The field of sports medicine has grown significantly from its early days, to the point that today a large number of individuals from various medical and allied health-care professions work together in a team approach to provide athletic health care. Athletic emergency care is most commonly provided by physicians, certified athletic trainers (ATCs), and emergency medical technicians (EMTs). If they combine their expertise, the athlete might be better served. Respect for the skill set that each other party brings to the patient is essential and must be fostered before an event happens. For example, in a situation involving a possible cervical-spine injury with a college football player, the ATC and EMT might both be first responders. Obviously, the EMT handles evaluation and packaging of cervical-spine injuries more often than the ATC does. Nonetheless, EMTs might be more familiar with treating cervical-spine injuries in patients wearing motorcycle helmets rather than football helmets. An ATC is obviously more familiar with the helmet,

**Understanding Each Other’s Roles**

Physicians, ATCs, and EMTs all have different educational backgrounds and clinical experiences. ATCs should be familiar with the different levels of EMTs in their community and the level of care that the local EMS service provides. Accordingly, each might play a different role in an emergency response. Everyone should embrace the sports-medicine-team concept. The goal of the sports-medicine team should be the delivery of the highest possible quality health care to the athletes. An athletic emergency situation might involve ATCs, EMTs, and physicians working together. Just as with an athletic team, the sports-medicine team must work together as an efficient unit in order to accomplish its goals. Without understanding the role that each member of the team plays, one increases the risk of ineffective communication. Consequently, the likelihood of controversy between the caregivers is increased, as well as the chance that the patient will not receive optimal care.

In an emergency situation, the team concept becomes even more critical, as seconds can mean the difference between life and death or permanent disability. Both the ATC and the EMT have unique educational training and skills. If they combine their expertise, the athlete might be better served. Respect for the skill set that each other party brings to the patient is essential and must be fostered before an event happens. For example, in a situation involving a possible cervical-spine injury with a college football player, the ATC and EMT might both be first responders. Obviously, the EMT handles evaluation and packaging of cervical-spine injuries more often than the ATC does. Nonetheless, EMTs might be more familiar with treating cervical-spine injuries in patients wearing motorcycle helmets rather than football helmets. An ATC is obviously more familiar with the helmet,
shoulder pads, and other equipment that a football player is wearing and can also provide the EMT with a medical history on the athlete. Sharing information, training, and skills between the ATC and EMT facilitates the delivery of the highest possible quality emergency health care to the athlete.

**Before an Emergency**

The sports-medicine team should review the emergency plan on a regular basis. This might involve communication with coaches and athletic administrators, ATCs, EMTs, emergency departments and emergency-room physicians and nurses, campus police, event-management staff, game officials, and other personnel who are involved in emergency management. Before the beginning of the sport season, the sports-medicine staff might elect to have an EMT, or the local EMS service, visit their site and review entrance and exit routes for the venues, location of emergency personnel and equipment, and methods of communication such as hand signals or radio and rehearse how to handle different emergency scenarios. It would be advantageous in this planning to have the athletic department and the local EMS service conduct drills to test the plan. ATCs and physicians should review emergency protocols with the EMTs, ensuring that everyone is “on the same page.” It might be prudent to visit the emergency department and discuss issues such as equipment-removal techniques. Before each athletic event, ATCs, physicians, and EMTs should meet and again review emergency procedures. Information such as the means of access and preplans for each athletic site involved can be supplied to the local EMS service. Routes to the site that are available for the EMS service and whether these avenues can accommodate the size of the EMS vehicle must also be considered. Other questions to consider include, Is there a possibility for the use of air-medical resources? What are the criteria for the use of air-medical resources, and who would establish a landing zone? In addition, phone numbers for the local EMS service and numbers for the local EMS to contact the ATCs at the emergency site must also be reviewed. The home-competition medical staff has the responsibility to meet with the visiting medical staff before each competition and review emergency procedures.

**During the Emergency**

Communication at an emergency scene should be calm and clear. Each team member should perform his or her predetermined role. The sports-medicine team cannot allow the distractions and chaos that sometimes occur with emergency situations to divert them from the task at hand. The EMT and ATC must realize that face-to-face communication is crucial and that each party must be willing to listen to the other.

**After the Emergency**

After an emergency situation, the sports-medicine team, along with the EMT or EMS service, should perform a debriefing, or critical-incident review. This involves all sports-medicine-team members.