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INTRODUCTION

The physical, mental, social and ethical behaviour of an individual develops from the home and the environment he or she grew up in. As the athlete develops, his experiences are strongly influenced by his family and the various people and organizations that he interacts with thus influencing his performance as an athlete.

Throughout their career, the athlete is ultimately responsible for his/her own health and wellbeing. The support of their family and the values that have been instilled in them will be a major influence. As the athletes develop in their sporting career, the varying influences of the individuals and organizations 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 practiced without endangering the health and wellbeing of the athlete during competition.

The role of the National Olympic Committee 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 National Olympic Committee, the National Federations, 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 National Olympic Committee 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 organisation's requirements to provide services to their stakeholders will put pressure on an already underresourced public sector to provide the voluntary services needed.

National Olympic Committees can contribute to the health and wellbeing 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

National Olympic Committees in conjunction with National and International Federations 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 organized by the World Antidoping Agency
- * Educational programmes organized by experts from International Federations
- * Educational programmes and consensus statements by professional groups such as Sports Medicine specialists and intergovernmental agencies.

Educational materials for the protection and promotion of the athletes' health must be based on the latest recognized medical knowledge and should be well publicized in order that all stakeholders including governments will benefit.

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

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

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

- 2) Pre participation programmes

Since 2007 the IOC has been focusing on the protection of health and prevention of injury in high level and recreational sports. They have developed various programs 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.

Contributors to the programmes, stressed the need to protect the psychological, mental and social wellbeing of athletes by introducing early intervention programs in detection and prevention. With regular screening and monitoring of athletes over time, assessment of fitness, 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 who through their “Performance Services Medical Division performs Elite Athlete Health Profiles (EAHP) on a large numbers of athletes upon 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 improve performance and prevent certain injuries.”

National Olympic Committees should as a minimal service to their athletes carry out a preparticipation 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 traveled to Fiji to finalise travel arrangements in order 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 investigations, was diagnosed as having Pulmonary Tuberculosis and admitted to Hospital for 2 months.

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

3) Medical Support

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

- Organization of medical coverage at training and competition venues
- Provision of necessary resources (medical supplies, vehicles etc
- Establish and publicise procedures in case of emergencies
- Establish systems of communication between medical support services, organizers 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 change frequently with National Federations and NOCs.

SUMMARY

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

The National Olympic Committee should be committed to providing the necessary services that the athletes need and should support the individuals and organizations 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

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