

# Moonlighting in the Big Leagues

by David McKay Wilson

Professional athletes push their bodies to the limit, as they seek an advantage in physical pursuits that draw tens of thousands of spectators.

The medical staffs of these teams provide primary care to everyday illnesses, emergency treatments when athletes get injured while performing, and hands-on healing as they recover.

*Digest Magazine* recently caught up with alumni and professors who augment their private practices with professional sports assignments, working on the sidelines and in locker rooms to keep athletes healthy and ready to perform again.

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## Michael Sampson, DO – World Wrestling Entertainment

The World Wrestling Entertainment ring is almost completely dismantled by the time ringside physician, Michael Sampson, DO, leaves the locker room late one night in April.

He'd been treating one of the wrestlers, who'd sustained a concussion in that night's spectacle in the Times Union Center in Albany, New York, which culminated in a brawl involving 20 wrestlers, who were eliminated one-by-one as they were thrown over the ropes, out of the ring.

For all its choreography, pulled punches and pre-ordained winners, there's no avoiding the impact of bodies when they get slammed to the mat in a ring made of wood and steel, covered with two inches of foam.

"These guys are athletes, stuntmen and actors," says Sampson, 46, of Atlanta, the crew-cut physician who wears the black WWE Polo shirt, black pants and black sneakers. "But gravity is gravity. You hit the mat when you get flung out of the ring, and it hurts. You hit it wrong, you get injured."

Sampson, an associate professor of family medicine/sports medicine at PCOM's branch campus in Suwanee, Georgia, began working ringside in 2009. Sampson, who completed his sports medicine fellowship at Metropolitan Hospital in Grand Rapids, Michigan, got his start traveling with that city's minor league hockey franchise.

He later was a team physician for college teams at Virginia Tech where he also taught in the medical school. Today, he teaches at Georgia Campus – PCOM on Thursday and Friday, and travels with WWE from Saturday through Wednesday.

That night in Albany, one of WWE's biggest stars—the brawny blonde-haired wrestler named Edge—announced his retirement, citing serious medical concerns. "Our doctors caught it before I landed and couldn't get up again," Edge told the crowd on April 12.

Sampson says Edge had complained of neck pain eight days earlier, after performing in *Wrestlemania XXVII*. He sent the wrestler for an MRI, which found spinal stenosis, a narrowing of the spinal column.

It was a diagnosis far more serious than the torn Achilles tendon that Edge sustained in a WWE bout with Jeff Hardy in July 2009, which required surgery, and eight months of rehabilitation.

"I told him, 'You're done,'" recalls Sampson, a board member of the American Osteopathic Academy of Sports Medicine. "We can create a new story line."

While on the road with the WWE entourage, Sampson considers his practice his brand of "traveling family medicine." Before the matches, he's their family doctor, treating illnesses on the road and chronic muscular skeletal issues. He'll use OMM to treat chronic problems—muscle energy technique for hip dysfunction; high velocity, low amplitude method for upper back and hip dysfunction.

As they prepared for the Albany event, Sampson says he did OMM on five wrestlers.

“They get immediate results,” says Sampson. “They can get back in the ring, and do what they want to do.”

The WWE has instituted a strict drug testing regimen. And its concussion policy requires the wrestlers to keep out of the ring, until Sampson and his staff give clearance.

“When we say they are done, they are done,” says Sampson. “It’s great to have these policies, but we are lucky to have management that backs us up.”

At ringside, he’s ready for medical emergencies, such as the quadriceps tear incurred one night by Ezekiel Jackson, or the burst breast implant that one of the WWE divas suffered in the ring.

At WWE’s Smackdown in Detroit earlier this year, he was backstage treating a wrestler for a concussion as wrestlers CM Punk and Rey Mysterio faced off in a grudge match. If Punk won, he would remove Mysterio’s mask. If he lost, Mysterio got to shave off Punk’s flowing locks.

Smackdown is rated PG, so there’s no blood allowed in the live show. That night’s script didn’t call for Mysterio’s knee brace to connect with Punk’s forehead, opening a gash.

“Punk lost the match, I stopped the bleeding, but then Mysterio had to shave his head, and there was going to be a close shot,” says Sampson. “I’m like, ‘Please don’t start bleeding again.’ He didn’t. And Punk ended up with 13 staples in his head.”

