

153 – Huffines Sports Medicine Podcast

Mr. David Weir

[music]

- S1 00:10 Welcome to the Sports Medicine Podcast, brought to you by the Sydney & J.L. Huffines Institute for Sports Medicine and Human Performance, and the Department of Health and Kinesiology at Texas A&M University. At the Huffines Institute, we're always working to facilitate, apply, and bring you the most up to date coverage of the wide world that is Sports Medicine and Human Performance - all in a language you can understand and share with your friends. And now, here's our host, the director of the Huffines Institute, Dr. Tim Lightfoot.
- S2 00:40 Hello, and welcome to the weekly edition of the Huffines Institute for Sports Medicine and Human Performance Podcast. We're so glad that you took the time to download us and you're listening. As we do every week, we have another interesting person from the world of Sports Medicine and Human Performance for you this week as an interview. I'm really excited to welcome Mr. Dave Weir to the podcast today.
- S3 01:00 Thank you.
- S2 01:01 Welcome to the podcast, Dave.
- S3 01:02 Appreciate it.
- S2 01:03 I'm going to tell everybody a little bit about you, and then we're just going to jump into the conversation. We have Dave here today. He is the head football athletic trainer for the Texas A&M football team. He has been an athletic trainer for Texas A&M football for 25 seasons - 13 of which as the head trainer. He is currently the chair of the Advisory Board for Athletic Trainers for the State of Texas, which we'll talk about in a little bit. And a lot of experiences in a lot of different sports as well. And with football season upon us, we're here to talk about athletic training, and football, and a variety of other things. So again, welcome to the podcast. We're glad to have you here.
- S3 01:39 Thank you. It's good to be here.
- S2 01:40 What made you decide to be an athletic trainer?
- S3 01:43 Well, it was a decision I made early on. I guess coming out of junior high, I decided that I loved the-- I loved sports and loved being involved in sports, but didn't see myself as the gifted athlete, but wanted to be involved. And a high school coach recommended athletic training to me and said that there were some sports, some camps in the summertime that were offered by various people that I could kind of go get my feet wet, and see if this was something that I liked to do. The summer between my junior high and year as a freshman in high school, I attended one of those summer camps. I kind fell in love with the profession. And then into high school, became a student athletic trainer and Branham High School, and did that through three, four years of that, worked football, men's and women's basketball - men's basketball the freshman year and then I moved into women's basketball - and then worked baseball. It was a love that I found early on, and just have stuck with it.
- S2 02:47 We've all seen changes in athletic training besides the professionalism side of things, certainly from injury and rehab side - we'll talk about that a little bit later. Give the

folks a little bit of an idea about what you have nowadays, what you have to do to become an athletic trainer. It's not as easy as going to a camp in middle school, and then you wind up being the head football athletic trainer.

S3 03:07 The pathway is a little bit more defined and paved now, and certainly the profession is better known. It's still a little bit unknown to many people out in the world-- who are these people to go out on the field and see an injured athlete that may be laying there that's having difficulty?

S2 03:27 You get to run 40-yard sprints all the time.

S3 03:28 Exactly. And try to hope that you don't fall down on the way out yourself [laughter], get grabbed by one of those what we call turf snakes or something like that or trip over a line. The education side of it now, it is pretty well paved through either an established internship programs through colleges, or through what we call Arcadia-accredited programs. And in those there are undergraduate programs and graduate programs, which Texas A&M has one of those graduate athletic training programs. But students in any case, at the time that they cannot decide that want to go through this, then typically we and the collegiate level are approached about what do they need to do that. Whereas Texas A&M, we have an undergrad internship program that puts those people eligible upon graduation to sit for the state license exam and become a licensed athletic trainer in the State of Texas. Then if they seek national accreditation or national certification, then they could go on through the master's program. At other college, universities - there are undergrad curriculum programs that are in place that some students may choose to go into.

S3 04:37 The pathway there is a little bit better established. But one of the things that I think is the value of athletic training is becoming better and better known. When I first came out of Texas A&M in 1990, athletic trainers were certainly found at a professional collegiate levels in your larger high schools. But now, we're seeing the smaller high schools beginning to employ athletic trainers. And athletic training has moved out of what we call the traditional setting in dealing with armature or professional sports teams into the clinical and industrial settings. Then there're athletic trainers that are working with our military, working with NASA, working with General Motors, and working for fire departments, because people have realized the roles that we have and the function that we have don't necessarily stop at the athletic field. That injury that might occur in the workplace, in many cases, could be treated and rehabbed by an athletic trainer, and the person could return to function or return to work maybe faster than just dealing with it themselves.

