University Specialty Clinics

Connections

Active And Healthy

SPECIAL SPORTS MEDICINE ISSUE

USC Sports Medicine Center To Move To An Expanded Facility

A 16-year-old quarterback may think he has little in common with a mother pushing a jogging stroller or a middle-aged executive shooting a game of hoops. Yet all three share common ground in their pursuit of exercise. That means they share the potential for injuries and other medical issues that are influenced by their physical activity.

The USC Sports Medicine Center serves the specialized health care needs of athletes at all levels of competition, as well as providing diagnostic, treatment, and preventive services to anyone involved in sports or recreation. “Our patients range from young, competitive athletes to men and women in their sixties and seventies who are playing racquetball and running triathlons,” said Dr. Angus McBryde, one of two orthopaedic surgeons at the center. The medical staff is rounded out by two primary care sports medicine physicians.

At the end of May the center will move into a new 4,800-square foot facility in the lower level of Two Medical Park. The space includes 12 exam rooms, two x-ray rooms and a cast room. Easy patient access is provided by a direct entrance that bypasses elevators and stairs. “It’s much more user-friendly,” said Dr. McBryde.

“As we expand our services we’ll be able to accommodate that expansion,” said Dr. Jeffrey Guy, an orthopaedic surgeon at the center. “Our mission is to provide comprehensive medical services to athletes of all ages, including young athletes in the pediatric population,” he said. Dr. Guy’s training included a fellowship in pediatric sports medicine at Boston Children’s Hospital, one of only two such fellowships in the country. “The phrase ‘kids at play’ rarely applies today as young athletes are becoming increasingly involved in organ-


Top: (left to right) Physicians Jeffrey Guy, M.D. Tom Terrell, M.D. and Bottom: (left to right) Angus McBryde, M.D. and Mark Leski, M.D.

care for athletes and physically active people at the USC Sports Medicine Center.

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Physicians Provide Collegiate Care

When the Gamecocks took the field against Boise State to kick off the 2001 football season, they were ready to take on their opponents. Head coach Lou Holtz and his staff had prepared them for that. So had the USC School of Medicine family practitioners that serve as the team’s physicians.

Specially trained in primary care sports medicine, the four family practitioners performed physicals on every football player before they were allowed to participate. “A good pre-participation physical is paramount if you are going to be competing in organized sports,” said Dr. Mark Leski, who serves as the head primary care team physician for the University of South Carolina. He and his colleagues direct medical care for some 400 students in the athletic program at USC.

In addition to physical exams to identify any pre-existing injuries or potential medical problems, the faculty members and fellows offer a walk-in clinic in the athletic training room four times a week. Team trainers triage athletes before the clinic, determining which ailments and injuries require professional attention.

The physicians also supply onsite medical coverage at games and practice sessions for a number of USC’s sports venues. “Hopefully at the games we’re not dealing with anything. That’s the ideal situation,” said Dr. Leski. Yet when players get into trouble, whether they experience strains, sprains, or something more serious, a physician is no further than the sidelines. “The physician can make the critical decision on whether the athlete can return to play or not. We’re there for the players’ protection, to assure that an injury isn’t turned into something much worse,” Dr. Leski said.

After the game, the physician’s role continues with the affected athlete, determining what continued treatment or rehabilitation services are needed. “We’re there to get them back to their normal state of health as soon as possible. The goal is to get them back into practice and as a contributing member of their team without compromising their health,” said Dr. Leski. “That’s how we as physicians function as team members,” he said.

Sports medicine services are also available to the general student population through a weekly clinic maintained by the family practitioners. Students can receive treatment at the student health center for injuries sustained in intramurals or from any form of physical activity.

An athlete himself, Dr. Leski enjoys the interaction with the students at USC. “It allows me to be a role model for them, promoting an active lifestyle,” he said. Yet he pointed out that the athletes, both serious and recreational, have an impact on him as well. “Being surrounded by young, healthy, motivated people helps keep me healthy and motivated.”

Dr. Mark Leski (left) works with student Oscar Judd at USC’s Thomson Student Health Center, while Dr. Daniel Nosek, a third year Family and Preventive Medicine resident, observes.
The play ended on the 37-yard line, and it was obvious the running back was injured. After the team trainer attended to his injury, would the teenager be able to finish out the game?

