Shared Decision Making and Return to Play: Tough Cases, Hard Decisions

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Professor, University of Washington

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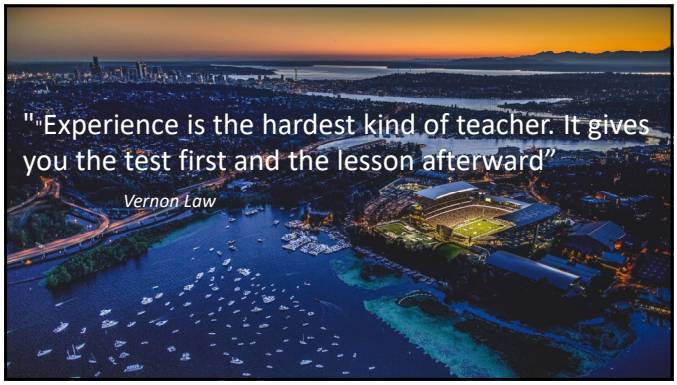

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Case of Nicholas Knapp – September 1996

- Nick Knapp suffered a SCA his senior year of high school playing pick-up basketball
- Resuscitated and ICD placed
- Northwestern honored scholarship but declared him medically ineligible
- Knapp sued Northwestern based on the Rehabilitation Act of 1973

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INTRODUCTION

Revised Eligibility Recommendations for Competitive Athletes With Cardiovascular Abnormalities

BARRY J. MARON, MD, FACC, CONFERENCE CO-CHAIRMAN,
JERE H. MITCHELL, MD, FACC, FACSM, CONFERENCE CO-CHAIRMAN

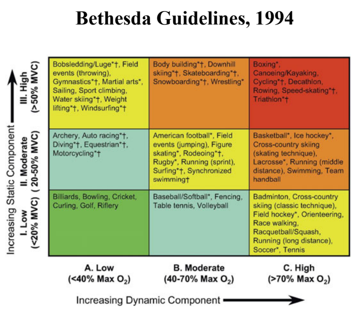
The focus of the 26th Bethesda Conference is the athlete with an identified cardiovascular abnormality, and its goal is to develop prudent consensus recommendations regarding the eligibility of such athletes for competition in a sport. Therefore, this document constitutes an updating of the 16th Bethesda Conference (1) in which formal recommendations were first published in 1985. To again accomplish this objective, we have attempted to ascertain by way of consensus which cardiovascular abnormalities, and with what degree of severity, would place the competitive athlete at increased risk for sudden death or disease progression, thereby justifying a medical recommendation against participation in certain sports.

Impetus for the Revision

There are several reasons for revising the 16th Bethesda

tant facet in defining a competitive activity is whether the athlete is able to use proper judgment in assessing when to appropriately extricate himself (or herself) from the event, should that become necessary. For example, lightheadedness, fatigue or chest discomfort, or any other potential warning symptoms of cardiovascular disease occurring during competition, may be difficult for the athlete to reliably distinguish from the normal sensations of intense physical activity itself. It is also worth noting that because of the unique circumstances and pressures of organized athletic competition, an athlete is not likely to terminate physical exertion even when the medical need to do so may be recognized.

Athletes may be regarded as competitive regardless of age or level of participation, which includes youth, interscholastic, intercollegiate, professional or masters sports. The recommendations of this Conference are not formulated for the purely



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Case of Nicholas Knapp – September 1996

- Initial court decision supported Nick Knapp's right to play
- Northwestern University appealed to the 7th Circuit Court
- Supported the right for a team physician and an institution to make decisions regarding RTP

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The United States Court of Appeals, Seventh Circuit

"In closing, we wish to make clear that we are not saying that Northwestern's decision necessarily is the right decision. We say only that it is not an illegal one under the Rehabilitation Act. On the same facts, another team physician … might reasonably decide that Knapp met the qualifications. **Simply put, all universities need not evaluate risk the same way.** What we say in this case is that if substantial evidence supports the decision-maker, that decision must be respected."

November, 22, 1996

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Class vs. Towson – 2015

- Football player wanted to play after a liver transplant

"Granting the Team Physician final clearance authority is fair and reasonable for student athletes. The dispositive question is whether the Team Physician's opinion was reasonable – i.e. 'individualized, reasonable made, and based upon competent medical evidence."

