

Scans can also lead to what might be called the "professional athlete effect" — when patients want the same cutting-edge treatments used on elite athletes, believing such treatments are more effective. Take the recent popularity of PRP (platelet-rich plasma) injections, a procedure in which your own blood is injected into an injured area to try to speed healing. Today more than 500 hospitals offer PRP, even though studies fail to show it helps. But because athletes like Tiger Woods have had the procedure, patients request it, and doctors offer it, at prices often exceeding \$1,000. Insurers generally don't pay for PRP, citing lack of evidence of benefits.

Despite the cost, a treatment that works on a pro athlete may not even work on you, because they often recover more rapidly than amateur athletes. "Elite athletes can make you look good as a physician," says Dr. James Andrews, a sports medicine orthopedist in Gulf Breeze, Florida. "They have an ability to get better really fast. It has to do with genes, natural ability, and motivation."

Pros will also choose expedited treatments like cortisone injections to try to return to play as quickly as possible, overlooking long-term effects. Cortisone shots are able to mask

pain so athletes can play, but they can also damage healthy tissue over time. Because coaches and doctors are under pressure to get athletes back on the field, they advocate risky or unproven treatments that may do more harm than good. "[Regular patients] think we can reconstruct just about any injury they have," Andrews says. "But we have to bring them back to Earth. Because a famous football player tore up his knee and went back to play, they think they can do the same."

Some of Andrews' patients see him about Tommy John surgery, which many pro baseball players undergo to repair damaged elbow ligaments. But most think better of it after Andrews tells them that 10 percent to 15 percent of patients don't fully recover from the procedure or return completely to playing, and those who get better usually take a year to do so. And if a patient just waits and rests, he often gets better on his own in four to six months, especially if the injury is minor. In short, Andrews says, an operation that sounds like a solution may not be necessary.

The best advice may be to consider your options and choose less medical care when reasonable, Musahl says. If you have an overuse injury — a sore shoulder from swimming,

aching knees from running — cut back on exercise for a while and wait. Most overuse injuries heal on their own, and depending on the injury, doctors often don't have a reliable treatment. If a doctor offers you an MRI, be cautious. "Ask the doctor, 'What are you expecting to see on the MRI, and what would you do about it?'" Musahl says. "If you get an 'I don't know,' I would wait."

Bernstein advises asking your orthopedist if he or a colleague has had the suggested treatment. Not every sports injury gets better without treatment; this question can help sort things out. For instance, Bernstein has performed ACL surgery on a colleague. "There are proven effective operations," he says, "but there are other treatments in our bag of tricks that probably don't deserve that label."

Howard Wainer, an avid swimmer, saw Bernstein for a second opinion after an orthopedist recommended surgery for a partially torn rotator cuff, discovered by an MRI. Bernstein considered his case and recommended physical therapy for three months before thinking about surgery. "I went with little hope," Wainer says. But after three months of therapy and staying out of the water, Wainer was back to swimming, pain-free. ■