It all depends, according to Dr. Jeffrey Guy, an assistant professor in the Department of Orthopaedic Surgery. “There are a lot of factors that contribute to an appropriate decision to return an athlete to the field. Many injuries can be made worse by sending someone back on the field too soon,” Dr. Guy said.

It’s inevitable for athletes to get hurt when participating in high school sports. With a high-risk sport like football, the likelihood of injuries increases. The South Carolina S.M.A.R.T. program (Sports Medicine for Athletes and Recreational Teams) was established to increase the level of medical care available to South Carolina high school athletes, especially those involved in high-risk contact sports. It will also provide an umbrella of support for the training staff and coaches. The program is a combined effort between the Department of Orthopaedic Surgery, the Department of Family and Preventive Medicine, and the University of South Carolina’s Athletic Training Department.

The goal for the S.M.A.R.T. program’s first year is to work with 6 to 10 high school football teams in Richland and Lexington Counties. As schools get involved in the program, physicians look to start doing pre-participation physicals for players in the spring.

Once football season begins, physician “on the field” coverage will be provided for participating schools. “A lot of the decisions about when someone can return to play are being made by the trainer and/or the coach. Most do a great job, but we’re trying to increase the level of medical expertise on the field,” said Dr. Guy.

For injuries that occur on the field, S.M.A.R.T. will add another resource to the EMS personnel that are usually in attendance at games. An orthopaedic physician will be available at Palmetto Richland Memorial Hospital for athletes needing urgent evaluation. In addition, athletes that do not require an emergency room visit will have access to care at an injury clinic the day after the game. Those needing rehabilitation will also receive next-day attention through a special arrangement with HealthSouth Rehabilitation Hospital. “We’re setting up pathways for athletes to get funneled into the health care system, to get seen sooner as opposed to later,” said Dr. Guy.

“The most exciting part of this whole system is that we are setting up an internal network for communication,” Dr. Guy added. Each school’s trainer will be provided with a cell phone for immediate access to emergency personnel, the orthopaedic surgeon at PRMH, and the S.M.A.R.T. athletic trainer, who is the newest addition to the USC Sports Medicine Center staff. Using this communications network, team trainers can also schedule clinic appointments for players before they leave the field after the game. “The school trainers are critical to the whole system. They are there with the students, providing front line medical care on a daily basis,” Dr. Guy said.
When patients arrive at Two Medical Park, they can’t help noticing that something is different. Perhaps the freshly painted exterior attracts their attention or the striking entranceways and the new color scheme throughout the building catches their eye.

What’s obvious is that the nearly completed, $5.5 million renovation project is rejuvenating the 100,000-square-foot building. The 15-month project is being completed in two stages. The first phase includes a new heating, ventilation and air conditioning system, upgraded elevators, electrical and plumbing improvements, and extensive cosmetic work both inside and outside the building. The second phase will transform the basement into an education center and a new orthopaedics and sports medicine center.

The installation of a $2 million heating, ventilation and air conditioning system was a major component of the renovation. “We were looking at a system that was over 25 years old and had met its time,” explained Brian Jowers, Associate Dean for Finance and Administration. The new equipment utilizes a series of regulating boxes throughout the building to monitor and control the temperature, heating or cooling the air as needed. “The old system had served its natural life expectancy. The new one is pretty typical of most office and medical buildings today. You can’t even compare the two - there’s a 25-year difference in technology,” said Brooks Williams, Project Manager with M.B. Kahn Construction Company, which handled the renovations.

After the HVAC equipment was installed on the building’s penthouse, renovation efforts started on the fifth floor and moved downward. By the time work was completed on each floor, construction crews had removed and replaced ductwork, wiring, ceiling tiles, grids to secure the tiles, and lights. A fire alarm and sprinkler system was also added in the ceilings. “Everything over their heads is completely new now,” said Jowers of the 250 people employed in the building.

Those 250 people had to carry on
Project Nearing Completion

business as usual throughout the rigors of renovation. Some 230 of them are employed by the School of Medicine, with University Primary Care, some pediatric clinics, and the Departments of Obstetrics/Gynecology, Internal Medicine, Surgery, and Orthopaedic Surgery housed in the building. “Obviously, working in an environment with medical equipment and medications presented a real challenge. We had to take a good portion of what was above the ceiling out while things were still under it,” said Williams. So renovation was done on an unusual schedule, with crews on the job from six at night until two or three in the morning. Then housekeeping personnel followed, preparing the spaces for another day of patient care activity.

