



## HEALTH PROTECTION IN TRAINING AND COMPETITION

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#### INTRODUCTION

The physical, mental, social and ethical behaviour of an individual develops in the home and the environment he or she grew up in. As athletes develop, their experiences are strongly influenced by their families and the various people and organisations that they interact with, thus influencing their performance as athletes.

Throughout their career, athletes are ultimately responsible for their own health and well-being. The support of their family and the values that have been instilled in them will be a major influence. As athletes develop in their sporting career, the varying influences of the individuals and organisations responsible for their development in sport are dependent on the expertise and experience of these individuals and the resources available to them in their community.

One of the missions of the Olympic Movement is to ensure that sport is practised without endangering the health and well-being of the athlete during competition.

The role of the National Olympic Committee (NOC) is to ensure that athletes have the best resources available within their communities to provide services that the athletes need and by supporting the individuals responsible for that care.

Such an approach requires the buy-in of all stakeholders which are part of, or working with, the NOC, the National Federations (NFs), the management team, coaches, medical and technical support staff, educational and governmental authorities and their families.

The range of support provided varies according to the resources available to the NOC in their country, especially when much of this support is provided voluntarily. In many developing countries, there is a shortage of medical and paramedical staff and a small or nonexistent private health sector. Hence, sporting organisations' requirements to provide

services to their stakeholders will put pressure on an already under-resourced public sector to provide the voluntary services needed.

NOCs can contribute to the health and well-being of their athletes in competition and training in three broad areas:

1. Education;
2. Pre-participation programmes;
3. Medical and technical support during competition.

#### 1. EDUCATION

NOCs in conjunction with NFs and International Federations (IFs) should implement ongoing and accessible educational programmes on health protection and injury prevention based on:

- the Olympic Movement Medical Code;
- consensus statements on various issues by Specialist Working Groups of the IOC Medical Commission;
- educational programmes organised by the World Anti-doping Agency;
- educational programmes organised by experts from IFs;
- educational programmes and consensus statements by professional groups such as Sports Medicine specialists and intergovernmental agencies.

Educational material for the protection and promotion of athletes' health must be based on the latest recognised medical knowledge and should be well publicised in order for all stakeholders, including governments, to benefit.

Special attention must be paid to the most vulnerable participants in sport and in particular children who may be involved in high level sport.

If possible, programmes should be developed for schools at the primary, secondary and tertiary levels.

NOCs where possible are encouraged to form (if they have not already done so) Athletes' Commissions and Medical Commissions to provide support and guidance to these educational programmes. Elite athletes in the various NOCs should be encouraged to play a leading role in the educational programmes delivered by their NOCs and other stakeholders involved in sports development.

#### 2. PRE-PARTICIPATION PROGRAMMES

Since 2007 the International Olympic Committee (IOC) has been focusing on the protection of health and prevention of injury in high level and recreational sports. They have developed various programmes and assembled expert groups to discuss and prepare pre-participation health evaluations and examinations (PPHE).

The group has reviewed the current evidence for the effectiveness of a PPHE in cardiology, non-cardiac medical conditions, head injuries, dental injuries, musculoskeletal injuries and issues specific to women, as well as recommendations for further research in this field.

Programme contributors stressed the need to protect the psychological, mental and social well-being of athletes by introducing early intervention programmes in detection and prevention. With regular screening and monitoring of athletes over time and fitness assessment, pre-existing conditions and risk factors can be addressed well before competition.



Similar programmes have been developed by NOCs such as the US Olympic Committee which, through their “Performance Services Medical Division, performs Elite Athlete Health Profiles (EAHP) on a large number of athletes at the request of a specific National Governing Body (NGB) as part of an overall high performance plan. The EAHP is much like the pre-participation evaluation (PPE) that is performed on high school and college athletes, but more in depth. EAHPs provide information concerning an athlete’s ability to participate safely in sports. By collecting additional data specific to nutrition, psychology, and the musculoskeletal system in addition to a general medical examination, information can be gained that establishes a baseline, possibly improves performance and prevents certain injuries.”

NOCs should, as a minimal service to their athletes, carry out a pre-participation medical examination on athletes selected to represent them in international competitions.

In 2008, several weeks prior to the Beijing Olympic Games, an athlete from one of the smaller NOCs in Oceania travelled to Fiji to finalise travel arrangements in order to catch her flight to take part in the Beijing Olympic Games. During her stay in Fiji she became ill and was referred to the local NOC’s physician. She underwent examinations, was diagnosed as having pulmonary tuberculosis and admitted to hospital for two months.

This tale illustrates that while we have made great strides in our services to our athletes, there is still a lot to be done for many athletes from less developed countries.

### 3. MEDICAL SUPPORT

Medical support guidelines must be established for each sports discipline, in conjunction with member NFs within NOCs, and must cover but not be limited to:

- organisation of medical coverage at training and competition venues;
- provision of necessary resources (medical supplies, vehicles etc.);
- establishment and broadcasting of procedures in case of emergencies;
- establishment of systems of communication between medical support services, organisers and competent health authorities.

The athletes, coaches and persons associated with the sports activity must be informed of those procedures and receive the necessary training for their implementation. This again is an ongoing educational process as personnel changes frequently with NFs and NOCs.

#### SUMMARY

The role of the NOC is to ensure that athletes have access to the best resources available within their communities.

The NOC should be committed to providing the necessary services that the athletes need and should support the individuals and organisations responsible for that care.

Educational and support programmes should be ongoing, accessible and continue to improve in line with the availability of the necessary resources.

*“If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.” Hippocrates, 460-377 BC*

#### REFERENCES

- Olympic Movement Medical Code
- IOC Sports Medicine Manual
- Recommendations of the fourth International Athletes’ Forum 29-31 May 2009, Marrakech, Morocco
- Public contributions to the *Virtual Olympic Congress*
- Olympic Movement contributions to the *Virtual Olympic Congress*