

The Albuquerque Community Sports Medicine Experience: Four Decades and Counting

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The Albuquerque and Bernalillo County Medical Association (ABCMA) formed the Sports Medicine Committee (ABCMASMC) in 1973. The original charge to the committee was to “1) heighten the consciousness of the community regarding the importance of physical fitness in general health programs and 2) improve physician understanding of physical fitness and encourage physicians to increase their activities in this field of study.”¹ Throughout the United States, numerous community endeavors have existed to improve scholastic sports medicine²⁻⁶—but the Albuquerque program was and continues to be notable for its multidisciplinary aspect, growth, and overall scope.¹

Of the original 12 ABCMASMC members, several were specifically interested in sports injuries in children and adolescents and had already independently covered high-school football (American football) games. At that time, Albuquerque possessed no formal sports medicine programs or certified athletic trainers in high schools. Coaches handled minor injuries, and more serious injuries fell to the athletes and their parents to treat, with no formal rehabilitation. These deficiencies were recognized by committee members and became a crystallizing stimulus for the group.

In 1982, Sweetser et al¹ chronicled the origin and early activities of the ABCMASMC, highlighting the multidisciplinary composition and development of a comprehensive sports medicine program for community high schools. Notable achievements of the initial ABCMASMC included a formal assignment of volunteer community team physicians for each of the ten public high schools, an injury surveillance system, and educational initiatives. Furthermore, the group advocated the establishment of certified athletic trainers (ATCs) in every Albuquerque public high school, raising the standard of

sports medicine care for scholastic athletes across the community. Fortunately, this coincided with the rapidly growing Athletic Trainer Education Program (ATEP) at The University of New Mexico (UNM), which provided a large pool of ATCs who could be hired by the public high schools. The initial efforts of ABCMASMC were critical in laying the groundwork for developing close personal and work relationships among the volunteer team physicians, trainers, administrators, and athletes.

After 1982, further refinements in the community and beyond began to shape the structure of the program: ABCMA was renamed to GAMA, the Greater Albuquerque Medical Association; the number of high schools in the area grew from 10 to 21; private groups coalesced into hospital affiliations; and sub-specialization in sports medicine became commonplace. Most notably, UNM Health Sciences Center (UNMHSC) orthopaedics faculty grew from five members to 27; in 1990, this number included a non-surgical primary care sports medicine physician who served as a liaison to the GAMA Sports Medicine Committee (GAMASMC). At this point, UNMHSC participation in the volunteer physician program rapidly increased, with involvement from both faculty and resident physicians.

By 2015 (43 years after ABCMASMC formed!), the persistent and enduring grass-roots program of GAMASMC continued to thrive. Volunteer physicians for teams and education programs provided coverage to high schools in three counties in the central part of the state (Sandoval, Bernalillo, and Valencia counties), serving 18 public and three private high schools. We estimate that, by 2015, GAMASMC had provided medical coverage to more than 6000 high school football games and 10,000 injured athletes since its inception. More than 100,000 injured athletes in a variety of sports had been treated by school

athletic trainers, and more than 350,000 student athletes in high school had received sports-medicine assistance during training and games.

GAMASMC service continued to grow in 2016, and the ever-expanding involvement of UNMHSC helped provide physician coverage to the increasing number of high schools in the region. By 2016, more than 30 volunteer team physicians covered more than 220 football games and acted as consultants to athletic trainers of schools. Whereas in 1982 GAMASMC exclusively comprised private-practice physicians, half of the high-school coverage in 2016 came from faculty and residency programs of UNMHSC (ie, Department of Orthopedics & Rehabilitation, Family & Community Medicine, Pediatrics, and Emergency Medicine). Additionally, in 2016, two new programs were created: 1) a formal orientation program to prepare residents for year-long roles as sideline team physicians and consultants; and 2) a program for medical students, who were assigned to volunteer team physicians, participated in sideline coverage of games, maintained a season-injury log, and completed bi-weekly quizzes (Figure 1).

The sports-medicine program has been actively embraced by Albuquerque Public Schools, recognizing the importance of high-quality health care to high-school athletes. The on-campus trainer program has expanded from non-existent to consistent coverage for each school. The program has also incorporated the educational aspect by facilitating student managers and assistants to the athletic trainers.



Figure 1. James Toldi, DO, and Seth Hunter, a second-year medical student, volunteer as team physicians for Albuquerque Academy during a football game.

Throughout the years of GAMASMC, the reporting of injury surveillance—which transitioned from cumbersome, paper-based systems to electronic, online records—has helped guide injury protocols and decisions in sports medicine. In 1988, Grace et al⁷ reported that the use of prophylactic knee bracing can reduce the severity of collateral ligament injuries in football athletes who play the position of interior linemen. The article is frequently referenced during the still-current debate on prophylactic knee braces for football. Furthermore, DeCoster et al⁸ published a review on sports-specific fractures (including football athletes in high school) and Swartzon et al⁹ presented the total number of concussions, referral percentages, and average time for return to play of these athletes. This concussion data played an important role in 2016 State of New Mexico legislation, which extended the minimum time for return to play after a concussion.

The educational component of GAMASMC continues to this day. Every August, an orientation meeting is held for all volunteer physicians and athletic trainers. Since 2005, GAMASMC and UNMHSC Sports Medicine have co-hosted a monthly sports-medicine conference in the community, which offers continuing education credits and attracts local coaches, physical therapists, medical students, and various healthcare professionals. The presentations (also available online after the meeting) include common, important, and relevant musculoskeletal and medical issues involving athletic care, as well as updates from the staff members of Albuquerque Public Schools. Time is allocated for networking among the providers, thereby promoting the development of team building, problem solving, and innovation.

Teamwork and sustainability are essential for the success of any community service organization or program. The founders of GAMASMC believed that an organized, formal relationship between physicians and athletic trainers are key to the continued success and longevity. Additionally, the founders philosophically opined that “the rewards to the physician participants, though not monetary, far transcend the time and effort expended and benefit the entire community in a variety of ways”¹. Throughout the evolution of the program, participants have developed modifications and initiatives with these basic tenets in mind. As each new wave of providers enters the program, the original principles remain valued and followed in producing an enduring, positive influence on athletic-medicine care in the community.

The volunteer team physician program of GAMASMC provides an ongoing service to the Albuquerque community and especially to healthy competition amongst high-school athletes. For more than 40 years, it has served as an ongoing and evolving example of volunteer

coordinated care—involving various providers from different professions and practice settings.

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