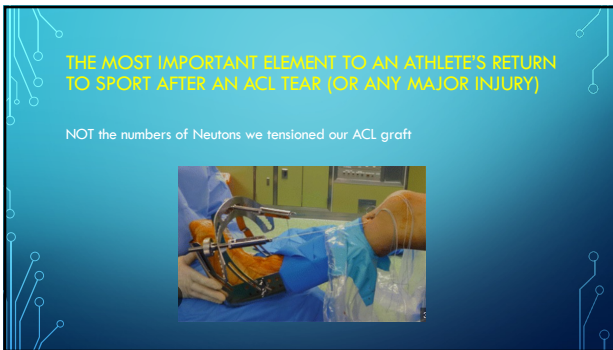
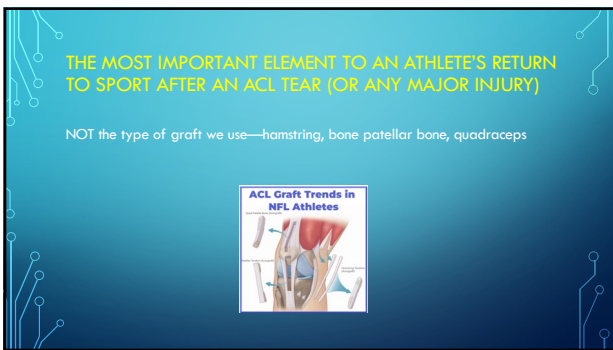


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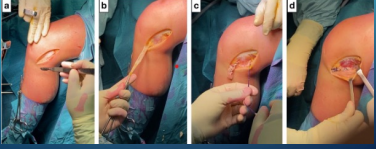
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THE MOST IMPORTANT ELEMENT TO AN ATHLETE'S RETURN TO SPORT AFTER AN ACL TEAR (OR ANY MAJOR INJURY)

NOT the addition of a lateral extra-articular tenodesis (LET) or modified Lemaire



4

THE MOST IMPORTANT ELEMENT TO AN ATHLETE'S RETURN TO SPORT AFTER AN ACL TEAR (OR ANY MAJOR INJURY)

NOT the type of therapy protocol or even the amount of physical therapy done by the athlete



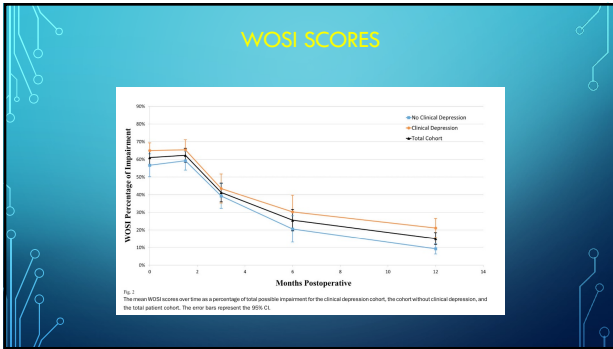
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THE MOST IMPORTANT ELEMENT TO AN ATHLETE'S RETURN TO SPORT AFTER AN ACL TEAR (OR ANY MAJOR INJURY)

It is the psychiatric stability, the support, and mental health of the athlete.



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- ### SYMPTOMS THROUGHOUT RECOVERY
- 51% major depressive symptoms pre-operatively
 - 66% at 6 weeks post-op (just like ACL study!)
 - 24% at 12 months
 - Low mental health scores correlate with lower functional patient reported outcomes
 - Interesting that about 1/4 of our athletes don't return to sport after Bankart (33% with persistent instability)...

