

HOCKEY INSIDER: HOW A PROFESSIONAL HOCKEY PHYSICIAN APPROACHES INJURY

I've been privileged to serve as a team physician for our very own Columbus Blue Jackets. You might be surprised to know that the same methods and evaluations we use to treat professional hockey players are often the same used to treat the "everyday" athlete — no matter if they are at the recreational, club, high school or college levels. In this article, we'll look at the typical process we follow to evaluate and treat a common injury at the professional hockey level.

DEMANDS ON THE ATHLETE

First, a look at the rigors placed on professional hockey athletes: on average, they play a much heavier schedule of games than most professional sports. The fact that there are 82 games per season, sometimes back to back nights, takes treatment to a different level than football where there is a week between games and a total of 10 to 16 games per season. This makes the treatment time much more condensed and requires fast decision making.

THE INJURY OCCURS

Let's say an athlete sustains a blow to the outside of his knee. He feels a pop followed by pain. He comes off the ice and consults the athletic trainer, who takes him to see the doctor. The doctor evaluates the knee, checks for stability and finds there is mild looseness to the MCL (Medial Collateral Ligament), suggesting an MCL tear might have occurred.

INITIAL ACTION

Depending on his pain level and the amount of looseness present, a brace may be put on to allow him to try to continue to participate in the game. If it is more serious, we may remove the athlete from the game. We would then get an MRI (Magnetic Resonance Imaging) as quickly as possible and evaluate the MCL. We would put a grade level on the injury somewhere between a Grade I (mild) and Grade III (severe).

REHABILITATION

Assuming this is a Grade I injury, the athlete could return to play when he has achieved his goals of full range of motion, strength and stability with the brace. At that point, we start rehabilitation with the athletic trainer and most likely prescribe an anti-inflammatory medication. He will be allowed to work with his strength coach to do upper body and leg strengthening (to the non-injured leg) as tolerated.



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TRAINING PROGRESSES

At the appropriate time, we will allow the athletic trainer, as well as strength and conditioning coaches to start strengthening exercises for the injured leg. When he is functioning better, we will then progress him to functional activity in the training room, which would consist of a slide board and stationary bike. When he passes these tests, we will allow him to start skating under the direction of the athletic trainer and the coaching staff.

RETURN TO THE ICE

As the athlete progresses, he will do more aggressive skating and we will allow some early contact, most generally while wearing a stabilizing brace. A final physician checkup will allow the athlete to ease back to athletic activities with the brace. We will continue our observation of his progress through the next several weeks.

WHEN SETBACKS OCCUR

If he has a setback, often times we have to go back to square one and start over again. As in most cases, treatment is not an exact science. We use our best abilities based on the pain tolerance of the athlete, the degree of the injury, how the injured part reacts to rehabilitation and how the athlete is able to perform as he rehabilitates through the injury.

Finally, every course of treatment considers the timing of the injury, proximity to an important game, and the end of season. All of these factors are taken into consideration with the coaches, physician and athlete as we work to return him safely to play.

I invite you to visit www.GetInTheGameOhio.com and select the SportsMed Source tab to check out more detailed information on sports medicine injuries and prevention. You can also email a physician directly from the site for answers to any specific questions you might have.