

Clinical practice matters

Dealing with high performance athletes

Your staff is excited! A high performance athlete in your community has booked into your clinic. Perhaps it is the star quarterback on the university football team, a Canada Winter Games level skier or the top scorer on a Junior A hockey team.

Your initial thought is that many athletes consult with chiropractors to assess and treat their injuries in order to prevent future problems and enhance performance by maximizing bio-mechanical efficiency. But does dealing with a high performance athlete differ from your regular patients? The answer is yes – and no!

Yes – because these patients are focused and are very aware of their bodies. They have goals and dreams of competitive success. So how do you fit in?



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First and foremost, be familiar with the sport and get to know the athlete and his/her sport:

- What are the common injuries associated with that sport?
- What does the training typically include?
- Does the athlete have a history of reoccurring or chronic injuries?
- What treatment has he/she had to date? What has been his/her response?
- Has he/she had chiropractic care previously? Ask specifically, what type of treatment techniques had been utilized? Which ones worked well?
- What stage is his/her career at? Up and coming? Top of the 'pyramid' (podium finishes)? Twilight (retirement on the horizon)?

Next is the assessment and treatment of your new patient. Is the process and treatment protocol different from your regular patient?

No – with every patient you should do a thorough history, comprehensive examination and design an appropriate treatment protocol.

And, yes – the examination will be more comprehensive than a regular patient, as it will include specific assessment techniques that reflect the level of fitness, the individual's biomechanics and demands of the sport. In addition to posture, range of motion, and neurological/orthopedic assessment, you will also consider functional testing such as core muscle testing and check for muscle imbalances or weakness.

Your treatment protocol will likely encompass multiple treatment approaches such as ART, MRT, STT, and mobilization/manipulations/adjustments. Exercise prescription will also differ from your regular patients. Standard exercises may not suffice. Sometimes the best approach is to provide an overview of your examination findings to the coach or personal trainer, so that they can revise or modify the athlete's training program.

But there is another aspect of dealing with athletes that one must consider. Not all athletic injuries are spinal. Athletes often have peripheral joint injuries. So if you anticipate dealing with athletes, be aware of typical presenting histories, examination findings and treatment protocols, for injuries involving the shoulder, elbow/wrist, hip, knee or foot/ankle.

So there are differences. Your ability to anticipate these differences will allow you to adapt to the examination process and develop a treatment protocol that is specific for that athlete and allow them to maximize their biomechanical potential.

One last thing – as with all patients be cognizant of patient confidentiality. Letting others know at a social gathering or meeting, who you treat, is not appropriate unless it is in the public domain or you have permission to do so. Occasions will also arise in which individuals will claim to know inside information about an athlete's injury – but you know this is not the case, as he/she is under your care. Be cautious and professional if you choose to comment – or, best not to say anything.