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U.S. OLYMPIC FESTIVAL '90

Behind the scenes: a world-class medical team

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OLYMPIC

Physicians
Go All Out **HOPEFULS**
to Treat World-class Athletes

When 4,000 of this country's best amateur athletes converge on the Twin Cities this month for the 1990 Olympic Festival, spectators are likely to see only the athletes pushing themselves to the limit, giving breathtaking sports performances. What they may not realize is that behind the scenes is a small, select group of physicians and trainers who work nearly as feverishly and push themselves almost as hard to see that these athletes compete safely.



This year, that select group consists of 13 physicians—seven orthopedists, five family practitioners, and one cardiologist—who will treat the typical lineup of sports injuries that occur at an event of this size: sprains, fractures, concussions, lacerations, abrasions. They'll also treat general medical illnesses such as colds, sore throats, flu, diarrhea, and eye, ear, and sinus infections. They'll put in 14-hour workdays, catch what little sleep they can in college dormitories, and eat in cafeterias. They'll leave the Twin Cities without ever having seen the Guthrie, Ordway Music hall, or Fort Snelling. In fact, few of them will have seen much of the competition itself.

Debra Giel Adams

Why do they do it? What motivates otherwise rational physicians to leave lucrative practices and donate up to three weeks of their time in this manner? "There's something magical about the five rings," said Deborah U. Waters, M.D., chief medical officer at the U.S. Olympic Committee (USOC) in Colorado Springs. "Nothing else comes close to it. It's one of those patriotic, apple pie, Disney World kind of dreams that a lot of people have and would like to be a part of."

David A. Fischer, M.D., was part of that "five-ring magic" at the Olympic Festival in Oklahoma City last year (see "Face to Face" interview, page 9). He got involved because he finds it exciting to work with amateur athletes who put 100 percent into what they do. "Athletes at this level are unbelievably good—they don't save anything for tomorrow," said Fischer, an orthopedic surgeon with Orthopaedic Consultants, P.A., in Minneapolis, and a staff member at the Braemar Sports Medicine Center. "You have no idea how skilled they are until you see this level of competition."

Getting Selected

Years ago, most physicians had only the slimmest chance of joining the Olympic medical team. Members were chosen through a highly political, good-old-boy network. The same physicians would appear, year after year, at all Olympic events. But that practice was disbanded in 1977, when the Volunteer Physician Program was put in place. Though fairness and equity now characterize the process, it remains highly competitive. Nationwide, hundreds of physicians wait years to be chosen for these much-coveted spots.

What happens is this: Physicians first file an application with the USOC. The most important qualification they must have at this stage is five years of sports medicine experience. The volunteer program, USOC officials emphasize, should not be confused with a fellowship program in sports medicine. "We're not in the teaching business," said Bob Beeten, a certified athletic trainer and manager of clinical services at the USOC. "It's not our job to train physicians in sports medicine. It's our job to find the best physicians possible to care for

our athletes."

How one defines sports medicine "experience" is also important. Seeing injured athletes in the office or doing yearly football physicals simply isn't enough. "Applicants almost have to have been a team physician, or we find that they're not very comfortable working in the Olympic environment," said Beeten.

Those who pass muster at the application stage are placed on a waiting list. Five-year waits are the norm for

orthopedic surgeons; two-year waits are typical for family practice physicians. Fischer, for example, was on a waiting list for five years. "The good news is, that's good for us," said Beeten. "It means we have hundreds of qualified applicants to choose from. The bad news is that physicians have to wait longer than they'd like—but we find out if they have patience."

All physicians, no matter what their specialty, are welcome to apply. In general, orthopedic surgeons and family practitioners are more likely to have the requisite sports medicine experience. Over the years, Beeten has observed that the most successful volunteers have been orthopedic surgeons who do good general medical work, and family practice or

emergency medicine physicians who have covered team sports.

A high level of comfort with general medicine is critical. "Being a super-superspecialist with a narrow focus doesn't help us much," said Waters. "We need people who can work in a M.A.S.H. type of situation where they may be asked to do a lot of different things. An orthopedic surgeon may be asked to look at a sore throat, or a pediatrician to apply a cast."

Physicians on the waiting list are eventually invited to attend a training session at one of the USOC's two training centers in Colorado Springs or Lake Placid, New York. There, physicians are assigned to one or more teams that are training on campus at the time. If they do well in this setting, they're invited to cover an Olympic Festival. If their performance is sufficiently impressive at the festival, they may be asked to cover an international event—either the World University Games or the Pan



American Games.

It's a series of steps upward, with the final step being a chance to cover the summer or winter Olympic Games. That carrot is dangled before all physicians who become involved in the volunteer program.

Who Makes the Grade?

The USOC staff starts to find out just how good physicians are at the training center. But the real testing ground is an Olympic Festival. Sometimes physicians will weed themselves out. Now and again, a physician who is invited to an Olympic training center might say, "This isn't my cup of tea," and drop out of the program. Or, as Beeten puts it, "We might find a physician sitting in the bleachers, comatose—ready to go home."

