Multi-Disciplinary and Inter-Professional Care in a Sport Medicine Clinic

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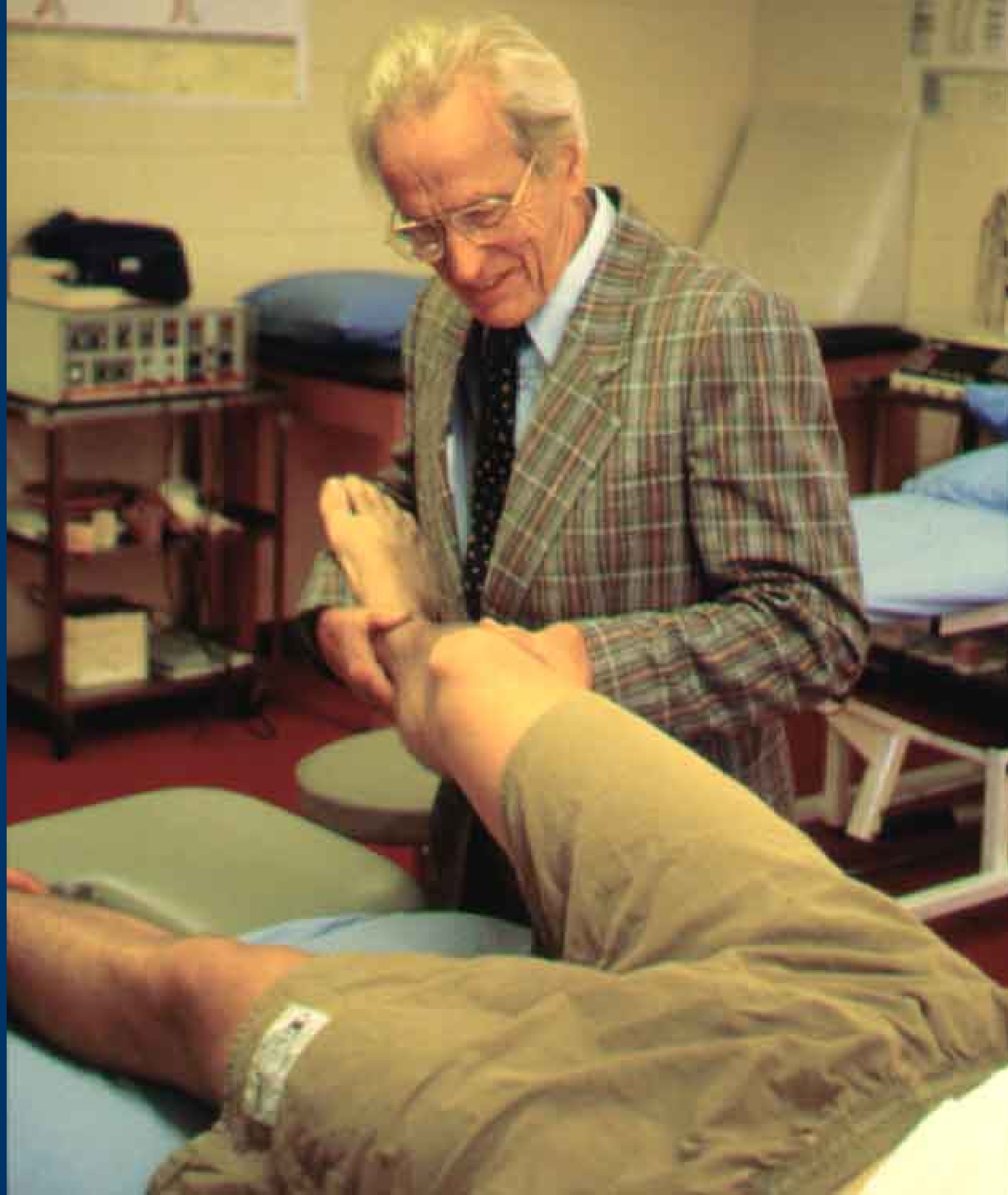
The MacIntosh Clinic

- **1939** - “Hart House Surgery” started by orthopaedic surgeons from TGH
- **1951 - 1979** - The “Mac and Wally Show”
  - orthopaedic surgeon and an army medic
  - you either got cut or taped
- **1979** - Dr. Mac moves to AC, joined by an AT
- **1984** - Dr. Mac retires
  - his orthopaedic protogé told DAR “you don’t need a surgeon 5 days per week”
  - I was hired to work 2-3 evenings per week instead



The MacIntosh Clinic

- **1989** - Sport Physician (me) hired as director
  - I hired a PT, an MT, and a second AT
  - re-named David L. MacIntosh Sport Medicine Clinic
- **Since** then…
  - continued to build the staff model
  - incorporated variety of professions / disciplines
  - now have (several hirings this summer):
    - 4 ATs, 4 PTs, 4 MTs, 1 DC / osteo, 1 pedorthist / bracer
    - 5 primary care sport docs, 2 orthopods,
    - other consultants and allied professionals outside

The Goldring Centre for HPS

- **Future** plans for Staff Model:
  - bring more of the other disciplines and allied professions into our environment
- **OT**
- **Sport Psych** / Social work
- **Sport Nutrition**
- Plastics (hand), Orthopaedic subspecialties

Why?

- I discovered through personal injury that **others** (e.g. - physiotherapists) **know a lot more** about MSK problems than (most) physicians.
- My **care of patients improved** if I had rapid access to a PT, not just to treat the patient, but to discuss the case with me.
  - Bay - Wellesley Sport Medicine Clinic
- I continue to **learn from colleagues in other professions and disciplines** more than I do by interacting with physicians in my own discipline.

Pros of an IP/MD Clinic

- Access to a **wider variety of skills & services**
- **Faster access** to this variety of skills & services
- **Better communication** among members of the health care team
  - more direct written notes; chart available
  - “hallway” chats, formal reviews
  - chance for “back and forth” multiple times
  - faster, more complete, more nuanced communication

Cons of an IP/MD Clinic

- None, if it is working properly.
  Egos. Disciplinary pride / jealousies.
- Issue of **mixed messages** possible.
- Disagreement among staff is normal, given the complexity of neuro-musculo-skeletal issues.
- Should the athlete / patient be party to all of the thoughts, or just a united (provisional) front?
  - I argue both sides of this with myself ad nauseum
  - It depends on the athlete / patient

Differences of Opinion

- These are a **normal** part of MSK care
- Default algorithm should be to have **everyone saying the same things**.
  - provisional diagnosis by MD (may change!)
  - If therapist(s) disagree(s): *primum non noncere*, offer what treatment you can, discuss the case with the diagnosing MD
  - **don't undermine** your colleagues!
- If the athlete / patient senses the issue(s), I am open to talking about it (nature of business).

My Bottom Lines

- **Two heads** (or more) **are better than one.**
  - if they are good heads
- **Too many cooks spoil the broth.**
  - unless they all use the same recipe