



Patient Care

Rodeo Medicine

Even the toughest cowboys need doctors

BY WHITNEY HARMON



PHOTO BY WHITNEY HARMON Jory Wasserburger, MD, and paramedics tend to an injured contestant and volunteer during the World Championship Indian Relay Race at the Sheridan WYO Rodeo.

With the College National Finals Rodeo calling Casper home, Sheridan hosting the World Championship Indian Relay Races, Cody being dubbed the “Rodeo Capital of the World,” and the world-famous Cheyenne Frontier Days right in our own backyard, it’s no surprise that rodeo is the official state sport of Wyoming and a huge part of celebrating our Western heritage.

Wyomingites have long held a special place in their hearts for this rough and tumble sport, with nearly every town across Wyoming hosting at least one rodeo over the course of the summer. Where there are rodeos there are contestants in need of medical attention.

Rodeo medicine’s humble beginnings

Tandy Freeman, MD sat down with WMS to share the history of how medicine in rodeo got its start. For most of rodeo’s storied history there has not been organized medicine. Rodeo medicine really began with an orthopedic surgeon who was one of the first to orient his practice towards taking care of athletes. James Pat Evans, MD, (affectionately known as “J Pat”) was the original sports medicine physician in his part of the world. He was head team physician for the Dallas Cowboys for 19 years and the Dallas Mavericks for 10 years.

During his time with the Dallas Cowboys, Dr. Evans worked with athlete Walt Garrison, who was a starting fullback for the Cowboys and a professional steer roper. Growing up rodeoing in Lewisville, Texas, Walt was a cowboy long before he was Dallas Cowboy. In fact, his signing bonus with the Dallas Cowboys was a two-horse trailer and a trailer hitch—that’s how much of a cowboy this man is. Walt would bring his rodeo buddies by the office to see Dr. Evans, and he began forming patient relationships with rodeo contestants.

Through these connections, Dr. Evans was asked by ProRodeo Hall of Fame bull rider Donnie Gay to cover the 1979 Superstars Rodeo event, where he worked beside athletic trainer Don Andrews. Andrews was a trainer for the Dallas Black Hawks, a minor league hockey team, and the director of

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a sports medicine program in Fort Worth. During the rodeo, the two of them agreed that rodeo contestants were every bit as athletic as any other professional athletes they worked with, and they questioned why they didn't have access to the same type of healthcare that other professional athletes did. They decided someone should treat cowboys as what they are—professional athletes.

With support from Garrison and Gay, Dr. Evans and Andrews were able to convince the Professional Rodeo Cowboys Association (PRCA) that rodeo could be even better if someone would invest in the cowboys' well-being. In 1980, they covered 10 rodeos around the U.S., working out of the back of a pickup truck with a small stockpile of supplies and attended the National Finals Rodeo, where their idea was catching on. But one thing was clear—they needed resources.

In 1981 the Justin Boot Company agreed to sponsor the program, and the Justin Sportsmedicine Team (JST) (originally called the Justin Heeler Sports Medicine program) was born. Since its humble beginnings, the program has expanded to cover over 130 major PRCA rodeos each year, equating to around \$3 million in annual medical care. JST has also paved the way for similar programs to fill in coverage gaps for the 600+ PRCA sanctioned rodeos across the country.

Enter Professional Bull Riders (PBR). The PBR was founded in 1992 by a group of 20 bull riders who believed that bull riding could succeed as a standalone sport. In 1994, a PBR athlete was severely injured in Del Rio, Texas with a laryngeal fracture. The medical facilities in Del Rio at the time were not sophisticated enough to handle this type of trauma, and the cowboy was in serious trouble. He survived, but following this injury the bull riders knew they needed more medical support. Familiar with the JST, the athletes went to the Justin Boot Company and asked them to sponsor a similar program for PBR events. They agreed, and a PBR-dedicated sports medicine team was formed under JST. The entities would later separate, but medicine dedicated to PBR athletes sprouted here.

The making of a rodeo legend

If there was a buckle for "All-Around Rodeo Medicine Champion," Tandy Freeman, MD would be a multi-decade top contender. Dr. Freeman serves as medical director and head team physician for both the JST and the PBR Sports Medicine Team. Practicing orthopedic surgery in Dallas, Dr. Freeman is considered one of the top rodeo physicians in the world. He is held with the highest regard in the sport, as evidenced by his many rodeo accolades. This includes being awarded the Jim Shoulders Lifetime Achievement Award, which recognizes non-bull riders who have significantly contributed to the



PHOTO COURTESY OF THE JUSTIN SPORTSMEDICINE TEAM. Tandy Freeman, MD, head team physician and medical director for the Justin Sportsmedicine Team and PBR Sportsmedicine Team.

advancement of the sport of bull riding and rodeo.

