

#### INTERNATIONAL OLYMPIC COMMITTEE

## Roles & Responsibilities during the Olympic Games

Richard Budgett – Lars Engebretsen IOC Medical and Scientific Department

18 October 2019



- Preparation and delivery of medical care at Games
- 2. Prevention and management of injury & illness
- 3. Prevent and deter doping and support anti-doping programmes

Roles of IOC, IFs, OCOG Med & Dop, NOCs



## IOC Roles during the Olympic Games

- Governance using Medical Games Group
- Support & oversight not delivery
- Framework:
  - Medical Code
  - Policies and Transfer of Knowledge
  - Anti-Doping Rules
- Doping Control Programme ITA
- Education
- Surveillance

The IOC role in Surveillance at the Olympic Games: Beijing, Vancouver, London, Sochi, Rio and PyeongChang injury and illness surveillance study





### Surveillance



## IOC Injury & illnesses surveillance during Olympic Summer and Winter Games:



- 2008 Beijing
- 2010 Vancouver
- 2012 London
- 2014 Sochi
- 2016 Rio
- 2018 PyeongChang
- Doping (or ITA ?)

## **During Youth Olympic Winter Games**

- 2012 Innsbruck
- 2016 Lillehammer

## Why is the IOC monitoring the athletes' health?



- To describe the risk of injury and illnesses occurring during Summer, Winter and Youth Olympic Games
  - Across sports, gender, age
- To compare data between Olympic Games
- To identify high risk/low risk sports and events
  - Can the sport (IOC/IF) learn from these experiences?
  - Injury & illness data assist in prevention strategies

## Welcome to PyeongChang 2018!

























Debbie Palmer

Natalia Salmina

Torbjorn Soligard











Kathrin Steffen



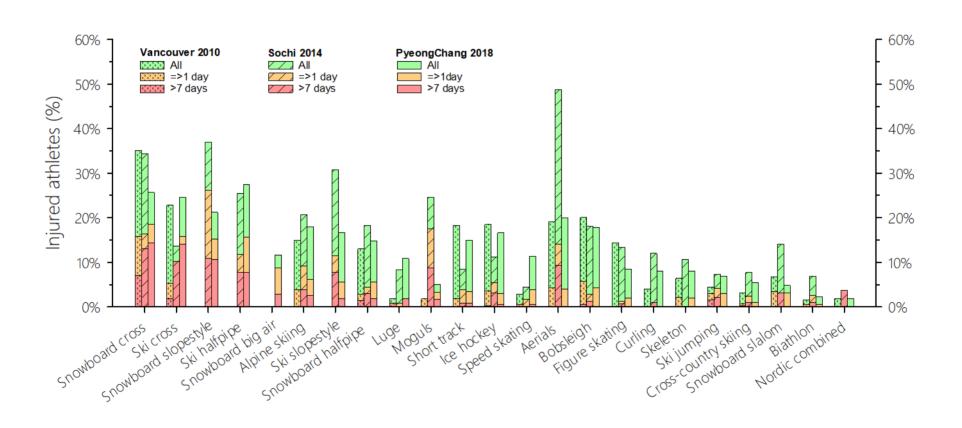
### **Definition of injury and illness**



- New or recurring musculoskeletal complaints or concussions (injuries) or illnesses
- Occurring in the period of the Olympic Games
- Medical attention, regardless of the consequences with respect to absence from competition or training

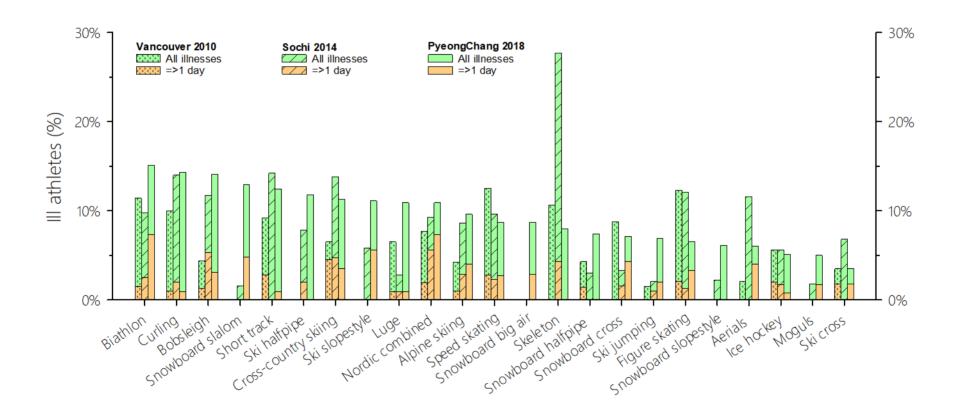
## Injured athletes (%) per sport (all) Vancouver 2010, Sochi 2014 & PyeongChang 2018





