their dreams.

- Dr. James D Parker, D.C.

2004 Olympic Team member

Presidents Message

Guillermo Bermudez, DC, CCSP

Dear Members,

It has been pleasure to be your president over the past two years. I wish to take this moment to thank you for allowing me the privilege to serve you and our wonderful profession. Over the last two years, the ACA Sports Council has seen tremendous growth in membership, sponsorships, vendor agreements, and member benefits. Our student membership has also seen significant growth. We have added student sports councils in Palmer Florida, National Florida, UBCC, and Texas Chiropractic College. Our student conversion rate has also seen growth and is contributing to the growth of the organization. Our ACASC/Hyde Poster Presentation Contest scholarship award has more than tripled, growing to $10,000.00, due to the generous donation of Optogait and its President, Dr. Peter Gorman.

We have also done a great job building bridges with other ACA Councils, as well as national and international organizations. This past year I attended meetings to represent our Council at the Royal College of Chiropractic Sports Sciences *(*Canada*)*, ACA Rehab Council Symposium, Joint Commission of Sports Medicine, ACBSP Chiropractic Sports Sciences Symposium, and the National Chiropractic Legislative Conference. I met with the leaders of these organizations and started synergistic cooperation to benefit our profession. At the RCCSS meeting I met with Dr. Moises Hernández, President of the Federación Mexicana de Quiropráctica Deportiva (Mexican Federation of Sports Chiropractic) and we have a preliminary proposal for a joint program to take place in Mexico. It is my belief that the Council is in an excellent position to expand opportunities and prosperity, and continue to build the strong fabric of our membership.

In my past messages, I have thanked the pioneers of our profession who have laid the foundation for our Council's success. At this time, I would like to thank those individuals who worked with me and were instrumental to our achievements during my presidency. Dr. Shane Espinosa, for our success in building strong relationships with business partners who sponsor our organization and sponsor our symposiums. Dr. Carlo Guadagno, I thank you for finding ways to make all efforts seem less laborious. Dr. Julie Scarano, your graphic skills and creative mind made our Symposium marketing materials top notch. Jean Malnati, who works tirelessly supporting our Board.

Our current Board members, Drs. Len Ershow, Ted Forcum, Kelly Lange, Sherri LaShomb, and Michael Lord, thank you for working so hard and investing countless hours on behalf of this organization and its members. A special thank you to Dr. Kelly Lange for your leadership, dedication, and passion as we regularly worked into the wee hours of the night. Drs. Tom Hyde, Ed Feinberg, Ted Forcum, and Mike Simone, thank you for all your guidance, experience, and advice you so willingly shared over the years. Your generosity is deeply appreciated. Finally, a deep and sincere thank you to our families, who have endured the long hours and missed commitments over the years by those willing to prioritize to lead this Council.

Thank you. It's been an honor to serve you.

National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports

Journal of Athletic Training. 2011:47(1):1–24

Douglas J. Casa, PhD, ATC, FNATA, FACSM (co-chair); Kevin M. Guskiewicz, PhD, ATC, FNATA, FACSM; Scott A. Anderson, ATC; Ronald W. Courson, ATC, PT, NREMT-I, CSCS; Jonathan F. Heck, MS, ATC; Carolyn C. Jimenez, PhD, ATC; Brendon P. McDermott, PhD, ATC; Michael G. Miller, PhD, EdD, ATC, CSCS; Rebecca L. Stearns, MA, ATC; Erik E. Swartz, PhD, ATC, FNATA; Katie M. Walsh, EdD, ATC

Objective: To present recommendations for the prevention and screening, recognition, and treatment of the most common conditions resulting in sudden death in organized sports.
Background: Cardiac conditions, head injuries, neck injuries, exertional heat stroke, exertional sickling, asthma, and other factors (eg, lightning, diabetes) are the most common causes of death in athletes.
Recommendations: These guidelines are intended to provide relevant information on preventing sudden death in sports and to give specific recommendations for certified athletic trainers and others participating in athletic health care.
Key Words: asthma, cardiac conditions, diabetes, exertional heat stroke, exertional hyponatremia, exertional sickling, head injuries, neck injuries, lightning safety

This position statement brings with it information from many of the previous statements to present recommendations for improved preparedness of sudden emergencies that may occur. Each recommendation for prevention, screening, recognition and treatment are labeled with a specific level of evidence based on the strength of recommendation taxonomy. This brings into account the quality, quantity and consistency of the evidence in support of each recommendation. This truly provides "Evidence into action" bringing the best information available to help guide practices. The most common causes of sudden death in athletes are covered including cardiac conditions, head injuries, neck injuries, exertional heat stroke, exertional sickling, and asthma. There are also outlines for rules regarding emergency action plans. The authors state that this should be used as a guide or checklist. Is your sports medicine team ready for an emergency situation? This can serve as a tool to let you know what you are doing well and maybe highlight some areas that need attention and improvement. Continued review of action plans and best practices as outlined in this statement can help your team prepare should an emergency arise.

http://www.nata.org/sites/default/files/JAT%2047_1%20CASA%20FINALFINAL_11-16%20with%20in%20press%20watermark.pdf

To view other position statements follow this link: www.nata.org/position-statements

Michael Tunning D.C., ATC
Dr. Tunning is a faculty member at Palmer College of Chiropractic in the Diagnosis and Radiology Department. He also is an Associate at Chiropractic Healthcare Associates in Cedar Rapids, IA focusing in musculoskeletal injuries as well as athletic injuries. Dr. Tunning serves as the ACA Sports Council Liaison to the National Athletic Trainers' Association.