S2 05:48 It's about human performance in all of its different forms.

S3 05:50 Absolutely, so it's not just on a field of play.

S2 05:53 We were talking to somebody at one point, and they said like Disney - at Disney World or Disneyland - they have I think six full-time athletic trainers that are there for the performers in the park, so there's a large job career opportunity there for that.

S3 06:09 Exactly. And because those large organizations, they may have company teams that promote health and wellness, that they have leagues and things like that, but many on-the-job injuries can be dealt with. I was talking to one of the NASA athletic trainers and I said, "What are some of the things that we're doing?" And she said, "Well, I have to deal with astronauts that come back with shoulder difficulties because the normal space suits that were made for the older spacecraft don't allow for a lot of shoulder movements." But now, the astronauts are asked to perform a lot of movements to

work on spacecraft, and so they get tied down within the suits and have limited range of motions and things like that to deal with. And so she said, "I see overused injuries in our astronauts as they're training to do flights and things like that, and do space walks.

- S2 07:06 I'm glad you brought that up, that actually closes the loop. We interviewed an astronaut one time, and that's what he said. He said, "I had shoulder problems." He did several EVAs up in space and he was like, "That was the biggest problem we had - was shoulder issues because of the suits."
- S3 07:18 Exactly.
- S2 07:19 So really cool. There's been-- I know a little bit of a discussion in the field about changing the name. Because people get athletic training confused with strength and conditioning, often they think as an athletic trainer that you're down there helping people push weights and things like that. What's your take on that?
- S3 07:33 Well, the name is-- that has been a debated topic. It's about what best describes our profession, and I think probably many athletic trainers would say, "Had we had to do it all over again - 30, 40, and 50 years ago - would we have called ourselves a different name?" And probably most of us would say we probably should have. But at some point in time, you get so far down the road as far as making a change. It's very costly, not just financially, but also name recognition, regulatory authority. And as you mentioned, as chair of the athletic training board, I spoke to NATA, and we talked about the logistics of changing a name. And when you are referenced in your laws and things like that, those things, it doesn't just take a memorandum from Dallas that says, "Now you need to start calling yourself this to start changing your practice laws," and those types of things. So, it's very far reaching. So now, I'm kind of on the side of I'm an athletic trainer. And I'm not looking to really change my name, so I'm not a proponent of a name change. I'd say if we had to probably do it all over again, we might have, should have had 30 years ago.
- S2 08:53 So everyone listening: athletic trainers do...
- S3 08:57 We are providers of sports medicine to athletes, and to people in the workplaces that have sports related type of athletic injuries.
- S2 09:06 There you go. And so everybody will just have to learn that right?
- S3 09:08 That's right.
- S2 09:09 That's why we're in the business for education [chuckles].
- S3 09:10 Exactly.
- S2 09:12 So certainly most people when we talk about sports medicine nowadays - and especially in the context of football - there's a lot of discussion about concussions. Can you give us a little bit of-- from your context because you've been in the business a long time, is the extra attention good, bad, have there been more concussions now because of the attention or I guess more recognition of concussions? What's your kind of take on this whole thing?
- S3 09:34 Certainly, I think there have been more diagnosed concussions. I don't think that there's probably more concussions. We have known that this has been an injury. But the recognition now, the importance of athletes to recognize and also to report is far greater. And we have to - as athletic trainers - we are a part of that education process to-- in which first day, when our football team reports in August and we go over it,

and concussion is one of those things that I go over with them. We cover the 22 different symptoms of a concussion. We tell them, "It's not your job to try to diagnose yourself, it's just if you're having these symptoms or any one of these symptoms, come to us. Just recognize and come to us, and allow us to evaluate you and refer you as needed," and things like that.

