

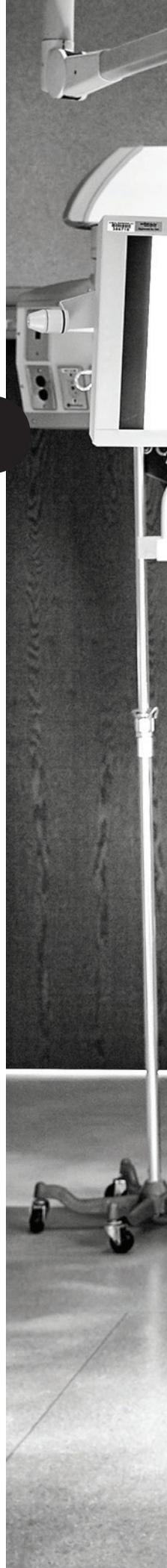
# No. 1 The Fixer

---

LYLE CAIN IS A  
WORLD-FAMOUS  
SURGEON AND A  
REALLY NICE GUY

---

By MELINDA THOMPSON  
Photos by DAVID HILLEGAS  
and courtesy of ANDREWS SPORTS MEDICINE & ORTHOPAEDIC CENTER





BERCHTOLD  
TELEOM

MONITOR 2

MONITOR 1

BERCHTOLD  
OPERON

OPERON D830

Kenyan Drake being carted off field with Dr. Cain, in Oxford, MS. Kenyan suffered a severe, career-threatening broken ankle vs. Ole Miss that ended his 2014 season.



# Dr.

Lyle Cain, one of the most successful orthopedic surgeons in the world of sports medicine—yes, *THE WORLD*—is driven by a fear of failure. In that, Cain is like most top-tier CEOs, athletes, inventors, and performers, people whose innovations change the course of human history.

He explains it this way: “I remember the bad cases, the people who didn’t do well, a whole lot better than the ones who did. I want to figure out what happened and keep it from happening again. I always have a little anxiety about failure—at work or home. I don’t want to underappreciate or ‘undertreat’ my wife, children, or patients.”

Cain vividly remembers his first failure. After being a top athlete at Crestline Elementary School, he didn’t make the 7th grade basketball team. “At the time, it crushed me,” Cain says, “Things like that small failure can make you go in different directions. You can hole up and internalize it and be scared to do stuff, or it can make you work harder. Things like that happen all through life. Mountain Brook High School was as hard an academic situation as I’ve ever been in. I worked hard and played sports, and there were still people who blew my doors off.”

“I felt a lot of pressure to go to an Ivy League school. I got into Duke’s engineering school, went to visit, and just didn’t feel it. I loved Crimson Tide football and sports in general, so I went to Alabama and got a degree in chemical engineering, which worked out well for me. I met my wife, Jill, there and made life-long friends and connections. I think if you are going to live in Alabama, it really helps to have a degree from one of the state schools. Half the people I operate on are connected to other people I know,” Cain says.

After medical school at UAB, “I was fortunate to attend a really good residency program at The Campbell Clinic in Memphis, Tennessee,” Cain says. That trauma training came in handy after the 2014 Alabama v. LSU game at Tiger Stadium. Cain and two of his partners, Drs. Emblom and Waldrop, saw an LSU officer fly past their rented Suburban after being struck by a car. For twenty minutes, they worked as a team to stabilize him before an ambulance could get through the post-game traffic. “We were still in our team gear, so somebody took photos, and that story went viral,” he remembers.

“After residency, I had a fellowship with Dr. Andrews. Medical school doesn’t really teach you how to treat patients (bedside manner). I had great mentors. Dr. Andrews was the most important. He taught me to listen. We get tons of data, scans, and lab work on patients, and some people look at the findings of those and jump to conclusions. In many cases, that might not be the best solution for the patient. You have to listen to them, assess their situation, their abilities and biases, what they’ve got going on. If you just look at the patient as an ACL you’ve got to fix,

you may actually change the outcome. You have to see their personality. The art is in trying to read what they need.

“I’m a compartmentalized thinker. I can take two options, break it down into pros and cons, and make a quick decision. That’s what I try to teach the fellows who work with me. Even in surgery, you have to make decisions. You could debate it a long time. There’s no right answer. In your head, you have to go through a checklist of pros and cons, make a decision, know the reasoning behind it, and then press on. A lot of people second-guess themselves when they need to make a decision. Dr. Andrews says, “Take your time, but do it in a hurry.” Patients have better outcomes when you are decisive.

