



Medicals the driving force behind Combine

By Michael Blunda

INDIANAPOLIS — Turn on NFL Network any time between Feb. 26 and March 2, and you're likely to see NFL prospects running the 40-yard dash, attempting vertical leaps and participating in the three-cone drill. To most football fans, that's what the Scouting Combine is all about: measuring how well players run and jump to see if they have pro potential.

Enter league circles, however, and the viewpoint is very much different. Sure, it's important for league general managers and head coaches to watch the incoming group of collegiate players show off their speed, strength and skills on the field — that's one of the reasons all the NFL bigwigs congregate in cold, windy Indianapolis each year in the dead of winter. But they don't come to Indy alone — every club brings a team physician with it — and there's a big reason for that.

An incoming prospect may have all the talent in the world, but if he has medical issues that could shorten his career, his draft stock isn't going to be very high. That's why teams bring their doctors to closely examine each player during the Combine's medical evaluations. These medicals might not get the publicity of a guy's impressive bench press, but they're the top priority for many NFL decision makers when Draft Day rolls around.

"I think (the Combine medical evaluations) are pretty important," Dr. Art Rettig of Methodist Sports Medicine/The Orthopedic Surgeons told PFW. "When the clubs sign these high-round guys, they put a lot of money into it, and if they go down the first year or so, they lose a fair amount of money. Most teams put a high priority on the exams, particularly the ones where there are significant problems."

If anyone would know about what goes on behind the scenes at the Combine, it's Dr. Rettig. In addition to being a team physician for the Colts, he has taken part in conducting the Combine medicals since 1985 and has played a lead role in many of the event's advancements over the years, including the NFL medical meeting, in which a group of doctors discusses all the game's latest health issues with league trainers and physicians.

"We've refined them quite a bit," he said of how the evaluations have changed since he began conducting them. "With the communication system, we have computers now, (and) we just have much more data on all the players going into it. Each group that examines has refined its system, and it's much more efficient."

Today, the process goes something like this: Before the medicals even begin, players get X-rays or MRIs depending on their previous injury history, the results of which are given to the doctors performing the tests. Then, when players appear for their evaluations, they are taken through a series of six stations of orthopedic exams. Each NFL team has a physician present at one of the stations, so every club will have its own data on every player. Finally, players meet with a doctor to go through a routine medical exam to check their heart and lungs, among other things. According to Dr. Rettig, the procedure is very similar to the physical a team would give to a player it just acquired.

The process can be long and painstaking for the prospects. USC OT Charles Brown said that he was advised by former college teammate and current Falcons OT Sam Baker to get the medical stuff out of the way early. Even so, Brown said he was "waiting around all day."

"It took a long time," he said. "I fell asleep for some time, so I don't remember how long it was."

In addition to getting things like their blood, urine and oxygen levels tested, they also have to go through a number of orthopedic tests on every body part they have previously hurt. It takes each player upward of three hours or more to go through the full evaluation. Completing the medicals isn't exactly a cakewalk for the physicians, either, who by the end of the 2010 Combine will have thoroughly examined 329 players over the course of four days.

Once everyone has been checked out, the doctors use the test results and their notes on each player to create reports for every prospect they've evaluated. These reports are then made available to all 32 teams, who incorporate the information into their rating system for each player in order to put together a comprehensive draft board.

For general managers around the league, this information is invaluable. It allows them to carefully survey the medical history and current health of hundreds of players all in one place, providing them with a clear picture of how much risk each collegian brings to the table. It certainly beats testing and evaluating each and every player on their own.

"It's very important," said Texans GM Rick Smith. "It's something that we pay a lot of attention to because what we're trying to do is predict future performance, so in our league a big part of that is how healthy a guy is and his injury history. So it's important."

Updates on players' prior injuries — especially if they were serious ones — or new ailments that may have popped up are what the pro shot-callers desire most. In 2009, for instance, it was discovered at the Combine that Texas Tech WR Michael Crabtree had a slight fracture in his foot that would require surgery. The discovery of that broken bone was one of the reasons Crabtree slipped to No. 10 in last year's draft. This year, the medicals will give clubs crucial information about the shoulder injury to Oklahoma QB Sam Bradford and the foot problem of Notre Dame QB Jimmy Clausen.

According to Dr. Rettig, he can sometimes have a relatively good idea about how long a player's career might be after seeing his test results and performing the exam, something teams obviously love to know before making a hefty investment.

"Sometimes we can tell that a guy may have a limited career, maybe 4-6 years," he stated. "Other guys who are pretty clean, without any kind of health problems, (have) an unlimited (range). Obviously you can always get hurt if you play in the NFL, but going in, we can give (teams) some idea that (players) may have a limited time based on injuries, X-rays, that type of thing."

The tests themselves are improving every year, with new elements being added to provide even more information to clubs. This year, for instance, impact testing is being done to determine a neurological baseline for each player. This baseline will help teams know exactly how serious a player's head injury is and when he should be allowed to get back on the field. It's one of numerous ways the process has evolved over the past 25 years.

"We think we're getting better every year, and in evaluating ways we're trying to be more efficient," Dr. Rettig concluded. "It's still a long process for everyone involved, but we're just trying to do the best we can."