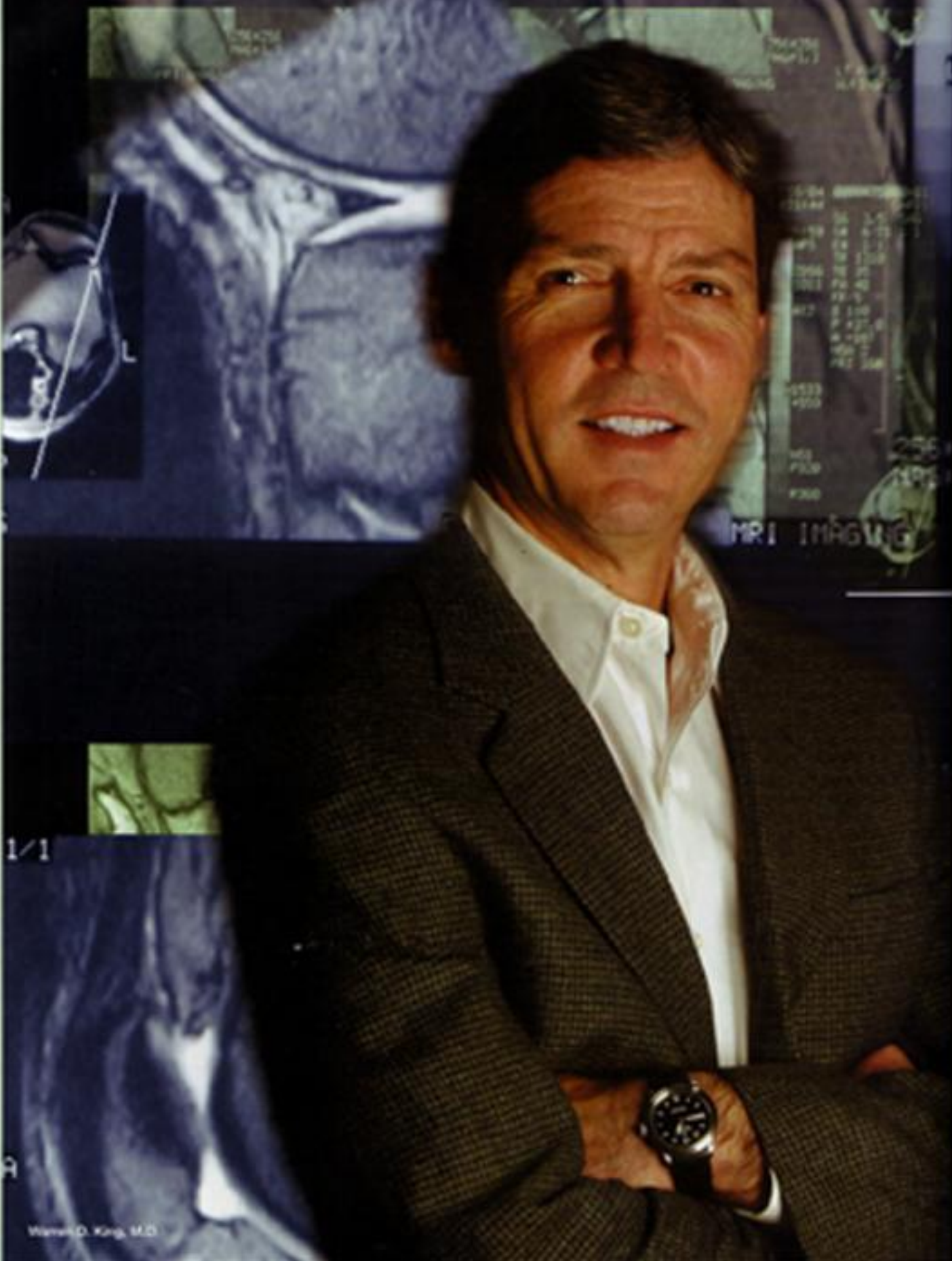


TOP of his GAME

Gentry speaks with Palo Alto orthopedic surgeon Warren D. King about treating professional athletes, his advice for the average Joe, and why he concurs with Jack LaLanne.