“The whole process goes back to my engineering background. It’s problem solving. I like to fix things and figure them out. I was the kid in my neighborhood that if something broke, they’d call me. So much of what I do in orthopedics is engineering,” Cain reflects.

A good example of the engineering side of medicine is the medical tent that popped up on the Alabama sidelines last season. Dr. Cain has been the team orthopedist for the last 16 seasons.

Cain says, “Jeff Allen, the athletic trainer at Alabama, came up with the tent idea. When a player is hurt, he’s in a vulnerable position with 10 million people looking at him. He’s just trying to figure out what’s going on. The tent improves medical care. In every game, high school and college, there are lots of injuries, 10-15, that nobody sees. They have to be triaged, treated, and a decision made about whether or not the player can go back in.”

“Most of the time, I can see the injury happen,” Cain says. “When Kenyan Drake broke his ankle in the Ole Miss game, I saw it on the screen. I had it in place 19 seconds after the hit. Everything we do is biomechanics. If I see the play from the sidelines or on TV, most of the time I can tell you what it is—ACL, MCL, broken arm or ankle. I used to love a big hit. Not anymore.”

One of the most common questions Dr. Cain fields is “Should my kid play football?” His philosophy: “Up until junior high or high school when you start to get fully grown people, kids are

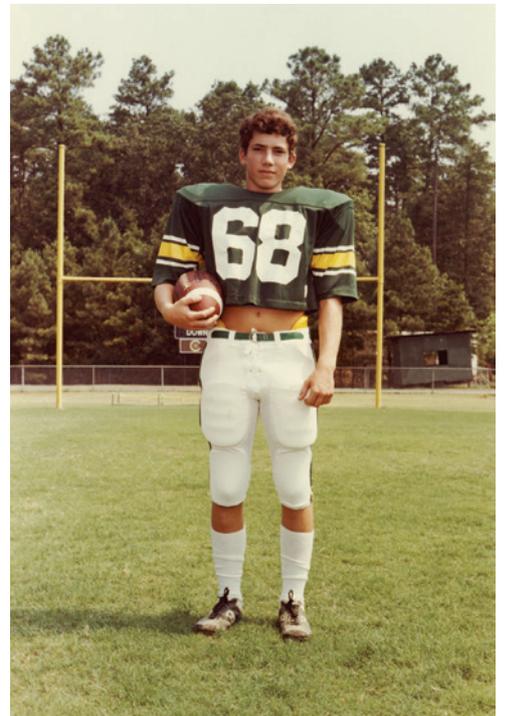


too small to do much damage. They get injuries they would get just living life as a kid. I always say it’s like two marshmallows hitting rather than two cars colliding. For me, it comes down to how much my kids love it. Both of my sons play football and other sports. The benefits of team work and perseverance—a lot of things I do in life came from the football field.”

“There is a problem with early specialization

**THIS PAGE, TOP: Andrews Sports Medicine surgeons (L to R) – Dr. Jeffrey Dugas, Dr. James Andrews, Dr. Lyle Cain, Jr.**

**THIS PAGE, ABOVE: Dr. Benton Emblom, Dr. Norman Waldrop, III, Dr. Taylor Mathis & Dr. Lyle Cain, Jr. on the sidelines in Starkville, MS last season.**



**ABOVE:** Andrews Sports Medicine surgeons Dr. Lyle Cain & Dr. Benton Emblom enjoying a day of hunting with members of the 2015-16 fellowship class: (L to R): Dr. Kevin Myers, Dr. Benton Emblom, Dr. Lyle Cain, Dr. Taylor Mathis, Dr. Isaac Miller, Dr. Chase Smith.

**ABOVE RIGHT:** Dr. Cain was a student-athlete at MBHS from 1983-1986.

**RIGHT:** (L to R): Virginia Cain, Sarah Cain, Jill Cain, Dr. Cain, Edward Cain & George Cain celebrating the Tide's National Championship victory over the Clemson Tigers.



in team sports all across the country,” Cain admits, “Personal training, Year-round sports. Travel ball. There is a push toward specialization that isn’t realistic. It sometimes causes more harm than good. Genes determine a lot. If we as a community and a nation pushed our kids academically like we do athletically—the equivalent of travel ball for education—we’d be kicking it.

