

Pro Sports



EMMS

EMTs and paramedics provide emergency care for players and fans • By Deb Crager, EMT-P

TREATING THE PLAYERS

A football player is struck from behind, landing in a heap and complaining of neck and back pain. A basketball player has an undetected but deadly arrhythmia and drops to the court, pulseless and blue. As emergency care personnel swirl around the players, thousands of fans watch every move. They're fascinated, yet ill at ease. Will the players walk off the playing surfaces? Will they live? Imagine running through ACLS protocols as 60,000 people watch from their seats and millions more view the scene on television. Welcome to the world of professional sports EMS.

"This is a very difficult environment to work in and very stressful," says emergency physician Joe Waeckerle, for five years a team doctor for the National Football League's (NFL) Kansas City Chiefs. "We're working on very high-profile patients," he says, in situations where everything is being televised.

Before Chiefs All-Pro linebacker Derek Thomas was treated by paramedics during a playoff game, he'd had no experience with EMS. "You just hope you'll never be the one they have to come and get," he says. But during the first quarter of a 1991 playoff game against the Los Angeles Raiders, Thomas started experiencing complications from a cold medicine he had taken earlier in the day. "It felt like a rush," he says, "like someone startled me." As the game progressed, Thomas sought Waeckerle's advice. "I remember saying, 'What?! I can't just go in the locker room, I have to get back out there!'" After Waeckerle steered the reluctant player toward the locker room for a more thorough evaluation, he found that Thomas had an elevated blood pressure and rapid heart rate.

"I was hooked up to the monitor, had an IV, the whole works," recalls Thomas. "In my mind nothing was wrong — so I'm

glad I had someone who knew what to do." Thomas ended up being admitted to the hospital for observation and was released the next day without any side effects.

Focusing on Safety

"A lot of people think it's win at all costs," says Waeckerle, "but everything is focused on what is safe for the player, both in practices and games." He says most football injuries are orthopedic, involving ankles and knees. Still, concussions and other injuries do occur. Protocols are written to address most of the incidents, explains Waeckerle, but physicians can change treatment as they see fit. "Each person, each patient is unique."

Waeckerle also works closely with Kansas City, Missouri, paramedics. He's been associated with them since 1974, serving as medical director and instructor. He knows the paramedics personally,

need to use good judgment, otherwise athletes may not tell you if they're hurt. They want to compete."

Waeckerle and orthopedic physicians travel with the Kansas City Chiefs and are on the sidelines with the trainers during games to evaluate player injuries. They decide the course of treatment, sometimes using Waeckerle's "black bag." It carries everything they need: resuscitation equipment, intubation supplies, pharmacology and chest tubes. "Between us, we can turn the locker room into a mini-emergency department," he says.

Sports Medics

When Loyola-Marymount University's Hank Gathers collapsed and died on a basketball court in 1990, several Phoenix firefighter/paramedics watched the event on television. They realized that athletic teams needed emergency

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rides with them frequently and holds great admiration for their skills and abilities.

Waeckerle says he's been an athlete since he was 4 years old, with a baseball in one hand and football in the other. After completing his medical education, he did graduate work in exercise physiology at the University of Kansas. This was a natural path for him to take, he says, and lets him combine his love of medicine with that of sports. And, Waeckerle notes, thanks to his background he's learned to get the whole story before pulling an athlete from a game. "I've had every injury that could ever happen to someone, and I understand the desire and motivation to play through pain. You

care that paramedics with street experience could provide. So, they approached the Phoenix Suns of the National Basketball Association (NBA) and received unanimous support from management to develop a program called Sports Medics. Currently consisting of eight Phoenix firefighter/paramedics, Sports Medics provides emergency care for all athletes competing in Phoenix's America West Arena, whether the sport is basketball, soccer, boxing, hockey, pro rodeo or indoor arena football. To date, the most serious incident involved a bull rider who was crushed and killed, but according to Jim Mabry of Sports Medics, the usual incidents involve ath-

EMTs and paramedics provide emergency medical services for fans and players at professional sporting events across the country. Among the sports covered are ice hockey, here in Atlanta, and NFL football, here in Kansas City.



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ma attacks, diabetic problems and cardiac arrhythmias.

"What we're doing is just a reflection of what's going on in the streets," says Mabry, a 12-year veteran of the Phoenix Fire Department. Mabry's colleague Rick Garner, also a 12-year firefighter/paramedic, says most of the trauma occurs during arena football and involves head and spinal injuries. Still, Garner adds, potential for trauma exists in other sports, especially rodeo and boxing. "Boxing is just legalized assault," says Garner, "and we've had experience with assaults."