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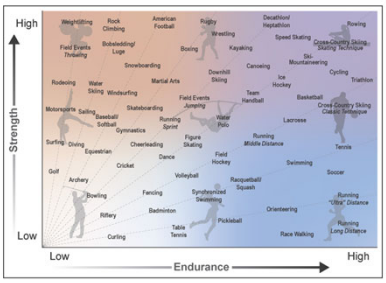
AHA/ACC SCIENTIFIC STATEMENT

Clinical Considerations for Competitive Sports Participation for Athletes with Cardiovascular Abnormalities: A Scientific Statement from the American Heart Association and American College of Cardiology

Jonathan H. Kim, MD, MSc, FACC, Chair; Aaron L. Baggish MD, FACC, Vice Chair; Benjamin D. Levine, MD, FAHA, FACC, Vice Chair; Michael J. Ackerman, MD, PhD, FACC; Shalene M. Day, MD, FAHA; Elizabeth H. Dineen, DO, FACC; J. Sawalla Guseh II, MD; Andre La Gerche, MBBS, PhD; Rachel Lampert, MD FHRS, FACC; Matthew W. Martinez MD, FACC; Michael Papadakis, MBBS, MD, FRCP; Dermot M. Phelan, MD, PhD, FACC; Keri M. Shafer, MD, FACC;



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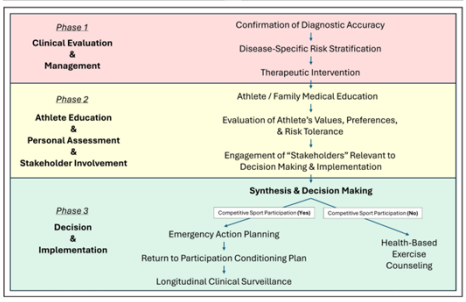
Shared Decision Making



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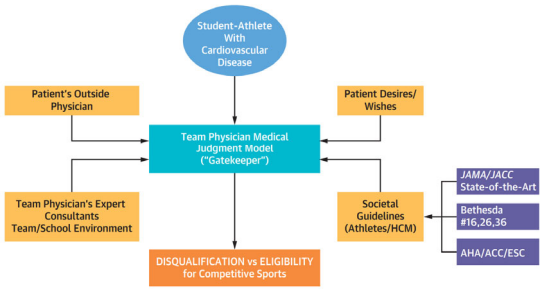
The "Team Physician" Model



Maron, JACC, 2023

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The "Shared Decision-Making" Model

Martinez, JACC, 2024

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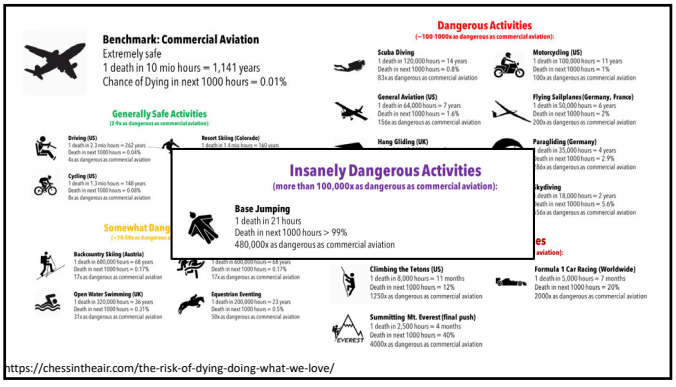

https://chessintheair.com/the-risk-of-dying-doing-what-we-love/

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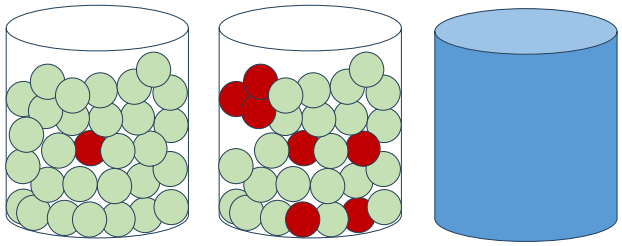
Decision Making with Uncertain Risk



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Case 1 – cardiac

- 21 y.o. women's basketball player has an arrest on New Year's Eve (12-31-2002)
- She was at home, didn't feel well, arrested
- Roommates performed CPR
- EMS arrived –defibrillated

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January 2003

- No family history of cardiac issue
  - Father with normal ECG
  - Mother with one borderline ECG but rest normal
  - Brother with normal ECG
- Diagnosis of LQTS was made
- Defibrillator placed Jan. 6
- Medically disqualified

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Summer 2003 - Second Opinion

- Only one ECG, post-arrest with LQT in setting of UTI while on Cipro
- Arrest occurred at rest
- No FH
- Was as likely to have another arrest at rest vs. exercise
- Did not have LQTS
- Cleared to play

Mike Ackerman, MD, PhD

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Now What?