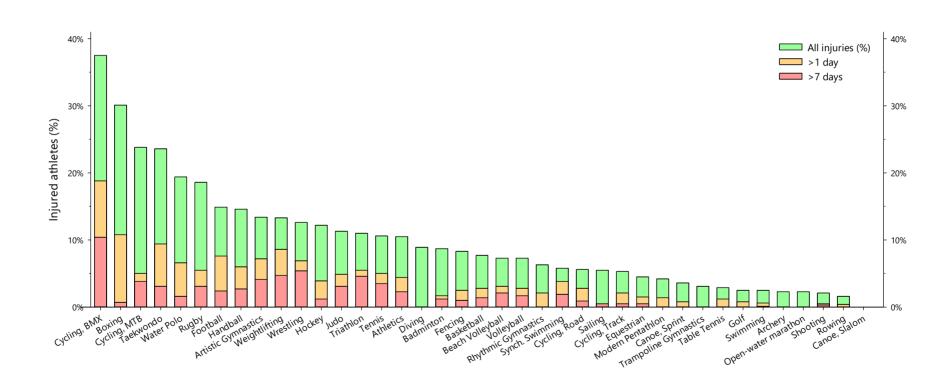
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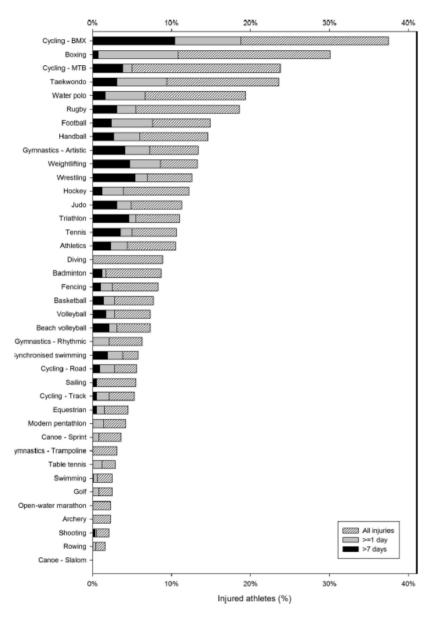


## Injured athletes (%) per sport in Rio 2016





## Key data



Box 1 Information on the 221 severe injuries (estimated absence >7 days), with the sports with the highest numbers in brackets.

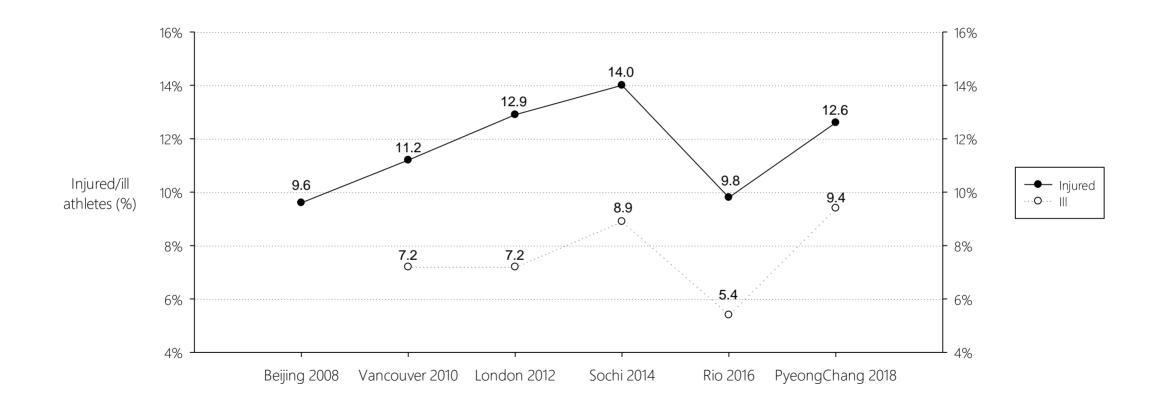


- 65 muscle strains (33 in athletics, six in football, six in weightlifting)
- ➤ 57 ligament sprains/ruptures (eight in wrestling, six in athletics, six in judo, five in artistic gymnastics, five in weightlifting)
- 24 fractures (three in hockey, three in rugby, two in boxing, two in artistic gymnastics, two in mountain bike cycling, two in road cycling, two in water polo)
- 15 dislocations or subluxations (four in wrestling, three in judo, two in boxing)
- 12 lesions of meniscus or cartilage
- nine concussions (out of 12 in total: seven in boxing, two in rugby, one each in BMX cycling, mountain bike cycling, and handball)
- seven stress fractures (three in athletics, two in tennis, one each in boxing and triathlon)
- six tendon ruptures
- five contusions, haematomas or bruises
- five lacerations, abrasions or other skin lesions (three in boxing, two in triathlon)
- four nerve or spinal cord injuries
- four tendinopathies (three in athletics)
- two arthritis, synovitis or bursitis injuries
- two impingements
- two 'other bone injuries

Injury type was missing for two of the severe injuries.