Dr. Freeman completed his first residency in general surgery at the University of Utah, a second residency in orthopedic surgery at UT Southwestern, and a sports medicine fellowship at the American Sports Medicine Institute. As a resident, Dr. Freeman worked under Dr. Evans who would later hire him at his practice. Dr. Freeman served as head team physician for the Dallas Mavericks and as an orthopedic consultant for numerous sports teams. Upon his retirement, Dr. Evans handed the JST rodeo reins to Dr. Freeman.

When asked why he chose to focus on sports medicine in rodeo, Dr. Freeman's response was, "serendipity." He credits his career path to meeting his mentor Dr. Evans and his love for the rodeo community. Likening rodeo to growing up in his small Texas town, Dr. Freeman said, "the rodeo community is tightly bound, and I'm a part of that community. For some of the folks, I'm their only doctor. This is really what has kept me involved."

Dr. Freeman also enjoys the unique challenges that come with practicing medicine in rodeo. "The athletes are fun to take care of and they are a challenge. I use every bit of the medicine that I've learned, no two nights are the same."



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PHOTO BY WHITNEY HARMON Travis Chipman tends to a patient in the Justin Sportsmedicine trailer at the Sheridan WYO Rodeo.

Justin Sportsmedicine Team

Physicians, like Dr. Freeman, participate in the program as volunteers. While most physician volunteers work locally, Dr. Freeman covers at least 34 PBR events and certain PRCA rodeos each year around the country.

With program growth, the JST began to hire athletic trainers to fill program manager positions around the U.S. As independent contractors, most of the program managers have “normal” day jobs and work for JST on the side. They can travel thousands of miles per year covering rodeos, where they take responsibility for the medical organization of each rodeo in their region and coordinate with contracted emergency medical services and local volunteers before each rodeo.

They also make arrangements for situations, such as where to send injured athletes. “In some cities there are several options, and in small towns, travel might be the only option. We have relationships with hospitals and physicians everywhere, so we know where we’re going if an athlete requires major trauma care,” Dr. Freeman noted.

Behind the chutes in rodeo medicine

Travis Chipman is one of the program directors for the JST. Based out of San Antonio, he travels around 17,000 miles per year hauling one of three Justin Sportsmedicine trailers. In addition to working full-time as an athletic trainer and his work with JST, Chipman is the chairman of the Medical Committee for the San Antonio Stock Show & Rodeo. As a former high school and college contestant, he’s seen a lot of rodeo action and has a passion for taking care of the athletes.

Chipman highlighted some of the challenges that come with working at different rodeos across the country. “At the San Antonio rodeo I have 300 volunteers that work the 22 rodeo days. We man multiple first aid stations, we have 12 paid paramedics on-site, and we have so many people that volunteer we have to turn people away.”

Volunteers range from neurosurgeons to people with no medical background who help them scribe. The JST has their own electronic medical records system where every patient interaction is tracked to provide continuity of care for the athletes as they travel.

In contrast to his hometown rodeo, there are a lot of rodeos he goes to where “there might only be one paramedic unit



PHOTO BY WHITNEY HARMON Jory Wasserberger, MD, left, works as a volunteer at the Sheridan WYO Rodeo with Justin Sportsmedicine Team Program Manager Travis Chipman.

on-site with two staff and that's it," Chipman said. "Technically, those paramedics are there for the rodeo contestants, but if someone in the crowd goes down with a heart attack, they're going to receive first aid. This can present a challenge for us if an athlete also goes down," says Chipman, who believes medical volunteers are integral for the safety of the athletes. "I try to encourage [rodeo committees] to seek community volunteers so we can avoid these situations. Every rodeo needs local volunteers," Chipman said.

JST does not provide medical care to non-PRCA athletes, further illustrating the need for volunteers. During the 2023 Sheridan WYO Rodeo, a volunteer working the track gates and an Indian Relay contestant (non-PRCA) both sustained major

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injuries during a race when the rider's horse collided with a gate. Luckily for the injured men, orthopedic surgeon Jory Wasserburger, MD, a local volunteer, and the paramedics were there to help.

Rodeo injuries, a horse of a different color

Dr. Freeman differentiated patient treatment in rodeo from other professional sports because a rodeo athlete can have an injury, like a torn ACL, that will not hinder them from competing in the same way it would if an athlete tried to play football with the injury.

"You can still ride a bronc or a bull with a torn ACL if the pain is manageable, so we have had to get creative with it. You cannot ride in a standard ACL brace, so we use an old paddle



PHOTO COURTESY OF PROFESSIONAL BULL RIDERS. A competitor loses his seat during Professional Bull Riders event during Cheyenne Frontier Days in July 2023.