Work also focused on public hallways, which received attractive new carpet and wallpaper. New flooring, wall coverings, lighting and fixtures were put into the public restrooms in the corridors, and diaper-changing tables were added in both men’s and women’s restrooms. “The restrooms were in dire need of renovation. They had to be completely overhauled,” said Jowers, who added that necessary alterations were made to adhere to current ADA codes. The two elevators in the building received much-needed upgrades, with all mechanisms, gears and motors replaced. The highly efficient digital elevator controls have increased response time and speeded up the opening and closing of the doors.

The exterior of Two Medical Park was repainted and canopies revitalized, giving the outside a sharp new look. As employees, patients, and visitors enter the building, they are now greeted by marble entryways, which provide increased space for pedestrian traffic. In the future, a gated parking area will be created for physicians behind the building and patient parking will be expanded by approximately 75 spaces.

The second phase of the renovation project is focusing on the basement, which was previously rented by a dialysis company. After the 7,400-square foot space was cleared, construction began in December on an education center and an expanded sports medicine center that will replace the current facility on the fourth floor (see article on page one). The education center’s 80-seat auditorium and two conference rooms (one seating 24 people and the other 15) will give the School of Medicine a boost in instructional and meeting space. The absence of windows will provide glare-free slide viewing, and a central computer system will conveniently control all audiovisual and lighting functions.

As completion of the basement winds down the project, Jowers is impressed with the results of the endeavor that are making a 27-year-old facility more functional and efficient. It’s also a much more aesthetically pleasing building now,” he added. Williams couldn’t agree more. “The new ceilings and lighting have brightened all the areas up, and made the building more visually appealing. And with the exterior’s facelift, it just looks cleaner and fresher and newer.”
Athletes Enjoy Sports

Contacts Offer Convenient Alternative

Before an athlete takes the field or steps out on the court, he’s prepared himself for the best performance possible. He also wants to have the best vision possible. That’s why many active men, women and teenagers are choosing to wear contact lenses.

Contacts can provide improved vision for athletics, explained Dr. Jeffrey Pockl, an optometrist with the Department of Ophthalmology. “If you never move your head or eyes, then glasses would be better. Yet as soon as you start moving and walking and seeing the world as it really is, you can get distortion as you look through a different part of the lens,” he said. Over time, people get used to the distortion with glasses, paying less attention to it. Yet for an athlete, whose effectiveness is impacted by split second decisions and reactions, a less-than-optimal quality of vision isn’t as acceptable. “When you wear a contact lens, you get no distortion. This is because the lens moves with your eye so you never look through the edge of the lens,” said Dr. Pockl.

While contacts can correct both near-sightedness and far-sightedness in athletes, Dr. Pockl finds that many patients are surprised to learn that people with astigmatisms can also use them. “A lot of people say that they were told they couldn’t wear contacts because they had too much astigmatism,” Dr. Pockl said. “And back when they were told that, they probably couldn’t. Yet there have been a lot of innovations in the optical industry in the last five years,” he said. New lens materials have also made it possible for people who tend to have dry eyes to wear contacts comfortably.

Some athletes confine contact lens use to their sports participation. “Patients come in telling me that they haven’t been able to wear contacts. Most people want to wear them all day every day and if they can’t, they quit wearing them,” said Dr. Pockl. These same patients are finding part-time contact use a very viable option. Dr. Pockl finds this to be the case with some teenage patients “who wear their glasses the majority of the time, and only wear their contacts for sports.”

The convenience of contact lenses is appealing to athletes. “Most people love contacts because of the freedom they give. “With glasses, there is a lot of removing and cleaning during the game,” Dr. Pockl said. He added, “When you are involved in sports, you have a different motivation, and you really need to see the best you can.”
Without Using Glasses

LASIK Surgery Provides Vision Correction

Golf pro Tom Gaines got his first pair of glasses when he was eight years old. So after the Columbia resident had LASIK surgery last year, it meant the first time in decades that he didn’t have to rely on glasses.

“A lot of people are tired after years of dealing with contacts and glasses,” said Dr. Sanjeev Grewal, an ophthalmologist and faculty member in the Department of Ophthalmology. Vision can get clouded up with sweat, and contacts can pop out of your eyes during play,” said Dr. Grewal.