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Once upon a time, the team doctor was the neighborhood physician who took the job because he loved sports or was good friends with the head coach. Not anymore. These days sports medicine is a booming specialty and sports surgeons can be found on the sidelines of football fields, basketball courts, ice skating rinks, and baseball games. Take Dr. Warren D. King, department chief of sports medicine at Palo Alto Medical Foundation and head physician for the Oakland Raiders. He's served on the medical staff of the San Francisco Giants, San Francisco 49ers, and San Jose Sharks. These days he can be found on the sidelines of Raiders' games, ready to treat players and send them back in the game. Gentry talks to him about his career, sports medicine, and life as a jock's doc.



Warren D. King, M.D.



Dr. Warren King in the OR

How did your career evolve? I was the youngest of three children, including an older brother and sister. My dad was a fisheries biologist and my mother was a teacher. I loved English in high school, but in college I loved the biological sciences. A friend suggested majoring in pre-med. I was playing football at the time, but I gave it up after my freshman year to concentrate on my studies. My sister went to nursing school and got me interested in treating patients. So I got a job in a hospital and was a float, working in different departments, including newborns, pediatrics, and emergency. Working in a hospital was very human, and very intense. You see all sides of medicine. I was hooked. I knew I had to be a doctor.

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Why sports medicine? I've always been athletic—skiing, tennis, running—but I got interested in sports medicine when I was playing football at the University of Nevada at Reno and had some sports injuries, which required a physician's help. I had knee problems and a dislocated shoulder. I knew I wanted to be a doctor but thought I wanted to be a cardiologist, then a surgeon, and then an orthopedic surgeon. Then I got a sports medicine fellowship at USC and worked with professional teams: the Rams, the Lakers, the Kings, the Dodgers. It was fun to work with athletes. I later worked with the San Francisco 49ers and the San Francisco Giants. When the Raiders needed a head orthopedic physician, they hired me and it's been my love ever since.

How is it different specializing in sports injuries? You have to like sports, and I really like working with people who enjoy sports as much as I do. I relate to them and they relate to me. For instance, a patient might tell me it hurts when he runs. Another physician would

tell him to stop running. But my patients are significantly impacted by sports and I respect how they feel. They understand what it takes to get and remain in shape, whether it's football, basketball, or golf. For me, there's nothing more exciting than seeing someone threatened by an orthopedic disorder get back in shape.

Are athletes different as patients? They really know their bodies. Ask them if it's a serious injury or if they're getting better and they'll tell you. They know what's significant. They're also highly disciplined, so they're very good at rehabilitation compared to patients who don't work out. Patients who don't work out and lie around and watch TV

on the treadmill—then I do 15 minutes of strength training, usually lighter weights and higher reps. I augment with on-road biking and running. My busiest time of year is when the Raiders are in season, so by 7 AM I'm seeing patients. Then I hightail it to Oakland and see 10 to 12 players. I'm back in the office from 1 PM to 5 PM. And then home with my family. That's Monday, Tuesday is the same. But Wednesday I'm in surgery all day. Thursday is split between the office and covering the Raiders' practice. Friday I'm in surgery from 7 AM to 7 PM. If there's an away game, I leave the office at noon and hop on a plane to the game. But if it's a practice, the athletes come to my office. I'm on the sidelines no matter what, and can examine there as well. There's an X-ray machine at the Coliseum and every stadium—the NFL mandates it.

Do you remember your first game? No, though I worked in Los Angeles when Magic Johnson and Kareem Abdul Jabbar were playing and Wayne Gretzky was on the ice. I was a fellow then so I was still learning. After that, I worked with the San Francisco Giants. When the Raiders' doctor retired, I was selected to replace him, and suddenly it was the first preseason game. But you need to remember that you're not there as a fan. You're there as a doctor and you're there for a reason—to take care of the players. Time is crucial. There's only one game a week and only 16 games a season, so all are very significant. You make the decision, should they play or not. It's a special responsibility, and you need lots of training to handle it. I enjoy the challenge of making the right decision at the time. It keeps me on my toes.

