

7 THINGS YOU SHOULD KNOW ABOUT OPERATING ON ATHLETES

BY JAMES ANDREWS, ORTHOPEDIC SURGEON AT THE ANDREWS SPORTS MEDICINE & ORTHOPEDIC CENTER (AS TOLD TO NEIL JANOWITZ)
PHOTOGRAPH BY BILLY BROWN



1. NINETY PERCENT OF WORK IS JUST SHOWING UP. “My team and I work all week at our practice, but on football Saturdays we’re at a college game—either Auburn’s or Alabama’s—and on Sunday we cover the Redskins. Last spring I did preseason physicals for the Blue Jays and Rays. You have to get in the mix. You can’t wait for players to come to you.”

2. WE’RE ON THE CUTTING EDGE. “The greatest advance in orthopedic surgery to date is the arthroscope. ACL tears—the No. 1 injury we see—meniscus tears, rotator-cuff sprains and elbow spurs used to end seasons. Now we get players back on the field in weeks. Only Tommy John surgery, because we have to open up the athlete, still puts them on the shelf. We learn a lot from working on athletes, and that helps us with our other patients.”

3. THIS IS A GROWTH INDUSTRY. “The next wave is tissue engineering. We’ll make a ligament in the lab and use it to replace a damaged one. That should happen in the next 10 years.”

4. THAT’S MY WORK OUT THERE. “I do root for guys I’ve treated. The Super Bowl was tough—Eli is my patient, but the Pats have several guys I’ve worked on. I like the Saints, too; I’m from New Orleans and operated on many of them. It’s like having lots of kids. You may play favorites, but you love them all.”

5. STARS ARE JUST FLESH AND BLOOD. “We did Roger Clemens’ rotator cuff, Jack Nicklaus’ knee, Drew Brees’ shoulder. Bo Jackson and Charles Barkley. I’ve had two pitchers—David Wells and Kenny Rogers—go on to throw perfect games. It’s easy to get awestruck when you’re operating on a \$30 million athlete. But if you let that affect you, you’ll make a mistake.”

6. THERE ARE MANY COOKS IN THE O.R. “Communication is important. Before surgery, we discuss options with the player and his team, agent, trainers and—because we often deal with athletes under 30—his mom. If she isn’t happy, no one is.”

7. WE’LL TAKE ANY HELP WE GET. “All we can do is roll up our sleeves and try to fix the players. And rehab is more important than surgery, so we have to wait to see how things turn out, too. Luckily, elite athletes can do things the rest of us can’t, including recovering. They make a doctor look good.”

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