- S3 10:32 As we tell our athletes is that, "We all know it's a physical game and sometimes you might play and play with a sore ankle or sore knee, but you can't play with a concussion. You have to be 100% fully returned, fully recovered, to safely go back without risking a more long-term injury." That's what we try to say - you need to report that so that we can limit or minimize the downtime that you're going to have. Because we all know if you return with an unresolved concussion, that next one could be really serious. It could take you months to get over.
- S3 11:13 So while they may miss three or four, five, six days initially, we'll trade that. Obviously, it is a hot, hot topic. When you go through and you do literature searches, and you go through and you do media searches, the amount of concussion information that's out there is really big. There's been concussion laws almost now in every state that defines how concussions can be dealt with - particularly at the high school level - in trying to identify who are those team of people to be in the decision-making processes in making sure that the appropriate people are, and the inappropriate people are not.
- S3 11:57 And it's a tough decision, it's a tough thing, and we understand most every athlete wants to play. And sometimes you just have to make that tough decision. This is not in your best interest, or our best interest for you to go back out there and play until you're fully resolved.
- S2 12:14 Have you seen over the last - especially five or six years - that the underlying philosophy of the sport has changed, that players are more willing to come forward and say, "Hey, I got this symptom"? As opposed in the past - at least when I played - the deal was just strap it up and go. If you can walk, you're fine to play.
- S3 12:32 It has gotten better, but I don't say, it still happens that an athlete doesn't want to admit to it. He's, "I hope I don't have one of these. I hope I don't have one." Then the symptoms kind of keep lingering, and then in many cases they'll say, "Well, it happened early in practice and I just hoped it would go away." But by the end of practice, "Man, I'll tell you what, my headache got worse and I was having a difficulty. I don't remember half of the practice." And they kept-- [?] how many hits did they take in that intermediary time that's going to make things longer. So it still does happen, unfortunately, I don't want to tell you that it doesn't. But I think athletes, they know, they understand what those symptoms are. It's not a situation, "Well, I didn't know that was a symptom." I don't get that anymore. They understand what they are, but their desire to play is still so great that they are a little bit more hesitant to report.
- S3 13:37 But I will say it's a team approach. It's not uncommon for a coach to come over and grab me and say, "Hey, check so and so. He doesn't seem right. He took a hard hit earlier and he is just not right." Or even a fellow player, because we put some of that onus on the players as well. It's your obligation to report for your teammates as well. Look out for your teammate. Be a good teammate. And if you feel like something is abnormal, all you have to do is just reach out and tell one of the athletic trainers, and they'll evaluate and see what-- if they do, if they suspect that they do. If we suspect that they do, we've got to arrow on the side of caution, and pull that day and

evaluate. We have a lot of tools at our disposal now to better evaluate, and more things that we hope to come. We're in a partnership with some research right now, with you guys and this institute and looking at things. We have baseline studies that are established to look at individuals, to help us know when is it safe to return an athlete. So no longer do we just have to rely on, "Do you feel like you're back to normal?" And--

S2 14:48

Do you know your name?

S3 14:49

Yes, "Do you know your name?" And because that's so stuck in long-term memory, almost everyone gets that right. Now we're looking at balance testing, and we're looking at short-term and long-term memory recall and processing and reaction times. And we have definitive baseline data to be able to look at it and utilize in that return to play.

S2 15:09

And that was one of those things - sorry to cut you off there - that was one of the things that I wanted to bring up. It's difficult to diagnose a concussion, and sometimes difficult to make that decision on return to play. That's something that certainly has been developing.

S3 15:22

It is. Some of them are pretty black and white that you can-- they come in and they're symptom scores and things like that are way up there and they cross over, and you can tell that there's multiple parts of the brain that are involved in the particular injury. And so some of them are a little bit more black and white than others. And then there are some of those that we'll say, "Hey, you know what, you may have just got dinged today and a little bit stunned. We'll see where you are tomorrow, we'll test you. We'll put you on through our baseline, through our post-concussive testing programs, neuro-cognitive testing, balance testing, and all those things. Hey, if you're good to go tomorrow, we'll look at that date and we'll put you back. It's not our goal to hold you back any longer than we need to." But in almost all those cases, those things will define and show themselves pretty soon. And you'll know the next day - is this guy fully recovered and fine, or is this the guy that's going to need a few days?

