



HEALTH PROTECTION IN TRAINING AND COMPETITION

ARNE LJUNGQVIST

Moderator • International Olympic Committee



ORIGINAL TEXT IN ENGLISH

The International Olympic Committee (IOC) Medical Commission was created in the 1960s to devise a strategy to combat the misuse of performance-enhancing drugs. Specialists were recruited and a campaign against drug misuse in sport (doping) got under way. In the late 1990s it was agreed that sport could not successfully conduct the fight against doping on its own; the support of public authorities was needed. Thus, the World Anti-Doping Agency (WADA) was created in 1999, whereby the Olympic Movement and public authorities joined forces in the cause of drug-free sport. Following a transition period of a couple of years, WADA took over the IOC's role as the international umbrella body in the fight against doping in sport. This enabled the IOC Medical Commission to redirect its work to other important sports-related medical issues, the most important being the prevention and treatment of sports-related injuries and diseases. Since 2003 or thereabouts, the IOC Medical Commission has been working under the motto of "protecting athletes' health".

Since 2003, the IOC Medical Commission and its office have undergone restructuring, including the hiring of a "Head of Science". The Commission has been working to establish itself as the interface between the scientific and sports communities, and as the supreme scientific body in sports medicine, by 1) initiating research in relevant fields; 2) educating the Olympic Movement in sports medicine; 3) organising "consensus meetings" on critical topics; and 4) disseminating knowledge about sports medicine with particular emphasis on the prevention and treatment of sports-related injuries and diseases.

1. **Research:** Resources have been allocated for research projects conducted by identified centres of excellence, called "IOC Research Centres". In addition, a comprehensive injury-surveillance project has been initiated at major events, including the Olympic Games.
2. **Education:** Three methods have been adopted: 1) courses on sports medicine at the national and regional levels, financed through Olympic Solidarity; 2) advanced team-physician courses (in 2008 on the Lofoten Islands in Norway, in 2009 at Stanford in the USA, in 2011

in Corsica); and 3) conferences on injury and disease-prevention, superseding the conferences previously organised by Norway in Oslo (2005) and Tromsø (2008). The next will take place in Monaco in 2011.

3. **Consensus meetings:** Eleven consensus meetings have been held since 2003, on 1) "Sport and nutrition" (2003), 2) "Sex reassignment" (2003), 3) "Sudden cardiovascular death" (2004), 4) "The female athlete's heart" (2004), 5) "Training the elite child athlete" (2005), 6) "The female athlete triad" (2006), 7) "Sexual harassment and abuse" (2007), 8) "The molecular basis for soft tissue injuries" (2007), 9) "Anterior crucial ligament injuries in female athletes" (2008), 10) "Asthma and sport" (2008) and 11) "Pre-participation health examinations" (2009).
4. **Dissemination of knowledge and information:** In addition to the publication and dissemination of the results of research projects and consensus meetings, cooperation has been established with the British Journal of Sports Medicine (BJSM), including regular publication of articles on "Injury prevention and health protection in elite and amateur athletes". The earlier series of IOC medical publications also continues, e.g. "The Olympic Encyclopaedia of Sports Medicine" and handbooks on different topics.