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## **Jack McPhilemy, DO '78 - The Philadelphia 76ers**

Five years after Philadelphia 76ers player Shavlik Randolph went down hard in practice, Jack McPhilemy, DO '78, still remembers where the player lay, and how he responded.

“Shavlik was lying on the 76ers logo, with his ankle at a 90-degree angle,” recalls McPhilemy, 64, the team’s medical director. “I told him to look up at the ceiling. Then I popped the ankle back in place.”

McPhilemy’s intervention that day at the team’s PCOM training facility was one part of a medical practice that brings him to campus to oversee the team’s medical staff; to the 76ers downtown arena for 41 home games a year; and to the annual NBA combine, where the nation’s top players come to show their stuff before draft day.

Rod Thorn, the 76ers president, says when he broke into the National Basketball Association in 1963, teams typically had a trainer who taped ankles before games. Today, McPhilemy, called “Doc” around the training facility, heads up a staff that includes an internist, cardiologist, orthopedic surgeon, podiatric surgeon, ophthalmologist, dentist, chiropractor, psychologist and massage therapist.

“He gives you the straight scoop all the time,” says Thorn. “And he tells players what they need to do to get back on the court in a timely fashion.”

At home games, he’ll treat players before the game, helping them cope with injuries suffered a night earlier. He’ll also be ready to treat acute injuries sustained during the game. If a player gets a cut, he’s called in to sew it up. His handiwork has closed wounds on the faces of Michael Jordan, Patrick Ewing, Shaquille O’Neal and Kobe Bryant.

In the training facility where he works is a pair of bright red Size 17 sneakers signed by 76ers star Elton Brand sitting on a desk, just down the hall from a framed photo of 76ers great Julius Erving, airborne and ready to score. In the locker room, practice uniforms are hung in open lockers, with sneakers lined up neatly. The training room includes two whirlpools—one hot and one cold—a SwimEx pool, and several pairs of crutches, stacked in a corner.

In May, he was at the NBA draft combine in Chicago, part of the medical team that performed extensive physicals on 54 top players. He makes sure to evaluate the prospects that the 76ers have on their radar. But the team physicians can't see every player, so they share their findings. "We compare notes, and we find stuff that has to be followed up on," says McPhilemy, president of the Philadelphia Orthopedic Society. "There have been red flags raised over the years."

The son of a cop, McPhilemy grew up in Philadelphia's Germantown neighborhood and attended St. Joseph's Preparatory School. He went to St. Joseph's University as an undergraduate, playing on the freshman basketball team. The 76ers then practiced at St. Joe's, so the college players would hang around to talk to the pros. The 76ers star back then was Wilt Chamberlain, who took a liking to McPhilemy. At the end of the one season, Chamberlain gave him his 76ers warm-up jacket, which he signed, and McPhilemy still prizes.

McPhilemy's work with the 76ers augments his private practice at the Philadelphia Orthopedic Group, which has an office on City Avenue, just across the street from PCOM. He's an early riser and starts seeing patients at 6:30 a.m., which he says allows him to give full attention to his patients, before the phone starts ringing at 9:00 a.m.

"I walked in this morning at 6:20 and had five people in the waiting room," he says. "You can get so much done during those hours."

Now in his mid-60s, McPhilemy increasingly gets asked if he plans to retire any time soon. He says he sees no reason to do so.

"What am I going to do that's any better?" he says. "There's not a day goes by that I don't thank God for the opportunity to do what I have done. I'm living my dream."

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## **Darren McAuley, DO – The Philadelphia Phillies**

When the Philadelphia Phillies opened their Florida spring training camp in 2007, scores of players vied for the attention of the team's management. Darren McAuley, DO, was on a tryout of sorts himself.

McAuley, who later that year became an assistant professor of osteopathic manipulative medicine at PCOM, had just completed a sports medicine fellowship at St. Joseph's Medical Center in Reading, Pennsylvania, a PCOM-affiliate. There, he'd tended to athletes on minor league teams that played hockey, football and baseball, including the Reading Phillies, the team's AA franchise.

He arrived at Phillies' training camp in Clearwater, Florida to work on the bodies of baseball players, using the techniques of manipulative medicine to help them achieve top performance. What one player told him that spring remains lodged in his memory, and has informed his practice with professional athletes, many of whom earn millions of dollars each year through their prowess on the baseball diamond.

"He said, 'My body is my briefcase,'" recalls McAuley, 35.