Any mentors? Dr. Jack Sargent in Reno. I was preparing for a high school football game and my knee was injured and I called him and begged for a shot of novocaine. This was the state championship and at the time I thought I wanted to be a professional football player. He

complain because they're obese, but they don't maintain their bodies. They say 'fix me,' but fixing them is getting them to lose weight, and many of them choose not to do this.

Can you identify an injury just by hearing the symptoms? One of the reasons you specialize is because you learn to know and understand certain symptoms. What may seem uncommon to some people is actually something I see 30 times a day. The human body is very consistent. I can listen to a problem over the phone, diagnose it, and then confirm it with scans. I take a five-minute history—how the area was hurt, when it hurts and when it doesn't—and I'm 90 percent accurate in my diagnosis. It seems complicated, but then so does tax planning. But talk to a tax planner and they say it's easy. That's why you specialize.

What's a typical day? I'm at the gym at 5 AM. I do cardio for 45 minutes—a spin class, stationary bike, or running

said no, that [novocaine] isn't in your best interest. Now, I'm in his shoes and I'm grateful to him for doing that. Also, Dr. John Davis, a cardiologist who inspired me to go into cardiology. Under him I learned to read EKGs and cardiograms. And Dr. Frank Jobe, one of the pioneers in sports medicine. I worked with him in Los Angeles. Watching him perform surgery was like watching a great ballet—very elegant and efficient.

What's the most significant change in sports medicine? The introduction of the arthroscope (ortho means joint and scope means look), which we started using in the 1970s and '80s. An ortho-

at halftime and are back in the game by third quarter because we can accurately identify and treat the injury. Football player Gayle Sayers' career ended because of tearing his ACL (a form of torn ligament). Now we routinely treat these injuries and get the player back in the game in three months. It used to be you were out for the season. Athletes are bouncing back from injuries unlike anything before. Other surgeons are also now using minimally invasive surgery, including performing outpatient cardio surgery.

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Jackson). But artificial tissue only lasts 15 to 20 years while biologically placed living tissue can last 100 years.

But doesn't the body decline anyway as we get older? You're going to decline, but if you take care of yourself, you can slow the process. Twenty is the age for peak performance, and after that many people let their bodies go. I was skiing at Snowbird recently and the guide was 70 and he took us all over the mountain. One of his friends is 85 and still ski-

ing. People don't realize what their body is capable of. They can run a marathon in two hours, or participate in triathlons. I love it when I see someone like that 70-year-old bopping around the mountain.

What's your leisure time? I spend it with my family as much as possible. I'm a pilot and I have my own plane so we take it to go skiing or to Mexico. My wife (we met in a hospital where she was studying to be a radiology technician, then an ultrasound specialist) and I have three kids: two sons, 13 and 21, and an 18-year-old daughter. All are very active and involved. My 21-year-old snowboards, runs, scuba dives, bikes, and climbs. My youngest likes soccer, basketball, and skateboarding. My daughter loves volleyball, lacrosse, and skiing. I love flyfishing, and everyone surfs.

Any last words of advice? Take care of your body like you take care of a car. You've got to keep it moving. Once you stop, it's hard to get it started again. Look at Jack LaLanne who towed a boat at age 80. He said you have to stay fit, and you do. If I had a message, it'd be to exercise your mind and your body—and never stop learning. Your body wants you to use it and cherish it. You'll never have another one. ■



Surgical images are televised on monitors during the procedure

scope is a minimally invasive way to look at and fix joints, and sports medicine was the leader in its use. That was when sports medicine was becoming a specialty. Before that, healing involved plaster casts and long-term treatments, and often unsatisfactory results. The arthroscope allows us to be incredibly precise. Football players come out of the game

What's the next big change in sports medicine? The ability to replace cartilage in the knee. By replacing the cartilage, we eliminate the need for joint replacement. In essence, we grow you a new joint like one you would find on a 20-year-old. Cartilage injuries were devastating in the past. Often the only option was an artificial knee (look at Bo



Dr. King operates on a patient's knee