S3 16:23

And we tell them everyone is a little bit different, and we can't tell you it's going to be an X amount of days or X amount of time to be out. We know the typical average concussion, in many cases, will be fully resolved in about five to seven days. But that's an average, and some go longer, some go shorter. And certainly those of athletes that try to stay through and take subsequent hits, those start going past those seven and eight days.

S3 16:55

And it also depends on that history. That's one of the things that we start looking at, because you always get the question, "What's the magic number when you should stop playing?" I said, "No one knows that magic number. It's not been defined." One of the things that we look at, and our doctors look at is, "What are those recovery times looking like? How long did it take you to get over that first concussion, versus the second, versus the third, some time, maybe the fourth?" And we start looking at those windows. And when those windows start getting larger, then you start knowing, "Hey, we're having some residual carryover with history of concussions here, and now we have to start making some difficult decisions on what's in the best interest of this particular player."

S2 17:40

I mean, some of our colleagues right down the road in Austin are having to make that decision right now with their quarterback.

S3 17:46

And it's tough. It's tough. Anytime, as a medical professional, we have to start talking

about player's career and things. But in everyone, you have to say, "Hey, football and sports, it's really a small snapshot of your life. We have got to do what's best for you. We want you to be a productive person, productive citizen, be a good parent one day, be able to carry on and have a relationship with a significant other." All these things are so very, very important. We know, obviously, there's a lot of court cases out there of individuals that have tried to play through concussions or early onsets of dementia, major personality disorders, early instances of Alzheimer's and various other brain conditions that are being triggered. Right now, we feel that some of that may have been sped up and driven by the repetitive concussion, or playing with a concussion that's not completely resolved. So we have to always take that into first and foremost account of decisions and recommendations that we're making.

- S2 18:58 Do you get much push back from coaches about your medical decisions?
- S3 19:01 No, sir. I don't. And I really can say, I have been very fortunate to work with coaches that are very understanding and trust us as a medical staff, and understand that we're truly all on the same team. But it's tough, I'm a person that has to go in and deliver bad news to the head coach. And in many cases, the people that are around those--
- S2 19:29 [crosstalk] right?
- S3 19:30 Yeah, many of those people around the coaches, they don't have to give a lot of bad information. They give information. That's sometimes the challenge in the job. But our coaches that we have - they understand, they see the media side, they see the media reports as well, and they see those situations. And they're very supportive and understand that injury is a part of the game.
- S2 19:56 It's a pretty violent game.
- S3 19:58 It is. It is a very violent game. And when you look at my athletic training room on Sundays after games, you can tell sometimes. You know what? We're pretty beat-up. We've got a short window. The next one's coming. No one's going to delay the next one on Saturday.
- S2 20:16 It doesn't stop.
- S3 20:17 It doesn't stop. It doesn't stop until you get to the end, and then that's when you're hoping you're playing for something really, really important.
- S2 20:23 So a few minutes ago, we were talking about a conversation you had with a young man today about playing. And he said he felt well, and you said, do you feel well enough to go through a car wreck or something.
- S3 20:34 [chuckles] Well, that's one of the things, as an athletic trainer, we have to know a little bit about football as well, and the sport that we work up. And different positions have different responsibilities, and certainly different requirements. And those go into play, into knowing if an athlete can go back and do his particular role and the things that he has to do. And if you're a middle linebacker, you've got a lot of things going on around your feet and around your legs on every play, and there's a lot of things happening. And if you are a step slow and not completely ready to take on and do something because of an injury that you have, you certainly risk re-injury or injuring something else, or not being able to make your assignment and putting somebody else that's around you at risk. So those decisions all have to come in, and I'm fortunate to have a great team of athletic trainers and a physical therapist to help me, and do the jobs that we do. So there's not just two eyes doing what we do out there, it's very much of a team approach. We've got I guess 118 guys right now on our roster.