Three years after his foray south to spring training, the Phillies had an opening on their medical staff. Players remembered McAuley from Florida, and the way his hands-on approach hastened healing. The team contacted McAuley, and he was soon hired.

"The fellowship got my name into the right circles," he says.

McAuley grew up in West Orange, New Jersey, played Pop Warner Football as a youngster, and followed the NY Giants and NY Jets football teams in the nearby Meadowlands. He became an emergency medical technician at age 16 in Plainfield, New Jersey, discovering his desire to care for others in need. At Vassar College in Poughkeepsie, New York, he joined the student-run emergency medical service on campus, and coordinated the EMT program during this last two years on campus. There, his roommate told him

about osteopathic medicine, and they both attended the University of Medicine and Dentistry of New Jersey, which led to his interest in sports medicine.

Now in his second year with the Phillies, he works with the team two days a week, arriving five hours before home games, to both treat players with ailments, and those looking for assistance in preventing them to occur. He'll see up to 10 players before game time.

"It can be quite a whirlwind," says McAuley.

The schedule works well with his duties at PCOM, where he became an assistant professor in the OMM Department in August 2007.

McAuley says manual manipulation is particularly effective to increase range of motion, using myofascial release to decrease muscular or soft-tissue tension. For hamstring strains, another common baseball injury, he'll use counter strain technique, to shorten the muscle and allow it to relax.

The long baseball season can wear on players. The torque used to pitch, and swing a bat, puts substantial strain on muscles and joints. The power gets generated from the body's core muscles, and the player's extremities deliver it. Baseball players try to replicate these motions as they find their hitting or pitching groove, so the repetitive nature of the activity can eventually cause problems.

"They've been doing it their whole lives, and eventually one part won't tolerate it," says McAuley, of Rockledge, Pennsylvania, who served two stints in Iraq in 2008 and 2010 as a flight surgeon with the Delaware Air National Guard. "The repetitions and training frequency can take a toll."

McAuley says his own physical regimen helps inform his practice as well McAuley works out regularly in the weight room, and occasionally competes in body-building competitions.

"Working out helps me get rid of the stress of the day," he says. "I keep up my active lifestyle. It gives you more credibility with your patients."

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### **Mitchel Storey, DO '80 – The Seattle Mariners**

The Major League Baseball season is a long slog—a nine-month march from February to October, with 162 regular season games, and up to 19 in the post-season.

"There's a lot of wear and tear on the players—and my sleep cycle," says Mitchel Storey, DO '80. "I'm at almost every home game, and I don't get home until midnight. Then I'm back in my office at 7:00 a.m. the next morning."

Nevertheless, Storey has thrived on the long hours, developing his private practice at The Sports Medicine Clinic in Seattle while serving as team physician to the Seattle Mariners since 1984.

He arrives at Safeco Park one or two hours before the first pitch, checks in with the trainers on each team, evaluates injuries from the previous night's game or ailments that have cropped up over night. Then he's on hand in case a player gets hurt—be it a broken bone sliding into third base, a concussion from a bean ball or a hamstring that gets pulled stretching a double into a triple.

"It's a way of life for me," says Storey, 56, whose three children are ages 23, 26 and 28. "You get to know the players, as they come up through the minor league organization. It's like taking care of a family. They are generally healthy, but they get their share of colds and stomach ailments. We pick things up right away as soon as the symptoms start, and we keep on top of it, so they don't miss time."

The team physician plays a crucial role on the team. If a player sprains his ankle, Storey may tell the coach to keep the player out of the line-up, giving the joint a chance to heal. A pitcher may see Storey, with a sore elbow or a tired shoulder.

“It’s up to us to be the player’s spokesperson to the coaching staff,” says Storey. “The coaching staff is looking to us for answers.”

Baseball’s rules regarding injured players demands tough decisions by the team physician. To be replaced on the roster, players must go on the disabled list, for at least 14 days. So it’s a judgment call that Storey makes with the team’s orthopedic surgeon—does the star player sit on the bench for a few days or commit to two weeks in street clothes?

“If it’s not so serious, we’ll let them sit and evaluate them every day,” says Storey. “If the opinion changes, we can put them on the disabled list retroactively, to the last game they played.”

With only 25 players on the roster, having players sit out can put pressure on the coaching staff. Most teams carry 11 or 12 pitchers, which only leaves 13 position players—that’s five subs. If one or two players are sitting out, that leaves a manager with fewer options.