- Kayla and her family came to me asking to play
- I reviewed case with UW cardiologist
  - He disagreed with opinion from Mayo
- I went to UW administration to see if they would let her play
  - They said it was my decision

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Case 2

- 22 y.o. football athlete
- Was tackled, helmet dislodged, hit in the head
- Was unconscious for ~ 10 minutes
- Spine boarded
- When he awoke he was confused and combative
- Paralyzed, intubated and transported to trauma center

Asif, Sports Health, 2010

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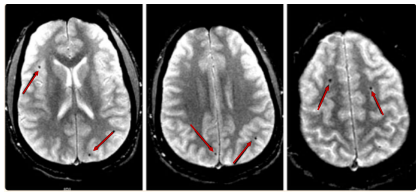
Case 2



- MRI showed multiple cerebral microhemorrhages
- Symptoms resolved and balance improved over 3 weeks
- ImPACT testing was at his baseline; however, the patient continued to have difficulty with concentration, depression, and memory.
- Neuropsychological evaluation showed mild to moderate impairments in several areas, including left-hand fine motor speed, complex attention, executive function, and delayed memory recall of complex verbal information.

Asif, Sports Health, 2010

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Case 2

- 2 previous concussions
- F/u MRI at 6 weeks showed persistence of microhemorrhages
- He was medically disqualified
- In the spring he and his father requested clearance to return to play

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Case 3

- 17 yo hockey athlete
- Had an episode of transient neuroparesis (lasting 30 minutes) after he slid into the boards at relatively slow velocity
- MRI showed cervical C3 disk protrusion with cord compression and central canal stenosis
- Cervical disk was resected and fusion of C2/C3 was performed
- Operating surgeon recommended restriction from contact/collision sport
- 3 outside consultants also recommended restriction

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Case 3

- Athlete was medically disqualified
- After about 6 months requested return to play

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Case 1 – Cardiac

- Basketball athlete with history of SCA and ICD
- Differing opinions from specialist

Case 2 – Concussion

- Football athlete with third concussion with prolonged LOC, MRI changes, and deficits on neuropsychological testing
- Desire to play professional football

Case – Spinal cord injury

- Hockey athlete s/p spinal surgery
- Agreement among consultants
- Professional aspirations

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Case 1 – Cardiac

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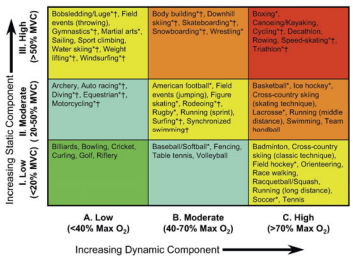
Bethesda Guidelines, 1994



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The Seattle Times

UW's Burt coming back to play basketball again

Aug 18, 2004

"The problem with whether Kayla plays is we can't really quantify her risk," said Dr. Kim Harmon, the team physician. "The problem here is dealing with an unknown risk."

"The waiver doesn't help the team doctor or the university," said Dr. Barry Maron, a cardiology expert based in Minnesota. "And it doesn't limit the athlete in any way should something happen. The waiver is powerless to prevent a lawsuit.

"Put it this way: It's not against the law to let her play. There are all kinds of ways that universities look at these things. I just don't see how this case benefits the university at all."

Said Harmon: "I'm trying to do what I think is best for the patient and not based on legal ramifications. I'm trying to do what I think is right. It's not the easy decision, and it's not the safe decision."

"That's fantastic," Knapp said when he heard the news. "She's safer than any of her teammates with that device. You'll see. A university finally got this one right."

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What happened to Kayla?

- Kayla had an appropriate discharge of her ICD during a game in 2005 during a time out
- It went off a second time in the hall as we were walking to meet EMS
- She elected to retire
- She is a nurse, married with 2 kids and her defibrillator has not gone off again

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Case 2 – Concussion

College Sports | Huskies | Husky Football | Sports

'I'm a miracle': How ex-Husky Darin Harris has learned to live with his traumatic brain injury

- "One of the consequences of a traumatic brain injury is that the person doesn't always know he or she has a brain injury. It took time — again, years — for Harris to understand what had happened, and then accept it."
- He is actively involved with the Brian Injury Association of Washington
- "I love UW," he says. He has remained in touch with the Huskies' team physician, Dr. Kimberly Harmon. He considers her a confidant.

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Case 3 – Spinal cord injury

- Transferred to another institution
- Visited a specialist who thought it was reasonable for him to play
- He participated without incident
- He was drafted and continues to play professionally

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Things to Think About

- Be aware of your personal biases and risk tolerance
- Understand your institutions perspective and risk tolerance
- Understand your patient/patient's family may have different risk/benefit equations than you
- Ultimately you need to do what you think is right and you have support for
- No one has a crystal ball

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