Disclaimer

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- I receive payment for presentations including air travel
- I serve as a VICIS council member
- I am a paid consultant to the Allegheny Health Network
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- Medical Director Team USA – 2014 Sochi Winter Olympics, 2012 London Olympic Games
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The purpose of the presentation is:

1) Identifying the process and considerations for medical planning for an Olympic Games
For athletes:

- their human dignity
- their physical and mental well-being
- the protection of their health and safety
- their right of self-determination
- their rights to privacy and confidentiality
Olympic Movement Medical Code

Why needed?

• supports the medical team
• safeguards rights and safety of athletes
• improves standard care
• reinforces medical ethics
• supports World Anti-Doping Code
• supports the importance of education
• supports working as a team
• promotes excellence in medical practitioners and medical care

https://www.olympic.org/medical-and-scientific-commission

After Richard Budgett
Primary Mission: Protect the Athlete’s Health

- USOC (NOC) Sports Medicine Division
- Surveillance, research and screening
- Olympic Movement Medical Code
- IOC Sport physician toolkit
- at the Games
  - what to expect
  - how to prepare

After Richard Budgett
Volunteer development programmes

Qualifications for the Games:
- experience with athletes and sports (minimum 5 years)
- professional review and in depth background check
- After action report

Governance and evaluations: with the USOC and IOC

Education and training:
- USOC
- WADA
- USADA
- IOC Medical Code
- Olympic Solidarity
- US Coalition for the Prevention of Illness and Injury in Sport
Th USOC rough NOC Medical Commission or Sport Institute ensure:

- Electronic Medical Record (EMR)
  - longitudinal care
  - surveillance
  - audit
  - prevention
  - standards of care

- Close collaboration with national governing bodies
Planning

- Every location presents with its own challenges – see it in advance!
- Recognition of and planning for medical issues (Illness and injury) always changes
- Build upon success and learn from failure
- Build a plan that is executable
- Formulate a plan that encompasses both the expected and unexpected issues

Sochi Ambulance

EHR Surveillance
Planning Takes Time!

- Typical medical planning starts four years out and always before the closest Games are complete.
- Use an organized approach to assess:
  - Local medical assets
  - Language barriers
  - Rules for importing medications and medical equipment
  - Relationships with host medical staff
  - Medical Footprint
  - Transportation (venues/emergent access/Hospitals)
- MERP!
- State Department and CDC are great resources:
  - Frankfurt and State
Travel to Treat

- When outside the USA be considerate regarding the local rules for care
- Don’t travel with opioids
  - DEA and Vancouver
- Be prepared to render care on long haul flights
General pre-Games support

- Athlete entourage - multi-disciplinary team to optimise training and recovery
- Medical network (orthopaedics, dentistry, cardiology and other specialties)
- Test events and other pre-Olympic competitions - medical support in cooperation with national sports federations
Preparing a team for the Olympic Games

- At least one on-site visit pre-event
- Customs issues: importation medicines and equipment
- TUEs completed and provided to the relevant bodies
- Whereabouts - ensure athletes provide and regularly update all required information
- Medication and supplement check - complete and accurate report from every athlete (every medication and supplement taken or that may be occasionally be taken)
- IOC needle use policy
- IOC medical and scientific equipment policy
Key skills of team physicians

- Clinical expertise, competency and experience
- Ability to deliver high quality medical services to elite athletes
- Ability to work within a multi-disciplinary medical team
- Availability, adaptability, affability (the three A’s)
- Abide by Olympic Movement Medical Code
Staff Selection - Rio N=125

- Medical Acumen
- People Acumen
- Work Ethic
- Time on task
- Communication skills
- Understanding the supportive role of medical staff
- Anti-doping
  - Norway Case Study
- Getting the blend of skill sets and personalities right
- Team oriented or solo player?
- Communications before the Games are a key, so are communications during the Games
Staffing Assignments

- Look for the match of interest and experience
- Build the team through prior opportunities
  - USOC Volunteer Program
  - NGB experiences
  - Pan American Games
  - Olympic Games
No Needle Policy

- For the protection of the athletes
- Does not apply to ongoing medical management
- Only for physicians
- Needle Committee
  - Athlete
  - Athlete representative
  - Treating physician
  - CMO
  - Head Team physician
Medical Equipment

- Medical equipment
  - US
  - Diagnostic kits
  - AED
  - Biohazard
  - Tape, splints, wheelchairs, tables, lights, EHR.....

- Formulary

- Team USA uses around 30 pallets of medical equipment that ships 4-5 months ahead of the Games
Post-Games Evaluations

- Seek feedback, esp. from those you are worried about!
- Review past reviews
- Keep game time notes for future review
- Use surveys
- Share results
- Seek feedback
Team Physicians

- Know team
- Know sport
- Know athletes
- Registration
  - prescribe
  - imaging
  - pathology tests
  - accompany to secondary care
Team Physicians

• Relationship with
  o OCOG medical team
  o IF Doctors
  o IOC Medical and Scientific Commission

• Know needle policy and medical and scientific equipment policy

• Educational programme at Games
Take Away

- The human factor can trump the knowledge factor
  - Motivations to serve and skill are the keys
  - Fame is a deal breaker
  - Star struck providers don’t work well

- The time commitment is huge
- Relationships with other professionals is important
- Fun along the way helps relive stress