- S2 21:49 That's a lot of people.
- S3 21:51 There's always going to be guys on the injury report. There's always guys that some are there, that are not going to play anymore that season because they've already had a season-ending injury, and maybe it's already required a surgery. Or in some cases, a surgery that's been required but they're going to be several weeks away, because they're getting through rehabilitation and return to play activities and things like that. We have athletes at all different stages. Some there, obviously that we're treating may never miss a practice, and that we're just seeing something that's a minor problem for them and they're going through, and all the way down to those guys that are not going to return anymore that season.
- S2 22:29 We talked a lot about concussion today, and we're certainly going to have you come back because we need to talk about some other things as well. But what's the second concussion that gets all the - we'll say glory. At this point, a lot of attention - what's the most common injury that you guys have to deal with, if you can put your finger on one of them?
- S3 22:47 In football, it's obviously the traumatic, it's high speed, basically, injuries to the body which they're the sprains and strains, the contusions, and those types of things that we see, obviously of the lower extremity injuries. Whether it's knees and ankles, and those types of things. But shoulders have crept into there, and some of that is a little bit more the style of play that they were working with now. We're not dealing with no longer the forearm blocks that used to be was the form of blocking, and now that their hands come into play and we're doing a lot more with our shoulders. I think the maturation processes and things as kids grow up. Kids are doing less of climbing trees and climbing on the old monkey bars that we used to climb on when we grew up on playgrounds, so the dynamic strength of the shoulders are not necessarily being developed as good as they once maybe were.
- S2 23:51 Across their lifespan. yeah.
- S3 23:52 Exactly, across their lifespan as they go through maturity and things like that. So therefore we see in many cases, athletes that come to us that have had shoulder injuries back in high school that may have not been treated or taken care of well, in many cases come in that are damaged that eventually we may have to fix, that have some labial tears and things like that, that are causing some shoulder instability and problems. So we actually have to go in and address those things. That's an injury that we're seeing a lot of, and wind up with sometimes three and four post-season shoulder surgeries. Some of those that come to us. Some of those will happen under our watch as well, in just the nature of the game.
- S2 24:42 Like I said, we're going to have you come back because we need to talk about these things. But before we sign off here, we were talking earlier and you related a story - it's not everybody that has a somewhat celebrity call them to ask them to serve. We said earlier that you were on the State Advisory Board for Athlete Training, you're now the chair, so repeat the story about how you got put on the board.
- S3 25:06 It's a very prestigious board. Our licensure law is a little over 40 years old, and there's been relatively few chairs and really few board members. When you look at it, we regulate a little over 3,000 licenses within our state. So my particular case was I got a call from the government one day and actually asked me if I was willing to serve in that capacity. And I think I paused about one second and said, "Sir, certainly, sir. I would be happy to--"

S2 25:39 And it was the government that called you [chuckles].

S3 25:41 " --yes, sir." And then he said, "Well, I don't normally don't make these calls, but I needed to know how we look this week and how healthy we were." So but anyway, that was what took place. But it's a true blessing to be asked to serve in this capacity, and one of those things you would just not turn down, know that you will never probably ever get that opportunity or be asked again. So it's a lot of fun.

S2 26:08 When certain people ask you to do certain things, you just can't turn them down sometimes.

S3 26:11 Exactly.

S2 26:12 Dave, thank you so much for being on.

S3 26:14 Thank you for inviting me. I enjoyed it.

S2 26:16 You're more than welcome. We'll have you back. Before you leave though, as always, we want to have you give the folks who are listening a take home message. What's your take home message, if they remember nothing else from today, what should they remember?

S3 26:27 We spent a lot of time on concussion. And I probably would not have - before our topic today or conversation today - I probably wouldn't have gone here, but if you feel like your son or your daughter or yourself have sustained a mild traumatic brain injury, don't continue to try to play through that. Seek medical attention. If your family doctor is the best resource person for you, then see them or see your athletic trainer and report that injury. Because trying to play through those things really risk a long-term problem for you and it's just not worth that.

S2 27:03 Yeah. It's a big deal. Big deal. Thank you again.

S3 27:06 You're welcome.

S2 27:07 And again, thank you all for taking the time to download and listen. For those of you who that are regular listeners, you know that this is the time of the week when we have our podcast question of the week. And today with the question is our producer, Ayland.

S4 27:19 How long does the average concussion symptoms last?

S2 27:23 Great podcast question. Be the first one to send us the correct answer via email to HuffinesPodcast@hlkn.tamu.edu, and you'll win one of those nifty podcast t-shirts. And we've got the third edition of those shirts in, so answer away. So again, thank you all for taking the time to be with us this week. We hope that you join us next week when we have another interesting person from the world of sports, medicine and human performance. And until then, we hope that you stay active and healthy.

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