## Injuries and illnesses in 6 consecutive Olympic Games





#### Sports I Olympic

Astrid Junge,\* F Juan Manuel Alo and Jiri Dyorakb Sports injuries and Olympic Games 201

Lars Engebretsen. 1,2 Kathrin Ste

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#### Sports injury and illness incidence in the please visit the journal online Janeiro 2016 Olympic Summer Games: A bisports-2018-100236). study of 11 274 athletes from 207 count

Torbjørn Soligard, 1,2 Kathrin Steffen, Debbie Palmer, 4,5 Juan Ma Roald Bahr. Alexandre Dias Lopes. Jiri Dvorak. Marie-Elaine G Willem Meeuwisse, <sup>2</sup> Margo Mountjoy, <sup>10</sup> Leonardo Oliveira Pena Natalia Salmina, 12 Richard Budgett, 1 Lars Engebretsen 1,3,13

#### **ABSTRACT**

Additional material is

published online only. To view

please visit the journal online

For numbered affiliations see

Torbiørn Soligard, Department

Committee Château de Vidy

1007 Lausanne, Switzerland;

torbjorn.soligard@olympic.org

(http://dx.doi.org/10.1136

bjsports-2017-097956).

Correspondence to

of Medical & Scientific,

International Olympic

Received 19 April 2017

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Accepted 29 June 2017

end of article

Objective To describe the pattern of injuries and illnesses sustained during the Games of the XXXI Olympiad, hosted by Rio de Janeiro from 5 to 21 August

Methods We recorded the daily incidence of athlete injuries and illnesses (1) through the reporting of all National Olympic Committee (NOC) medical teams and (2) in the polyclinic and medical venues by the Rio 2016

Results In total, 11 274 athletes (5089 women, 45%; 6185 men, 55%) from 207 NOCs participated in the study. NOC and Rio 2016 medical staff reported 1101 injuries and 651 illnesses, equalling 9.8 injuries and 5.4 illnesses per 100 athletes over the 17-day period. Altogether, 8% of the athletes incurred at least one injury and 5% at least one illness. The injury incidence was highest in BMX cycling (38% of the athletes injured), boxing (30%), mountain bike cycling (24%). taekwondo (24%), water polo (19%) and rugby (19%) and lowest in canoe slalom, rowing, shooting, archery, swimming, golf and table tennis (0%-3%). Of the 1101 injuries recorded, 40% and 20% were estimated to lead to ≥1 and >7 days of absence from sport, respectively. Women suffered 40% more illnesses than men. Illness was generally less common than injury, with the highest incidence recorded in diving (12%), open-water marathon (12%), sailing (12%), canoe slalom (11%), equestrian (11%) and synchronised swimming (10%) Illnesses were also less severe; 18% were expected to

Games did not materialise, as the proportion of athletes with infectious diseases mirrored that of recent Olympic Games (3%).

Conclusion Overal

result in time loss. Of the illnesses, 47% affected the

respiratory system and 21% the gastrointestinal system.

The anticipated problem of infections in the Rio Olympic

International Olympic of disease and hospit Committee, Lausanne concomitantly, they run skeletal disorders and le Switzerland: end of their careers. 48torbiorn.soligard@olympic.org

Systematic injury an prerequisite to effective Accepted 5 June 2019 of the athletes. Epide: to better planning and care and, importantly, measures to prevent ini

Some International or more seasons, or in o Beijing 2008, the IOC surveillance system7 health aspects, was ext to also include illnesse lance system has been 2012<sup>80</sup> and Sochi 201 injury and illness incide to 14.0 injuries and fro 100 athletes.