“It really starts to cramp the manager’s ability to manage the line-up,” says Storey.

Storey’s love of sports—and his appreciation for osteopathic medicine—developed growing up in Palmyra, Pennsylvania, where he played football, baseball, basketball and competed in track and field—running the high hurdles, doing the triple jump and throwing the javelin. The family doctor was a DO.

“I’d go in all beat up and he’d work his magic on me,” he recalls. “When I talked to him about medical school, he told me about the differences in medical training.”

At Susquehanna University, he played linebacker and free safety on the football team, then picked up lacrosse while studying medicine at PCOM. He tore the anterior cruciate ligament in one knee during a lacrosse game, and that injury plagued him for years. After seven surgeries, his knees still hurt. So in 2008, he got two complete knee replacements. He missed four weeks at his office while recovering. He was playing golf after six weeks. And today, his golf handicap is 3.

“There were no complications and it turned out just the way it was supposed to be,” he says. “It has given me a new lease on life.”

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## **Joseph Ruane, DO '91 – The Columbus Blue Jackets**

While hockey players get penalized for fighting, bare-knuckle brawls are allowed in the professional game, so Joseph Ruane, DO '91, and his fellow team of physicians for the Columbus Blue Jackets prepare for the worst each time the gloves come off.

Referees call off the fight once a player’s knee hits the ice.

“Is it going to be me to treat a concussion, the maxilla-facial guy to sew up a cut or the orthopedic doc to treat a broken hand?” says Ruane, 46, medical director of the Spine Sport and Joint Center at the OhioHealth’s McConnell Heart Health Center in Columbus.

The injuries from fisticuffs are among the myriad medical issues that arise in the game of hockey, a contact sport in which players collide at full speed, and the puck flies at more than 100 miles an hour.

Blood flows often.

“Hockey players bleed more than any other professional athlete,” says Ruane. “Injuries are violent in hockey—broken jaws, dislocated noses, broken bones in the foot from high-velocity puck injuries.”

A facial gash typically won’t keep a player off the ice for long. “A cut to the face isn’t going to stop them from going back out,” he says.

Ruane joined the hockey team’s medical staff at the team’s inception, and by 2007 was named its medical director. He now leads a team of six physicians—two primary care physicians, two orthopedic surgeons, and two maxilla-facial specialists—with one from each specialty attending the team’s 41 home

games. The two primary-care physicians are DOs, while the orthopedic surgeons are MDs and the face specialists are DDSs.

His duties are in addition to his private practice in non-surgical orthopedics at the Spine, Sport and Joint Center. He began treating professional athletes while doing a sports medicine fellowship with an orthopedic group serving the Cleveland Indians.

As one of the Blue Jackets' primary-care specialists, Ruane deals with routine illnesses, concussions and what he calls "maintenance care," which can include manual manipulation and structural work. He sees employees who work in the front office, as well as the families of players. Ruane also performs acupuncture as part of his holistic approach to keeping the players in shape.

That can require quick action. He recalls the night Kevin Dineen, who came to Columbus near the end of his storied 19-year career, tweaked his back one night during warm-ups.

"He comes back to the locker room, and says, 'Doc, you gotta help me,'" says Ruane. "So I put him on the table, do some manipulation, throw in some acupuncture needles and do muscle release. He goes out and scores, and gives me the puck at the end of the game."

Concern over concussions in the NHL heightened this year. New protocols proposed in March would require that players suspected of having a concussion be removed from the game, to a quiet place, to be evaluated by a physician. In the past, trainers would assess players on the bench to determine if they needed a physician's evaluation. By late May, the protocols were still under review.

NHL team physicians use the Sports Concussion Assessment Tool—called SCAT—to help determine if a player has sustained a concussion.

Ruane recalls a recent evaluation in which a player appeared quite lucid. He answered questions, described the hit in detail, and solved increasingly difficult math problems. Then Ruane asked him where they had played the day before.

"He stared at me, and stared at me, and finally said, 'I have no idea,'" says Ruane. "It was retrograde amnesia."

Once diagnosed with a concussion, players must remain off the ice until they are asymptomatic—no dizziness, headaches or sleepiness. On occasion, a recovering player may report no symptoms, but they can return once the player starts skating again.

"Doctors have a tough decision when a player says he wants to play," says Ruane. "If the guy says he doesn't have a headache, you don't know that he does. But the players have become much more aware of the dangers of concussions. And they really don't want to threaten their careers."

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