“I was fortunate in Mountain Brook. It amazes me how many people in Alabama have a terrible high school education. Without that, they have no chance of a successful career. And poverty and poor education keep propagating. I think making a higher bar for education for everyone would change everything in our state,” Cain argues.

If you add up the volunteer hours Dr. Cain works every week during football season, the logistics seem impossible. Mountain Brook sidelines. Friday night football clinic. University of Alabama game days—home and away. Tuesday night clinic in Tuscaloosa for ANY athlete (and underserved members of the community). He also takes care of high school athletes from Homewood, Hoover, Hewitt-Trussville, Spain Park, Bessemer City, Shades Valley, and Oak Grove. Cain is the medical director for the University of West Alabama and consults for Birmingham-Southern College, Jacksonville State University and the Birmingham Barons.

That’s not counting surgery days and clinic appointments for the rest of his patients.

Cain says, “The way I was raised and trained by Dr. Andrews means that I believe we have an obligation to treat people. We never turn athletes away because they can’t pay. Dr. Hughston came up with the idea of team coverage. St. Vincent’s Health System, Champion Sports Medicine and I pay the salary of a graduate-level athletic trainer to cover 42 schools within west Alabama’s Black Belt Region. They see athletes in seven schools per day, six days a week. They triage them—whether they have insurance or not. Seeing those athletes succeed is as satisfying as seeing the pro athletes succeed. In addition to the 42 schools within the Black Belt Region, Andrews Sports Medicine is also the official medical provider to 40+ other collegiate and high school

## **In your head, you have to go through a checklist of pros and cons, make a decision, know the reasoning behind it, and then press on.**

programs within central Alabama.

“I don’t think about money at all. I have no idea how much a surgery costs or how much I get paid for doing one. I just treat patients. The only time I think about it is when I can’t get insurance to cover a procedure I know a patient needs. That makes me crazy. I don’t worry about liability. Even when there are bad outcomes, if you explain it to patients, tell them what you are doing to try to fix it, they usually understand,” he says.

“When Kenyan Drake broke his arm in the Mississippi State game, he’d already been through the ankle injury. I told him, ‘I’m going to get you ready for the SEC championship game.’ He said, ‘I’m going to play in the Auburn game.’ I’ve seen over and over that patients do better with positive reinforcement and a positive attitude. Drake had injuries that could derail his career and life. He fought through one, came back, and had another. Going through that twice is incredibly hard. He was positive the whole way.

“Vinnie Sunseri had all sorts of injuries, but he took on every injury like it was his project. ‘Okay, I’ve got this,’ he’d tell me.”

When asked about his all-time favorite athlete he’s ever treated, Cain’s reply was instantaneous: “Drew Brees. No question.”

“I learned from Dr. Andrews you don’t hit people with bad news quickly. Over time, if things don’t get quite where they need to be, the patient will come to a gradual realization. Patients do better if you say you’re going to fix them—not hit them with worst-case scenarios.

“I don’t like to see anything suffer, even though I’m a hunter, which may sound counter-intuitive. I like the outdoors and

all types of animals. I have a farm in Greene County where we take the kids. We have lots of toys. Every year, a group of college friends spends the week with me turkey hunting down there. We actually patented The Gamechanger Turkey Decoy, which sells at Mark’s Outdoors,” Cain adds.

Dr. Cain believes the future in sports medicine lies in biologics. “Everything we’ve done up to now has been mechanical—repairing or reconstructing,” he says, “In 2000, Dr. Andrews asked me and Dr. Jeff Dugas to get into the cartilage world. Regrowth. Transplants. That’s still just taking something from one place and putting it in another. Eventually, we’ll stop robbing Peter to pay Paul. It might not be in my career, but we didn’t have an iPhone eight years ago, so who knows?”

Cain says he’s easy-going. He doesn’t like controversy. He was running behind for our interview, and he’d obviously had a long day. He looked tired. Nevertheless, he was generous with his time. When Dr. Cain treated my kids, what amazed me most is that young athletes get the exact same care and attention the pros get.

Cain says, “Injuries make people get back to basics. Struggle changes people.” When asked what he wants for his own children, Sarah, Virginia, Edward, and George, he says he wants them not to be anxious or unhappy and to have everything they need.

Lyle Cain may be the smartest, most gifted surgeon in the operating room, but he’s also just a good guy—a really, really good guy. ■