Our aim was to d characteristics of the occurring during the R

#### **METHODS**

We employed the IOC is system for multi-sport cohort study.<sup>77</sup> We as Committee (NOC) med occurrence (or non-occ and illnesses on a standa (online appendix 1) Co

#### Sports injury and illness incidence in the PyeongChang 2018 Olympic Winter Games: a prospective study of 2914 athletes from 92 countries

Torbjørn Soligard, Debbie Palmer, Akathrin Steffen, Alexandre Dias Lopes, Marie-Elaine Grant, DooSup Kim, Sae Yong Lee, Alexandre Dias Lopes, Alexandre Dias Lopes, Marie-Elaine Grant, DooSup Kim, Marie-Elaine Grant, DooSup Kim, Sae Yong Lee, Alexandre Dias Lopes, Marie-Elaine Grant, DooSup Kim, Marie-Elaine Grant, Ma Brett G Toresdahl, 12 Joon Young Chang, 8 Richard Budgett, 1 Lars Engebretsen 1,5

#### ABSTRACT

Additional material is

(http://dx.doi.org/10.1136/

For numbered affiliations see

Dr Torbjørn Soligard, Medica

and Scientific Department.

Correspondence to

published online only. To view

**Objective** To describe the incidence of injuries and illnesses sustained during the XXIII Olympic Winter Games, hosted by PyeongChang on 9–25 February 2018. Methods We recorded the daily number of athlete injuries and illnesses (1) through the reporting of all National Olympic Committee (NOC) medical teams and (2) in the polyclinic and medical venues by the PyeongChang 2018 medical staff.

Results In total, 2914 athletes (1210 women, 42%; 1704 men. 58%) from 92 NOCs were observed for occurrence of injury and illness, NOC and PyeongChang 2018 medical staff reported 376 injuries and 279 illnesses, equalling 12.6 injuries and 9.4 illnesses per 100 athletes over the 17-day period. Altogether, 12% of the athletes incurred at least one injury and 9% at least one illness. The injury incidence was highest in ski halfpipe (28%), snowboard cross (26%), ski cross (25%), snowboard slopestyle (21%) and aerials (20%) and lowest in Nordic combined, biathlon, snowboard slalom, moguls and cross-country skiing (2%–6%). Of the 376 injuries recorded, 33% and 13% were estimated to lead to ≥1 day and >7 days of absence from sport, respectively. The highest incidences of illness were recorded in biathlon (15%), curling (14%), bobsleigh (14%) and snowboard slalom (13%). Thirty per cent of the illnesses were expected to result in time loss, and 70% affected the respiratory system. Women suffered 61% more illnesses than men.

Conclusion Overall, 12% of the athletes incurred at least one injury during the Games and 9% an illness, incidences that are similar to the Olympic Winter Games of 2010 and 2014.

illnesses occurring in sports. These epidemiological data contribute to better planning and provision of athlete healthcare, and importantly objectively inform and help to advance the development of measures to prevent injury and illness. Guided by these data, future injury and illness risk factor and mechanism research can identify and influence factors linked to injury or illness risk, such as the safety precautions in sport rules and regulations, or the training programmes and equipment used by athletes. 12 13

Several International Sports Federations and research institutes have set up injury and illness surveillance systems either longitudinally, over one or more seasons, or during certain main events. 14-76 At the Beijing 2008 Olympic Games, the IOC commissioned the first major IOC injury surveillance system, 77 78 which was subsequently expanded for Vancouver 2010 to also include illnesses.<sup>79</sup> Since then, the surveillance system has been continued and further developed in London 2012, 80 Sochi 2014<sup>81</sup> and Rio 2016.<sup>82</sup> In these Games, the injury and illness incidences ranged from 9.6 to 14.0 injuries and from 5.4 to 8.9 illnesses per 100 athletes.

Our aim was to describe the incidence and characteristics of the sports injuries and illnesses occurring during the PyeongChang 2018 Olympic Winter Games.

#### **METHODS**

We employed the IOC injury and illness surveillance system for multisport events in this prospective cohort study. 77 We invited all National Olympic Committee (NOC) medical teams to report the daily



#### London

Br J Sports Med

n Manuel Alonso, n Jegathesan, 8,9,1 een. 13 Ivor Vanhegan. 14

> er lone periods of time po data that are indispensable to mtly reduce injuries and illsets and disciplines.2 Thus, to rotection and benefits of elitminimise the direct and indir th injury and illness, the early tes at a high risk and subse gnificant goals for the IOC.