While the surgery is surprisingly quick (taking about 15 minutes), it requires thorough preparation beforehand and follow-up on a regular basis for a year afterwards. Dr. Grewal describes the preoperative evaluation as “the most complete eye exam that they have ever had.”

While some people choose to have surgery on one eye at a time, the overwhelming majority chooses to have both eyes corrected on the same day. After the patient’s eyes are anesthetized, the ophthalmologist cuts a thin flap in each cornea. Folding each flap out of the way, the ophthalmologist removes some corneal tissue with a laser to reshape the corneas. The flaps are then replaced. After the generally painless procedure, the patient’s reshaped corneas can function better to focus light on the retinas, providing improved vision.

Some patients, generally those with stronger prescriptions, can benefit from the LASEK surgery (laser epithelial keratomileusis) that USC’s ophthalmologists also perform. Since a much thinner flap is cut with this procedure, it provides an additional option for physicians when a patient’s cornea is not thick enough for LASIK.

Recovery for both surgeries is quick. For physically active people, that means they can resume most sports within a few days. Dr. Grewal cautions swimmers to wait three weeks to avoid the possibility of infection. “We also ask that people participating in a

Patients undergoing LASIK surgery are generally back home within a couple of hours.

correction surgery provides an alternative, and LASIK (laser-assisted in situ keratomileusis) has become the most commonly performed refractive surgery. Ophthalmologists at the USC School of Medicine have been using LASIK for more than three years.

Athletes appreciate the freedom they can gain on the playing field through LASIK surgery. “They’re moving around a lot; things like glasses and contacts can be limiting to them. Glasses

See LASIK on Page 11.
Proper Asthma Management Is Key To An Active Childhood

They’re on the soccer field, the basketball court, and the baseball diamond. And if they’re not, there’s no reason they can’t be.

Children with asthma can even aspire to be Olympians, inspired by the achievements of athletes Jackie Joyner-Kersee, Amy Van Dyken, and Kurt Grote, all gold medallists, all who have asthma.

“Children with asthma should be able to participate in most, if not all sports,” said Dr. Caughman Taylor, a professor in the Department of Pediatrics with a special interest in asthma and pulmonary disorders. “If they find that they cannot participate, then in most cases their asthma is not receiving the optimum care needed,” he said.

When frequent symptoms such as wheezing, coughing, and shortness of breath prevent youngsters from competing in athletics, then Dr. Taylor knows to take a closer look at their asthma management. Are they being compliant and using preventive medicines properly, particularly before engaging in exercise? Are the right medications being prescribed for that particular child? Are other factors, such as sinusitis or allergic rhinitis, affecting the child’s asthma? “What really concerns us is when we see a child who has withdrawn from a sport. I always teach my residents that if a child is being compliant and is not able to live a normal life, then we look at it as a failure in treatment,” he said.

Of the estimated 26.3 million people in the United States that have been diagnosed with asthma, more than one-third of them are under the age of 18. Asthma is the most common chronic health problem among children, and the most frequent cause of hospitalization for youngsters under 15.

Despite the limitations the disease may have imposed on children in the past, Dr. Taylor asserts that asthma should not prevent youngsters from running and jumping and doing everything kids do. “If parents see a child getting in trouble because of exercise, then they might start thinking their child shouldn’t be doing it,” Dr. Taylor. “As physicians, we need to get parents to see the importance of exercise in their child’s overall health.”

Over the years, asthma treatment has improved by introducing medications to control and block inflammation in the airways and by improved delivery of medications that are inhaled. “Spacer devices allow us to get medicine in the kids’ lungs where it needs to work, providing better results with fewer side effects,” said Dr. Taylor. For today’s children with asthma, these changes mean the difference between merely treating their symptoms and effectively managing their disease.

The key to effective management is an individualized treatment plan for each pediatric patient. “Every child is different, and there are a lot of factors involved when talking about a young person with asthma,” Dr. Taylor said. “I tell them that they’re going to be able to do almost anything they want,” he said, reminding his patients of the athletes with asthma that compete on collegiate, professional and Olympic levels. “We just have to find the right medication, delivery system, and overall management plan for each child.”
ized and competitive sports,” he added. “It’s our job in the sports medicine community to keep up with the specific injuries and the increasing demand within this population,” he said.