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PHOTO BY KELLY ETZEL DOUGLAS A saddle bronc contestant rides during Cheyenne Frontier Days in July 2023.

brace and tape. This is just not something you see in any other sport,” he said.

Further, if an athlete requires transport to a hospital, Dr. Freeman will join them there to ensure treatment is designed for rodeo, not the average patient or even the average professional athlete. “Rodeo is just different. Knowing the difference between being hurt and injured can make or break a cowboy’s career.”

Dr. Freeman also discussed how the injuries themselves are distinctive. “It’s high energy trauma in rodeo. The shoulder and knee injuries that I take care of are so severe on the spectrum compared to other sports because of the energy you have with a large animal like a bronc or a bull going up against a much smaller man. The force endured is off the scale compared to other sports. Injuries are oftentimes more similar to the trauma you see in a car wreck than a sports injury, which is just one of many things in rodeo that is unique.”

The most common injuries that are seen in the arena range from extreme trauma to expected sports injuries, with TBI, spine injuries, liver lacerations, splenic rupture, ligament

and joint injuries, fractures, contusions, and lacerations being among the most common. As one of the most prevalent rodeo injuries—concussions—are taken seriously. Athletes can be pulled from competition if they are suspected of having a concussion. As for competing in a helmet or a cowboy hat, the PRCA does not enforce any rules for mandatory helmet use. However, the PBR does require that athletes born after October 15, 1994 wear helmets.

The JST trailer is equipped with basic first aid items, but extensive injuries must be treated in a clinic or hospital. For these situations the PRCA and PBR have mandatory accident insurance programs for contestants, which offers limited coverage for injuries incurred during sanctioned events.

The business of rodeo


For Chipman, a marked difference between medicine and rodeo medicine is accounting for the business side of the sport. While contestants are patients first and foremost, “the reality is that with every injury that occurs in the arena, there is a calculation being made by the cowboys—what do I stand to lose if I don’t compete?”

Rodeo is “pay to play” and unless concussion protocols are in place or there is a catastrophic risk, PRCA athletes have the autonomy to make their own decisions to compete injured. Chipman describes his role as “both paternalistic and advisory,” regularly counseling athletes on making “good” decisions.

“You’re an adult, you make your own decisions, but I’m going to tell you all of the disadvantages of doing what I’m going to tell you not to go out and do,” said Chipman. “I spend a lot of time talking with [the contestants]... saying things like let’s make a smart businessman decision here.” On the PBR side, Dr. Freeman added, “you’re not just dealing with an athlete when there is an injury. Team coaches and owners are involved, too.”

The world needs more cowboys (and cowboy doctors)

The presence of healthcare volunteers at rodeo events allows contestants to focus on what matters most—their ride. If you’d like to volunteer, contact your local rodeo to get involved. To volunteer with JST, visit www.justinsportsmedicine.com and fill out the contact form.

Rodeo has been captivating audiences with sensational displays of bravery for centuries, and its impact is felt across states like Wyoming. Rodeo medicine professionals and volunteers are tough, composed and vitally important to the contestants who entrust them with their careers and their lives. Rodeo would not be the same without them, because even the toughest cowboys need doctors. 

Analysis of 4 Years of Injury in Professional Rodeo

- Serious head injuries have been shown to occur in rodeo athletes at a rate of up to 15 per 1,000 rides. Other athletes, such as professional football players, suffer serious head injuries at a rate of 5.8 per 100,000 players.
- The average ground reaction force produced by the hind hooves of a large bull is 106.3 kN. In comparison, the force produced by an Olympic boxer delivering a straight punch is 3.4 kN.
- Bull riding is responsible for the greatest proportion of rodeo injuries, accounting for 28 – 50% of all rodeo-related injuries. Subsequent injury rates included: saddle bronc and bareback riding events (20 – 23%), calf roping (3 – 12%), steer wrestling (8%), team roping (1 – 4%), and barrel racing (0 – 3%).
- Rough stock riders account for 88.7% of all injuries in professional rodeo.
- Head injuries account for the greatest total number of injuries (54.3%), followed by thoracic (15.7%), lower extremity (12.9%), spine (10%), upper extremity (10%), and pelvic (4.3%).
- Lower extremity injuries account for the greatest number of patients requiring surgery (12.9%), followed by head (5.7%), spine (4.3%), upper extremity (4.3%), and abdominal (1.4%).



PHOTO BY KELLY ETZEL DOUGLAS A bull rider gets bucked off during Cheyenne Frontier Days rodeo in July 2023.



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