#### and illnesses in the Sochi 2014 er Games

hrin Steffen,2 Debbie Palmer-Green,3 Mark Aubry,4 fillem Meeuwisse, 6 Margo Mountjoy, 7 Richard Budgett,

Elinesses that occurre

ly non-money for nonses (1) through the Committee (NOC) medical

nd medical venues by the medical staff reported 391 4 injuries and 8.9 illnesses urred at least one injury or ige of athletes injured was ed slopestyle, snowboard sicina manuis sicina. prevent the athlete from he rate of Threes was and aerial skiing. A total

the respiratory system, and s, and 8% an illness tantially between sports.

the elite athlete. 12 The extended approach became the standard and was repeated with success in the ondon 2012 Olympic Games. 23 The aim of the present paper is to analyse and

studies have documented that athletes' risk o sports-related illnesses is almost equally high. 33-15

Systematic monitoring of injury and illness trend

ver long periods of time provides enidemiologics

athletes—one of the main priorities of the International Olympic Committee (IOC). 24 A scien-

tific, evidence-based understanding of incidence

rates, characteristics, risk factors and associated

mechanisms of injuries and illnesses, across differ

ent sports and athlete populations, provides the

given to the injured or ill athlete, but more import

Some international Sports Pederations (1Fs) have instituted comprehensive injury and illness surveil-lacce systems loogitudinally or in their main events, and published their results. <sup>14</sup> <sup>18</sup> <sup>17-40</sup> For the 2008 Olympic Summer Genes in Brijing, the IOC con-

Winter Games the surveillance was expanded to also include illnesses, to account for all health aspects of

ntly, to inform the development and assessment of

unity not only to enhance the treatmen

52 and in the Vancouver 2010 Olympia

otics in the Sochi 2014 Olympic Winter Games vactical implications and suggestions for further initiatives and research to protect the athletes

#### We employed the IOC injury and illness surveil

such as cardiovascular the general population, es, as well as lower hos-

h benefits, including a mature death, as well as ive cohort study. We asked all National Olympic Committee (NOC) medical teams to report the e cancers, obesity and daily occurrence (or non-occurrence) of injuries xercise loads and enter- and illnesses on a standardised medical report does not seem to dimin. form. Concurrently, we retrieved the same informathat compared with in the polyclinic and all other medical venues by the Sochi Organising Committee for the 2014

Olympic Winter Games' (Sochi 2014) medical staff We used the athlete accreditation number to control for duplicates resulting from athletes being a higher risk of acute treated for the same condition by the NOC and the In addition, recent retained the NOC data.



## Take home message



- 10-14% of athletes injured and 7-9% ill during Games
- Injuries and illnesses vary substantially between sports, winter/summer, and gender
- Respiratory track infections are the most common illness
- Little valid knowledge on burden of overuse injury risk

### **Implications**



- Development of preventive measures need to be tailored for each sport
- Incoming sports:
  - Skateboard
  - Surfing
  - Speed climbing







- Continued focus among sport bodies/IFs to institute and further develop injury and illness surveillance systems
  - Not just during the Game, but also up to the Games

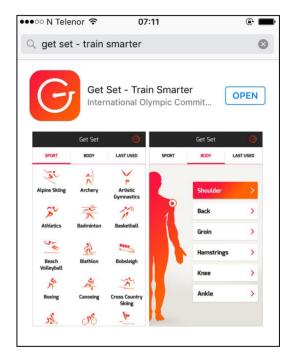
### **Get Set – Train Smarter is ...**



### For:

- Coaches
- Athletes
- Parents
- Clinical personnel

Available 7 languages





## **Get Set – Originally developed for the Youth Olympic Games**







### **Development of Get Set**



### In close collaboration with:

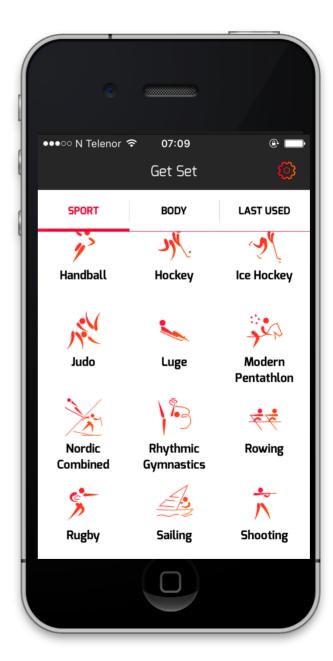
- Oslo Sports Trauma Research Center
- Norwegian Sports Federations
- Norwegian National High Performance Center (Olympiatoppen)
- IOC



## 2 entries: SPORT and BODY PART

Based on evidence and "best clinical practice"