A collaborative effort between the Departments of Family and Preventive Medicine and Orthopaedic Surgery, the USC Sports Medicine Center provides a broad array of services that includes treatment of him and his counterpart, Dr. Thomas Terrell, for management of common orthopaedic problems and medical conditions in sports. “Eighty percent of orthopaedics is non-operative,” Dr. Leski added, noting that he and Dr. Terrell can manage many orthopaedic issues that do not require surgery.

The center’s orthopaedic surgeons can also address medical issues that bring athletes into treatment. “We present a different challenge for sports medicine physicians. “These people are highly motivated to get back into activity and eager, almost overzealous to get into rehabilitation,” said Dr. Terrell. “We want to make sure that they are adequately treated, recovered and rehabilitated before they get back to their sport,” he said. Such patients are redirected to other forms of exercise that are conducive to the rehabilitation process.

Right: Dr. Angus McBryde writes a prescription for Di DuBose during a recent appointment.

Left: Dr. Thomas Terrell examines Shameika Brown’s knee at the USC Sports Medicine Center.

musculoskeletal injuries and medical problems associated with exercise, sports physicals, nutrition counseling, and consultations on strength and conditioning. “There has been a transition over the last decade as to what constitutes sports medicine,” said Dr. Mark Leski, describing how the focus has expanded from orthopaedic sports injuries to a broader perspective. One of the center’s primary care sports medicine physicians, Dr. Leski completed an intensive sports medicine fellowship following his family practice residency. Such advanced training prepared are all familiar with the evaluation process and implementing a conservative treatment plan. And that’s where the overlap lies,” explained Dr. Guy on how the roles of the four physicians interrelate. Just as he might refer a particular hand injury to a hand specialist, he and Dr. McBryde determine when the expertise of one of the primary care sports medicine physicians would be the optimal choice to handle a specific medical problem.

Treating individuals who are serious about their particular sport or playing at a professional level and allow them to maintain their aerobic performance level.

The center serves a growing segment of organized athletes that includes The Capital City Bombers baseball team, student athletes at Benedict College and the Columbia City Ballet. The physicians also treat some individual professional athletes. “People tend to get narrowly focused on the elite athlete, and that’s not what sports medicine is about,” noted Dr. McBryde. He added, “For every high profile athlete there are thousands of us putting on shorts and shoes and running around the neighborhood.”
He was awed by the brilliantly choreographed opening ceremonies as the 2002 Winter Olympics got underway. Yet for Dr. Thomas Terrell, one of two primary care sports medicine physicians at the USC Sports Medicine Center, his trip to Salt Lake City wasn’t merely for the enjoyment of sport. He served as one of over 1,000 medical volunteers who cared for athletes, Olympic staff and volunteers.

During his two-week stay, Dr. Terrell was designated to work with figure skaters and speed skaters; some of whom he met at the Lake Placid Olympic Training Center in 1999 and has since enthusiastically followed their progress. “Lake Placid was my first exposure to winter sports,” said the Florida native, who also volunteered at the 1996 summer games in Atlanta.

In his 10-hour shifts in Salt Lake City, some of which started as early as 5:00 a.m., Dr. Terrell helped man a clinic to treat medical and orthopaedic problems and provided on-site medical coverage at figure skating competitions and speed skating practice sessions. “Essentially you are watching the action carefully, ready to assist someone who might be injured seriously,” he said. He added, “If something occurs on the ice, if an athlete has a major crash or a significant laceration, you go out there to evaluate the patient. Fortunately, that rarely happens.”

As Dr. Terrell worked with various athletes as they practiced and competed, he was impressed by the perseverance of an Uzbekistani figure skater who competed despite having a broken foot. “She had a fifth metatarsal fracture of the foot that would have put someone...”
else in a cast for eight weeks,” he said.

While his volunteer schedule was demanding, Dr. Terrell did have the opportunity to take in some of the events purely as a spectator. He was particularly interested in the luge competition after working with some of the athletes in Lake Placid. “It’s neat to watch people that you got to know, and be there as they win their medals and see their dreams come true,” he said.

As an athlete and a former college basketball player, Dr. Terrell can relate to the competitors he has come to know through volunteering at the Olympics. “I’m struck by how dedicated they are to what they do and the tremendous sacrifices they make along the way. They give up years and years of their lives to compete,” he said.

