In Our Quest for Objective Criteria for ‘Return to Play’, Consider a Subjective Test

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Return to play after an injury, particularly after surgery, is one of the most difficult decisions for a sports medicine physician. The most common cause of re-injury is a previous injury. In addition to the injured tissue needing to heal, range of motion and strength has to be restored. Additionally, proprioception, joint position awareness, needs to be recovered. The injured athlete then needs to obtain confidence in his/her injured limb. Very little objective data exists to help us make this decision. A lot of functional tests have been developed, to simulate playing demands. The contralateral uninjured limb provides an obvious expectation for the recovering limb. While the opposite limb may be a template for symmetry, is it the best template for return to play? If the kinetic chain, specifically the core, is not fully rehabilitated, it can lead not only to re-injury, but a different injury in the kinetic chain. Unique to Sports Medicine there is always an urgency to return to competition. The ultimate question is when. The role of the provider is to obtain as much information as possible for shared decision-making. With 20+ years of research, and more recently, injury registries, we have done very little to move the needle on defining safe return to play. While we continue to search for the “holy grail” for safe return to play, let me offer some practical, though not scientifically validated, suggestions. It is always a tough decision. These represent my personal opinion and experience, but have been helpful. One successful strategy is to allow a graduated return to play in short periods of time. In the end, the litmus test I have used, is if this athlete was my son or daughter, would I return them to play?