Exercise programmes for 51 Olympic summer + winter sports





## Long speed skating jumps







## **Example from «Freeski»**







## **Example from «Figure Skating»**







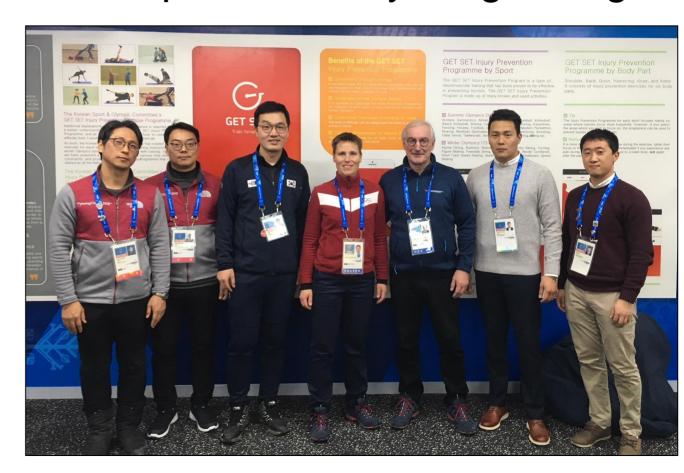
### **Get Set – Train Smarter**

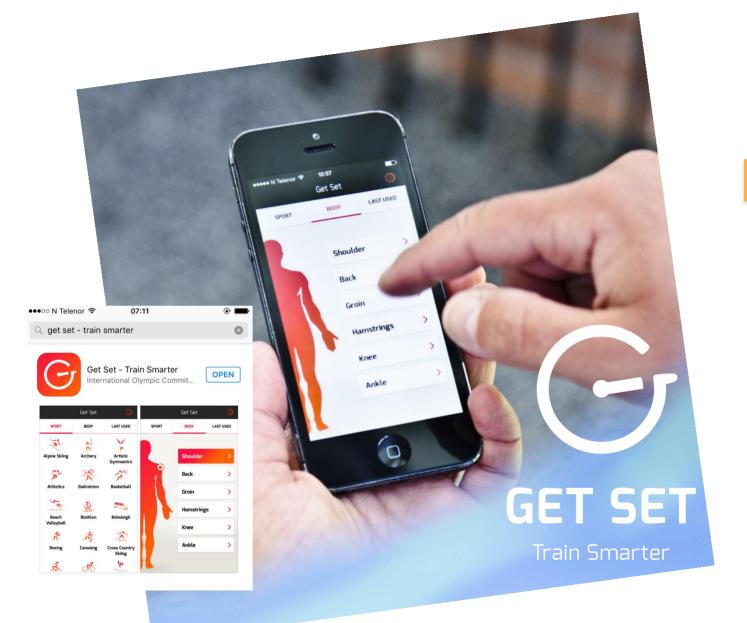


### Pre-installed on all athletes' cell phones in PyeongChang











## Download today!





#### RIO 2016 OLYMPIC GAMES

#### INVITATION

## 7th EDITION OLYMPIC ACADEMIC PROGRAM ON SPORT MEDICINE AND SPORT PHYSIOTHERAPY

#### **4 SYMPOSIA**

Rio Olympic Village, Chef de Mission Hall See inside for exact location, dates and times

FROM TRAINING TO POST-INJURY RETURN TO PLAY IN VOLLEYBALL

HOW TO ORGANIZE YOUR SPORTS MEDICINE TEAM
UPDATE ON SPORTS-RELATED CONCUSSION
IOC PHYSIOTHERAPY AND SPORT SCIENCE SYMPOSIUM

#### **4 WORKSHOPS**

Rio Olympic Village, Polyclinic See inside for exact location, dates and times

Organised by the IOC Medical and Scientific Commission









#### **ACADEMIC PROGRAMME**

Thur. 4.8.2016 14:00 – 17:30 NOC medical team meeting	1st part (14:00-15:50): Medical & Science 2nd part (16:00-17:30): Anti-doping and other regulations Rio 2016, IOC	Chef de Mission Hall 300*
Mon. 8.8.2016 17:00–18:30 PT Workshop	Essential considerations in ACL rehabilitation of the elite athlete Tony Ward	Conference room, Polyclinic 40*
Wed. 10.8.2016 15:00 – 16:35 Symposium	From Training to Post-Injury Return to Play in Volleyball Joao Grangeiro, José Inácio, Roald Bahr, Alexandre Lopes, Julio Nardelli, Ney Pessegueiro	Chef de Mission Hall 300*
Fri. 12.8.2016 17:00–18:30 PT Workshop	An Integrated Approach to Evaluation of the Lumbo-Pelvic Complex and Core Stability in Athletes  Marie-Elaine Grant	Conference room, Polyclinic 40*
Sat. 13.8.2016 15:00 – 16:50 Symposium	How to organize your sports medicine team Eduardo de Rose, Richard Budgett, Bruce Hamilton, Bob McCormack, Lars Engebretsen, Bernd Wolfarth, Roald Bahr	Chef de Mission Hall 300*
Tue. 16.8.2016 17:00–18:30 PT Workshop	Shoulder Injuries and Rehabilitation in Elite Athletes Hilde Fredriksen	Conference room, Polyclinic 40*
Wed. 17.8.2016 15:00 – 16:20 Symposium	Update on Sports-Related Concussion Willem Meeuwisse, Kathryn Schneider	Chef de Mission Hall 300*
Thur. 18.8.2016 13:00 – 15:00 NOC medical team debrief meeting	Debrief of the medical services in the Rio 2016 Olympic Games Rio 2016, IOC, participation from NOC medical team members	Chef de Mission Hall 300*
Thur. 18.8,2016 15:00 – 17:00 Symposium	IOC Physiotherapy and Sport Science Symposium Marie-Elaine Grant, Kathrin Steffen, Lars Engebretsen, Susan Greinig, David Zideman, Fabio Sprada de Menezes, Edsel Bittencourt, Margo Mountjoy, Torbjørn Soligard, Mark Stuart	Chef de Mission Hall 300*
Fri. 19.8.2016 17:00–18:30 PT Workshop	Integrative Dry Needling and Manual Medicine Workshop - Techniques to Enhance Athletic Performance and Recovery Edsel Bittencourt, Peter T. Dorsher	Conference room, Polyclinic 40*