The ACA Sports Council's annual symposium will be held in beautiful Scottsdale, AZ July 20th-22nd, 2012. We have a line-up of top notch speakers to help you form a winning game plan:

- Dr. Jeff Spencer on Chiropractic care and peak performance
- Dr. Tom Michaud on management of gait related injuries
- Drs. Ed Feinberg and William Brechue on traumatic brain injury physiology and management
- Cindy Bailey, PT on light elastic taping
- Dr. Greg Doerr on soft tissue treatment to the lower extremity
- Dr. Robert Silverman on nutrition and kettle bell rehab

Additionally we will host an informative and exciting round-table panel on chiropractic on the international scene with an emphasis on the recent Pan-Am games. From our exhibitor hall full of a diverse array of vendors to our evening socials where you may mix and mingle with your

Olympic Dream Comes True for ACA Member

According to *The Palisadian-Post*, a weekly newspaper serving the Pacific Palisades community in Calif., ACA member Joel Bienenfeld, DC, has been pursuing his Olympic dream since 1996. In late February of this year, he finally got the call informing him that he would be headed to London for the Summer Olympics as one of the primary DCs on the U.S. track team. On July 15, Dr. Bienenfeld will depart for England, starting at training camps in Birmingham and then continuing on to London for the Olympics. He will remain there until the closing ceremonies on Aug. 12, after having endured nearly a month of intense work--mostly with track and field athletes (though he will be available for other sports if needed).

FICS SYMPOSIUM

Durban, South Africa – April 10, 2013

Held in association with the World Federation of Chiropractic's 12th Biennial Congress

Hosted by the South African National Chiropractic Sports Council

CALL FOR PAPERS AND NOTICE OF AWARDS

Doctors of chiropractic and others are invited to submit lecture proposals and scientific abstracts for presentation at the 3rd Biennial Symposium of the Federation Internationale De Chiropratique Du Sport (FICS) to be held at the Elengani Southern Sun Hotel in Durban South Africa on Wednesday, April 10, 2013.

Lectures. *These will be on clinical subjects within the field of sports chiropractic. Presentation time is 20 minutes each. Six lectures will be chosen from proposals received.*

Original Research Presentations. *Scientific research studies and scholarly practice-based work of relevance to sports chiropractic. Presentation time will be 10 minutes each. Approximately 25 papers will be given platform (10) and poster (15) presentation. (The same research abstracts may also be submitted to the WFC Congress immediately following the FICS Symposium. To submit abstracts there, go to www.wfc.org/congress2013).*

Original Research Awards. Awards of **US$5,000** (First Prize), **$2,000** (Second Prize), and **$1,000** (Third Prize) generously sponsored by **Life University.**

To qualify for the awards, the winning papers must be submitted to and accepted for publication in *Chiropractic and Manual Therapies* (C&MT) before delivery of the award.

Deadline for Lecture Proposals and Research Abstracts: November 1, 2012

Notification of Acceptance or Not: December 15, 2012

More info and online submission form: Go to www.fics-sports.org

Research awards sponsored by

1

Past ACA Sports Council President Dr. Carl Heigl is appointed to the Wisconsin Council on Physical Fitness and Health

Governor Scott Walker today (June 27th, 2012) announced the signing of Executive Order #73 , recreating the Governor's Council on Physical Fitness and Health.

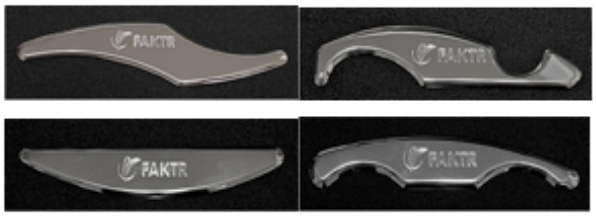
"Promoting healthy living is an important part of leadership," Said Governor Walker. "The long-term health of Wisconsin families is important for all of us on both a personal and state level. Healthier living leads to lower health costs and more productive lives and workplaces."

Governor Anthony Earl established the council in Executive Order 10, April 19, 1983. Council members are advocates of health and fitness promotion initiatives. The Council also makes recommendations to the governor concerning programs and policy development related to fitness and better health.

The council shall consist of no fewer than nine members with the Governor and his or her designee and the Secretary of the Department of Health Services or his or her designee.

The council is tasked with developing policy and program recommendations to improve the status of our children's health, fitness, and nutritional intake. It will encourage key stakeholders and community leaders to assist in preventing overweight and obesity in all Wisconsin residents throughout their lifecycles via supporting nutrition and physical activity initiatives. It will also make recommendations to the Governor concerning program and policy development relating to better fitness, health, and nutrition.

Dr. Carl Heigl, Racine, of Heigl Chiropractic Center, has extensive training in health and wellness and is skilled in the treatment of sports-related injuries.



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Volunteers Needed!

The New England Sports Medicine Council is looking for sports chiropractors and massage therapists to volunteer to help provide medical coverage for this event that's coming up at the end of the month.
It should be a fantastic event with some amazing athletes from all over the region!
Please get in touch with me at DrTamaraLovelace@gmail.com if you or someone you know is interested in volunteering!

For more information about the race:

Click Here

Chiropractic Sports Medicine Director

Southern California University of Health Sciences is looking for a Chiropractic Sports Medicine Director. This individual will assume responsibility and accountability for overall clinical and operational functions of the SCU Sports Medicine Department.

For more information follow this link:

Click Here