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- ### MORE QUESTIONS THAN ANSWERS
- Does post injury depression lead to lower functional scores or does lower function lead to a greater incidence of depression?
 - Is there a predisposition in some athletes to become depressed and other athletes are resistant to it, or is the nature and severity of the injury and outcome of the injury more important to the development and persistence of depressive symptoms?
 - Does frank pre-op discussion of depression and anxiety lessen its incidence or just make us more aware that we are encountering it?
 - Are athletes with mental illness more prone to injury?
-

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OUR CONCLUSIONS FROM ACL AND SHOULDER STUDIES

- Any injury that takes an athlete out of their sport for a substantial recovery period has the risk of psychiatric disease in the athlete
- Pre-existing mental health issues should be addressed aggressively and concomitantly with injury
- Return to sport or activity of some type is very important to mental health in our athletes
- Poor functional outcome has a critical role in mental health
- Mental health has a critical role in poor functional outcome after injury and recovery

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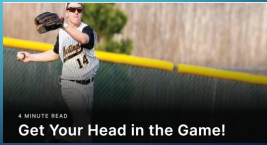
COLLISION OF SPORTS MEDICINE AND SPORTS PSYCHIATRY

- Both disciplines have worked relatively independent of one another with athletes
- The typical sports medicine doctor understands little about mental health, mental health scales, or detection of psychiatric disease
- The psychiatrist understands little about functional outcomes, surgical outcomes, physical therapy, progression, and recovery
- **There must be interdisciplinary collusion and education because both appear critical for the success of our athletes**

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MY PRE-OP DISCUSSION

- Looney's four keys to avoid a downward psychiatric spiral:
 - **Small objectives:** Michael Phelps's technique
 - **Team approach:** sports medicine doc, physical therapist, ATC, coaches, teammates, family
 - **Communications:** both ways
 - **Availability** of the provider



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KEEP THE ATHLETE INVOLVED WITH THE TEAM



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POSITIVE FUTURE ORIENTATION

- Small objectives
- Keep possibility of return to play reality but in perspective, and positive
- Focus patient on their non-athletic accomplishments and encourage those activities

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**PROFESSIONAL PSYCHIATRIC/
MENTAL HEALTH BACKUP**

- Action plan must be in place that gets the athlete a rapid evaluation
- Call in favors and make the evaluation immediate
- Long waits for psychological support are unhelpful and detrimental to our athletes



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KEEP THE ATHLETE ALIGNED WITH THEIR KEY SUPPORT SYSTEM



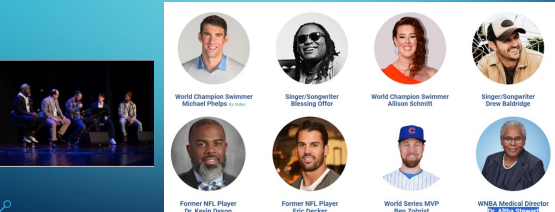
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IDENTIFY ATHLETES AT HIGHER RISK

- Poor family support system
- Prior psychiatric disease—eating disorders, depression, anxiety, family history
- Substance abuse history (before or after the injury)
- Individual sport athletes
- Single sport athletes
- Hypermobility/Ehlers Danlos Patient
- Prolonged opioid use after surgery and recovery
- Athletes who derive their self identify from that sport alone (e.g. poor academic status)
- Professional athletes and adolescents

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AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION: "WHERE WE PLAY"



 World Champion Swimmer Michael Phelps	 Singer/Songwriter Beyoncé	 World Champion Swimmer Allison Schmitt	 Singer/Songwriter Chris Rock
 Former NFL Player Dr. Kevin Dyson	 Former NFL Player Eric Decker	 World Series MVP Ben Zobrist	 WPIA Medical Director Dr. Alina Stenari

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FUTURE GOALS

- Create validated injury-specific depression and anxiety scales
 - Specific for shoulder instability, ACL, hip arthroscopy etc.
 - Allows us to easily detect and help an athlete that has "fallen off the tracks"
- Create a Nashville Athletic Mental Health group that has education and resources for athletes; psychiatric and sports medicine disciplines working as a team; designs formal education programs for both sports medicine fellows and psychiatric fellows

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WHAT CAN YOU DO?

- Recognize high-risk athletes, keeps the goals small, encourage the athlete to remain part of the team, and provide positive future orientation
- Know and communicate with a sports mental health professional who can help an athlete rapidly and who is accessible and available
- Stay in close communication with your sports physician and stay engaged with them about the mental health of the athlete
- MY MOBILE NUMBER 615-828-6215

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