#### **GENERAL INFORMATION**

- All symposia and workshops will be in English only.
- Each participant will receive a certificate of attendance.
- Delegates will be awarded CPD hours for attendance at the symposia and workshops.
- Adequate access pass to the residential zone of the Olympic Village required.



#### ORGANISING COMMITTEE

L. Engebretsen (IOC)

M.-E. Grant (IOC)

K. Steffen (OSTRC)

T. Soligard (IOC)

R. Budgett (IOC)

J. Grangeiro (Rio 2016)



#### MESSAGE FROM UĞUR ERDENER IOC MEDICAL & SCIENTIFIC COMMISSION CHAIR



Dear Colleagues,

As you may know, it is a tradition for the IOC Medical and Scientific Commission to organise, during the Olympic Games, several symposia and workshops on sports medicine and sports physiotherapy.

Therefore, this winter, on the occasion of the XXIII Olympic Winter Games, you will have the opportunity to attend four symposia on hot topics in sports medicine, physiotherapy and science. In addition, you will have the opportunity to attend five practical workshops on various topics relevant to the treating clinician.

Our wish is to share with all NOC team doctors, physiotherapists and other healthcare providers the most recent methods and knowledge to provide the most effective medical advice and to ensure the best possible care for their athletes. As a physician, I know how important it is to be informed of the latest research and medical practices and to be able to use these to serve the athlete, whether elite or amateur.

Hook forward to your active participation and contribution.

Thank you.



#### ACADEMIC PROGRAMME





#### SYMPOSIUM 1

#### **CONCUSSIONS IN ICE HOCKEY** AND PRACTICAL SKILLS USING SCAT5

Tuesday 13th February 2018 15:00 - 16:30

Chair: Lars Engebretsen

15:00-15:05	Introduction Lars Engebretsen	
15:05-15:35	Concussions in ice hockey: incidence, risk factors, mechanisms and treatment Markku Tuominen	
15:35-15:50	Rehabilitation in concussion (video) Kathryn Schneider	
15:50-16:05	Can mouthguards prevent concussions? Paul Piccininni	
16:05-16:25	Practical skills using SCAT5 Markku Tuominen	
16:25-16:30	<b>Discussion</b> All	



#### SYMPOSIUM 2

#### IOC PHYSIOTHERAPY AND SPORT SCIENCE SYMPOSIUM



Thursday 15th February 2018 17:00 - 18:30

Chairs: Marie-Elaine Grant and Lars Engebretsen

2	
17:00-17:05	Introduction Lars Engebretsen
17:05-17:20	IOC Physiotherapy Surveillance & IOC Diploma in Physical Therapies Marie-Elaine Grant
17:20-17:35	The Historical development of Korean Sports Physical Therapy Byong Kyu Yu
17:35-17:45	Skating Boots: Performance vs Injury Jane Moran
17:45-17:55	IOC injury & illness surveillance system Torbjørn Soligard
17:55-18:10	Refreshments and Networking
18:10-18:25	IOC Educational Tools & Safeguarding and Welfare of athletes Susan Greinig
18:25-18:35	Get Set-Train Smarter – a free IOC app on injury prevention Kathrin Steffen
18:35-18:45	Frontier and cutting edge robotic-assisted locomotor recovery technology in Physical Therapy Joshua (Sung) H. You
18:45-18:55	Use of Anti-inflammatory Drugs in Soft Tissue Injury Mark Stuart
18:55-19:10	IOC Emergency Management at the Field of Play  - multi-disciplinary team  David Zideman
19:10-19:15	Q & A All

