

# NATIONAL SPORTS MEDICINE STRUCTURES

Each member Federation shall have a Sports Medicine Committee as a part of its basic organisational structure. The size and complexity of the Sports Medicine Committee may vary considerably, depending upon the size of the member Federation, the number of athletes served, and the geographic territory to be covered. However, the basic responsibilities of the Committee should be similar.

## A. Objectives

- To raise the level and quality of health care and the quality of care provided to athletes at all levels, during both competition and training.
- To assure that the health care system is capable of delivering care uniformly, effectively, and consistently.
- To assure the highest quality of sports medicine knowledge and technical skills for the entire sports medicine team (professionals, coaches, scientists, and administrators) through the provision of training, continuing education, and other resources.

## B. Responsibilities

### 1. Support for National Teams

- a. Prior to International Competitions
  - i. Assure the health and fitness of athletes selected for the competition.
  - ii. Provide qualified medical professionals (physicians, therapists, psychologists).
  - iii. Provide adequate supplies and equipment.
  - iv. Educate team personnel (athletes and coaches) concerning travel hygiene measures (see Chapter 12, *Infectious Diseases*).
  - v. Assure immunisations are appropriate for the site of the competition.
- b. During the Competition
  - i. Assure adequate treatment space—village and stadium.
  - ii. Establish treatment schedules and staffing—village and stadium.
  - iii. Assure proper food and water—village and stadium.
  - iv. Keep records of all illnesses and injuries, and treatments.
- c. During Year-Round Training
  - i. Assure a functioning health care system at National Team training venues.
  - ii. Develop a resource system for referral of athletes to qualified community practitioners.
  - iii. Provide Sports Sciences support services to qualified athletes:
    - Periodic physiological monitoring of the training process
    - Biomechanical analysis of technical skills

- Psychological skills training
- Nutritional analysis and education

## 2. Support National Competition Programmes

Provide a medical care system for national competitions such as national championships, major competitions, and international meetings (refer to *IAAF Competition Medical Handbook for Track and Field and Road Racing* for details).

## 3. Grassroots Programmes Support

- a. Develop health screening, health care, and education programmes at local and regional levels for Youth and Developmental athletes.
- b. Provide health and safety education for coaches.
- c. Integrate health and safety modules into the coaching education curriculum at all levels.

## Reference

1. International Association of Athletics Federation. *IAAF Competition Medical Handbook for Track and Field and Road Racing: A Practical Guide*. IAAF: Monaco, 2006.

# THE FEDERATION MEDICAL OFFICER

## A. Responsibilities

1. Develop and strengthen the administrative, health care, and education functions of the sports medicine structure:
  - a. Medical care for athletes and teams
  - b. Medical care operation at major competitions
  - c. Education programmes for health professionals, athletes, and coaches
  - d. General health education for athletes at all levels
2. Assure the continuing operation of all aspects of the Federation's sports medicine structure.
3. Be responsible for the Federation's communication with the IAAF and Area Organisations concerning sport medicine matters, and advising or taking appropriate actions, when necessary.
4. Maintain liaison with the Federation Doping Control Officer (Medical and Doping should not be the same person).
5. Establish and enhance relationships with other appropriate national and international sports medicine organisations (i.e., IOC, FIMS, etc.).

## B. Recommended Qualifications

1. Medical professional, licensed to practice by the State.
2. Member in good standing of the Federation.
3. Possess specific medical knowledge and experience in the sport of athletics, including basic understanding of the training process.
4. Member of national/international sports medicine organisations.
5. Available to commit time to the Federation and its sports medicine structure.
6. Personal qualities:
  - Energetic and enthusiastic about Federation sports medicine programmes and duties.
  - Communication skills—has the desire to share and disseminate health information to fellow professionals, coaches, and athletes.
  - Organisational skills—capable of developing and operating an ongoing sports medicine organisation.

## Reference

See Appendix 1, *Olympic Movement Medical Code*.

## PLANNING INTERNATIONAL TRAVEL

### A. Organisation and Planning

For local, national, and international competition, the team physician is responsible for organising the medical staff, preparing the team for travel, and ensuring that the appropriate personnel and medical supplies are available to the athletes. Frequently, the team physician will also be responsible for the medical organisation of training sites. The team physician must prepare for routine and unexpected injuries, illnesses, communicable diseases, and even major catastrophic events when serving an athletic team “on the road.” Overall factors that must be considered include the fatigue associated with travel as well as acclimatisation to heat, cold, or altitude.

The *IAAF Competition Medical Handbook for Track and Field and Road Racing* is an excellent source for guidance concerning organising medical coverage of a major athletic event. See also Appendix 2, *Planning International Travel*, for a checklist of tasks involved in international travel.

### B. Food and Drink

The medical staff should ensure that familiar foods and drinks are available for the athletes and staff.

Prevention and treatment of acute infectious diseases (especially traveler’s diarrhea) is extremely important (see Chapter 12, Part 2, *Infections at Large*). Gastrointestinal infections are caused primarily by fecally contaminated water or food. Sources of potential problems are uncooked vegetables, greens and fruits, unpasteurised milk or milk products and undercooked or improperly stored meat or fish represent the highest risks. Food in the athlete’s village, restaurants, and private homes is usually safe, but it is best to eat only well-cooked foods or peeled fruits. Athletes should avoid buying food from street vendors.

Where possible, travelers should drink only bottled water or carbonated beverages. If purification is necessary, water should be boiled three to five minutes or treated with iodine or chlorine drops. Most stadia and training facilities do not have potable water. Medical staff must make sure that adequate drinking water is available for their athletes during training and competition.

### C. Immunisations

The medical staff should ensure that all required immunisations are updated prior to departure. These may include tetanus, immunoglobulin, diphtheria, pertussis, polio, measles, mumps, rubella, haemophilus, or others, depending upon the travel destination. The immunisation record should be kept with the athlete’s passport. (See Chapter 12, Part 1, *Infections Associated with Sports* for more information.)

## **D. Staff Selection**

Personnel for the medical staff should be selected carefully. Team physicians and athletic trainers (physiotherapists) should have a background in athletics and familiarity with the biomechanics of the specific events. On longer trips to parts of the world where special conditions exist, teams of thirty or more athletes should be accompanied by one or two physiotherapists. At least two physicians and three or four physiotherapists are needed for teams of more than 75 athletes. Knowledgeable sports psychologists are also valuable on international trips.

## **E. Supplies and Equipment**

The team physician must ensure that proper medical supplies and equipment are available for all possible on-the-field injuries, emergencies (including CPR), and routine medical problems both during travel and at the competition. He/she should not rely upon hosts to provide these essentials. After each trip, the supplies should be inventoried, restocked, and modified as necessary.

The medical staff should keep detailed records of all routine and emergency treatment rendered to athletes. Clear records are important for the individual athletes and for medical legal reason, and will help staffs prepare for future events.

## **Reference**

1. International Association of Athletics Federation. IAAF Competition Medical Handbook for Track and Field and Road Racing: A Practical Guide. IAAF: Monaco, 2006.