In professional sports, home teams generally are required to provide access to emergency medical care and transportation to a medical facility. Sometimes, as in Phoenix, the care providers are dedicated solely to the treatment of athletes. In other cases, the providers may be from the local EMS service or a nearby hospital.

Funding these EMS teams is of key concern, of course. In Phoenix, funding is provided through the Phoenix Suns, America West Arena and local businesses, including a private ambulance company.

gear to outside EMS providers. "We've used a lot of ingenuity to fund the service without tax dollars," says Mabry.

With its small staff, Sports Medics assists at 100 events a year. Limiting

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In addition, Sports Medics personnel help their own cause. They've designed specialized equipment that helps facilitate their job on the arena floor and in the field, and to supplement their funding they sell this

staff size is important, says Garner, because it provides for continuity of care and creates a more comfortable situation for athletes. It also enables the paramedics to build strong relationships with



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(Far left) Sports Medics provides EMS to pro athletes in Phoenix. (Left top) Prompt response saved Andy Coviello, in white shirt, from paralysis. (Left bottom) Paramedics Unlimited works with fans at Phoenix pro athletic events.



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team doctors and trainers.

Preplanning how emergencies will be handled has helped Sports Medics provide the best care possible for athletes, and that made the difference for Andy Coviello, who was playing for the Arizona Rattlers during the 1993 arena football playoffs. Immediately after scoring, Coviello was hit from the side and sustained a neck injury. Trainers determined he had no sensation in his extremities; Coviello had suffered a spinal cord injury. "Even in my shock state, I knew it was bad," recalls Coviello. "I was awake the whole time and could hear Rick Garner and Jim Mabry being so calm and reassuring."

The paramedics stabilized Coviello's cervical spine, started an IV and within minutes transported Coviello to a hospital. There, he remained in the intensive care unit for four days. Slowly, some of the feeling in his arms and legs returned. After being released from the hospi-

tal, Coviello was in rehabilitation for six months. He learned to walk again and to regain use of his muscles, which had started to atrophy. "I'm close to 100 percent," he says now. Still, because of some lingering deficits, Coviello will never play football again.

So, he set new goals. Last season Coviello served as an assistant coach for the Rattlers, and he recently finished EMT training. He plans to become a paramedic and hopes to have the chance to offer the same quality of care and reassurance he received. Coviello says the experience surrounding his injury was positive — a turning point in his life. "They're not the normal paramedics," he says of Garner and Mabry. "It was the best thing that ever happened to me."

Both paramedics applauded the smooth working relationship among doctors, trainers and paramedics associated with the America West Arena. "What we found is that professional trainers were

good at orthopedic injuries, but knew very little about other emergencies," says Mabry. With the emergency care system at the America West Arena, though, there's give and take. "The association of doctors, trainers and athletes — it's a great exchange program," Mabry says. Garner agrees. "Emergency medicine has always been on the outside of sports," he says. "This was a way to close that gap and get involved."

Different Jobs

Matt Anderson, head athletic trainer for Phoenix Arena Sports, will tell you that his job and a paramedic's are different. Anderson's goal is to treat an athlete and return him to competition as quickly as possible. Thanks to extensive training and hands-on experience, he feels that athletic trainers have the ability to evaluate injuries. "There are a lot of injuries where we can say that we know exactly what is wrong," he says. "We're expected to make decisions."

Anderson encourages athletic trainers to develop strong working relationships with paramedics and team doctors. He rides with Jim Mabry and Rick Garner when he has an opportunity, and this strengthens his understanding of their job. At first there were minor conflicts between EMS providers and trainers when they started working together — but only during the first season. "Initially, we had some differences, but through communication we made it better," says Anderson.

According to Garner, it took time for both sides to realize which responsibilities fell to each group. It was a matter of education. "The trainers have their expertise and we have ours. We're just one more resource for them to call on."

Professional trainer and EMT Ron Courson also recognized a difference in philosophy between trainers and EMTs on the field, particularly when it came to equipment removal. In response, three years ago he designed a course to address conflicts and help bridge the gap. "Because of different education and backgrounds, we were seeing some conflicts on the field. That's not the time nor the place for that to happen," says Courson, director of rehabilitation for the University of Alabama's inter-