#### SYMPOSIUM 3

#### CHARACTERISTICS AND MANAGEMENT OF INJURIES IN SNOWBOARDING AND FREESTYLE SKIING

Friday 16th February 2018 15:00 – 16:30

Chair: Kyle Wilkens

15:00-15:05	Introduction Kyle Wilkens	
15:05-15:20	US Ski and Snowboard Injury Data Kyle Wilkens	
15:20-15:35	Snowboard Injuries and Future Prevention Strategies Tom Hackett	
15:35-15:50	Mogul Knee injuries and the Lateral Compartment Dave Goltz	
15:50-16:05	Secondary Injuries and Return to Snow Guidelines Kyle Wilkens	
16:05-16:20	Concussion in Freestyle and Snowboarding, The Concussion Pre-Participation Exam Jeff Kutcher	
16:20-16:30	Discussion All	



#### SYMPOSIUM 4

#### EMERGENCY MEDICINE: WHAT TO DO WHEN AN ATHLETE IS UNCONSCIOUS ON THE FIELD OF PLAY?

Tuesday 20th February 2018 15:00 – 16:30 Chairs: David Zideman and Wolfgang Schobersberger

Introduction Wolfgang Schobersberg	er
Difficult cases from the Lars Engebretsen	e Olympic Games
How to react in theory David Zideman	and in practice
<b>Discussion</b> All	
	Wolfgang Schobersberg  Difficult cases from the Lars Engebretsen  How to react in theory David Zideman  Discussion





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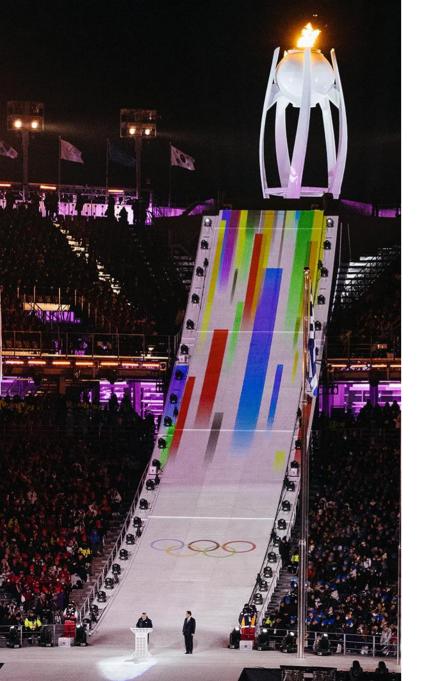
T. Soligard (IOC)

R. Budgett (IOC)

Y.-H. Lee (PyeongChang 2016)









## IF Roles during the Olympic Games



# Roles of IF Medical Commissions

- Preparation for Games
- Sports specific rules & regulations
  - Withdraws and substitutions
  - FoP access
  - Equipment, ambulances
  - Medical teams
- Venue medical meeting
- Anti-doping : work with ITA & OCOG
- Games debrief





## OCOG Roles during the Olympic Games



# OCOG Roles during the Olympic Games

### Delivery of all services!

- Polyclinic
- Ambulances
- Venues
- FoP teams (AMS and spectators)
- Infrastructure
- Equipment and medication



### **OCOG** Roles



- Consistency across venues
  - Same bags
  - Same policies and procedures (extraction training)
  - Same uniforms
- Delivery anti-doping programme, overseen by ITA
- DCS equipment
- Chaperones, DCOs, BCOs
- Logistics and analysis
- Games debrief





## NOC Roles during the Olympic Games



## NOC Medical teams' Roles during the Olympic Games

- Deliver 50% medical care at Games
  - Know team
  - Know the sports
- Proactive
  - Preparation and prevention
  - Education & team policies
  - Central to athlete health
- Games Debrief



### **NOC Medical teams' Roles**



- Register
  - Prescribe & order tests
  - Medical Code
  - WADA online course
- At Games
  - MDT in medical rooms
  - Use Polyclinic
  - Work with OCOGs and IFs in venues
  - Attend pre event meetings
  - Attend IOC meeting and education

### **Issues and Questions**



- Overlapping roles and responsibilities:
  - How define ?
  - How best work together ?
  - Who has authority?
  - Who has responsibility?
  - Is this different pre Games and in Olympic village, venues and overall?
- Change in roles with ITA (greater role than IOC had)



#### INTERNATIONAL OLYMPIC COMMITTEE

## Thank you

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