Dr. Terrell considers himself fortunate to have experienced the unique chemistry that occurs when top athletes from around the world converge. He recalled his stay in Atlanta six years ago. “There was a tremendous positive energy there that was almost palpable in the air. What struck me was how the Olympics really does what it sets out to do – to promote a global understanding through sport,” he said. As much as his previous experiences impacted him, something hit him even more powerfully this time. “There was a strong sense of patriotism and the crowd would roar whenever an American did anything positive,” he said. While the spectators’ overwhelming support brought back memories of his own athletic endeavors, he said, “This was the most special kind of cheering I’d ever heard; this was the Olympics, and the Olympics after September 11,” he said.

One of Dr. Terrell’s most lasting impressions came during the opening ceremonies when the tattered American flag that had been recovered from the World Trade Center was carried into the arena. “I couldn’t help but tear up,” he said, “standing there and remembering all the people who lost their lives on September 11.” He added, “Billions of people were watching this flag, which is a symbol of democracy around the world, and the only thing that was left from the World Trade Center. It was a rare privilege just to be able to bear witness to that.”

“*There was a strong sense of patriotism and the crowd would roar whenever an American did anything positive.*”

-- Dr. Thomas Terrell

### Upcoming Alumni Events

**April 13**  
USC Showcase  
10:00 a.m. – 3:00 p.m.  
USC Horseshoe  
Students, residents, faculty, and staff volunteers are needed.  
Contact Debbie Truluck, Alumni Coordinator, at 733.1568.

**April 25 – 27**  
SC Medical Association and School of Medicine Exhibit, Charleston Place Hotel, Charleston

**April 26**  
Alumni Association Committee Meetings and Luncheon  
11:30 am  
Alumni Association Board Meeting  
3:30 pm  
Reception for School of Medicine alumni, faculty, students, residents, and guests  
5:00 - 7:00 p.m.  
All events will be held at the Charleston Place Hotel, Charleston.

**September 20-21**  
Alumni Weekend  
For all alumni, faculty, staff, students, residents, and invited guests. CME, gala, tailgate and football game, full membership and committee meetings  
*Details will be mailed this summer.*
He’s an orthopaedic surgeon. He’s also a sports enthusiast. The two go hand in hand for Dr. Angus McBryde, one of the four physicians who staff the USC Sports Medicine Center.

“Most people who go into sports medicine have had an interest in sports ever since they were young,” said Dr. McBryde, who’s an avid golfer and competitive runner. In the 50s he competed for Davidson College, not unlike the young men he now treats on the South Carolina State Bulldog teams.

Along with Dr. Jeffrey Guy, Dr. McBryde provides sports medicine services to male and female athletes at South Carolina State. The range of services furnished through the USC Sports Medicine Center includes pre-season orthopaedic physicals, onsite medical coverage at games and weekly practice scrimmages, and a weekly clinic in the training room in Orangeburg to follow up on injured players.

Football season becomes hectic for the two physicians, who cover away games as well as those in Orangeburg at Oliver Dawson Stadium. Yet they are committed to the role they play for the Bulldogs. “Our function is to back up the team trainer for injuries that are clearly not minor or clearly need orthopaedic attention,” Dr. McBryde said. “The benefit to the athletes is immediate access to care,” he said, comparing a football player injured in a game to a motorist hurt in a wreck on the highway. “It’s rare to have that immediate access except on the sports field, where it’s become the standard of care,” he said.

Dr. McBryde enjoys the challenges and tough decisions that come with athletics. “You have to decide whether or not to operate, how to rehabilitate, and when to return someone to play,” he said. He added that the treatment of sports injuries can impact much more than an individual’s physical status. “When you’re looking at a collegiate player with a potential career ahead of him, injuries can be a crucial factor in his future,” he said.

In addition to working in collegiate sports, Dr. McBryde has treated athletes on various levels of play, from Olympians in Seoul and Atlanta to individual players on professional football teams. It’s not unusual for a professional athlete to travel to Columbia for surgery by Dr. McBryde, who has particular expertise in sports injuries to the foot and ankle. How do athletes from around the country end up in his office? “There is a network of sports medicine professionals who know each other, call on each other, and use each other as a resource,” he said.