This may seem a colorful exaggeration at first—until you talk to some of the veterans. David M. Joyner, M.D., head physician at last year's festival in Oklahoma City, is quick to note how much work is involved. "It's not the glamorous experience everyone thinks it is," said Joyner, an orthopedic surgeon with Orthopedic Surgeons, Ltd., in Camp Hill, Pennsylvania. "You're on call 24 hours a day for the athletes. Both your medical and social skills are challenged to the maximum degree."

How well physicians rise to that challenge is assessed by a team of USOC evaluators. The team consists of former volunteers, the head physician at the event, and several USOC athletic trainers. The USOC tries to make the process as unobtrusive and noninvasive as possible; evaluators show up intermittently in the training room or at practice and competition sites, trying to get a sense of how well physicians are interacting with the athletes.

An ability to develop an "instant rapport" with the athletes is nearly as important as a physician's medical skills, Waters said. "We look at whether they're able to immediately convey their competency and a sense that they care for the athletes," she said. "That kind of positive bedside manner is something you can't attach a number to—but you notice it when you see it."

Beeten agrees that personal compatibility figures heavily into the evaluation. "An abrupt manner doesn't work well in a situation like this, where you're all strangers initially, and you have to get to know one another pretty fast," he said.

In addition to medical competency, personal skills, and sheer stamina, evaluators might look for other, more subtle clues of a physician's ability to adapt. "Do they miss the office, the Hilton suite, and all the comforts of

home?" asked Waters. "That's critical to know. If we're about to send a physician to cover an international sports event in Venezuela, and he or she is bothered by the absence of these comforts, that spells trouble."

The stakes involved in the evaluation process are high. How physicians rank can make or break their chance of being invited to an international game—or to the Olympic Games. Only 3 percent to 4 percent of physicians who enter the volunteer program actually make it to the Olympics. "The way I see it, these physicians work just as hard and sacrifice just as much as the athletes," said Waters. "The process is about as competitive as the one athletes go through to get to the Olympics."

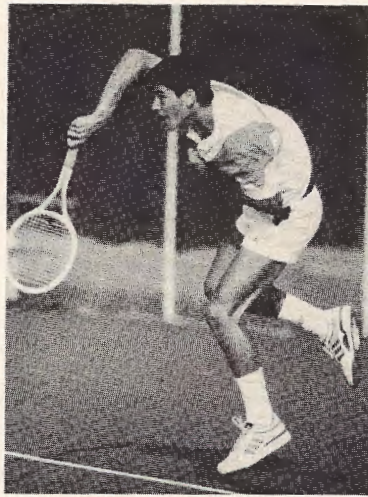
Veterans Tell Their Stories

Long hours and Spartan accommodations aside, those who've covered previous Olympic Festivals talk animatedly about their experiences and have an abundance of stories to tell. Many like to reminisce about late-night discussions they've had with trainers, athletes, coaches, and other physicians. Words like "camaraderie" crop up again and again as they describe the people they've met—many of whom they still keep in touch with.

All veterans of the festival experience speak admiringly of the athletic trainers they've worked with. James B. Montgomery, M.D., who was head physician at the 1987 Olympic Festival in Chapel Hill, North Carolina, still shakes his head in disbelief as he describes one trainer's almost uncanny ability to predict when injuries were about to occur. He gave one of what he said were several examples: As he sat next to this particular trainer and

watched the marathon get underway in Chapel Hill, the trainer pointed to one of the runners and predicted she wouldn't make it. Montgomery brushed the comment aside: "It's only the first lap—it's too soon to tell." In the middle of the third lap, the woman staggered over to Montgomery, collapsed onto his golf cart, and said, "I don't know where I am or how I got here." Montgomery whisked the woman over to the clinic, packed her in ice, and pushed fluids into her.

One of Dr. Mary Lloyd Ireland's most vivid memories is of treating a diving official who had suffered a heart attack during the Chapel Hill festival. "He had elbow pain on the left side and just didn't look too well," recounted Ireland, an orthopedic surgeon with Kentucky Sports Medicine in Lexington and head physician at the upcoming Twin Cities festival. "I remember him telling me, 'I've got to get back and announce the diving finals,'



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and I had to say, 'Sorry—I don't think so.'"

Just as diagnosing heart attacks is not in Ireland's usual line of duty, Robert J. Johnson, M.D., a Minneapolis-based family practice physician, is not often faced with the need to suture skin lacerations—especially in Greco-Roman wrestlers. But that's exactly what he was called upon to do as a volunteer physician at the Olympic Festival in Oklahoma City last year. "These athletes really did themselves in," said Johnson, coordinator of Primary Care Sports Medicine in the Department of Family Practice at Hennepin County Medical Center. "The top three finalists were scheduled to go to the world matches in Europe, so there was some heavy-duty competition for those spots."

Fischer, who covered basketball as a volunteer physician at the same festival, continued to see some of the athletes he'd treated long after the festival ended. "I couldn't turn on the television set to watch the NCAA basketball tournament last fall without seeing one or

more of the players I'd worked with in Oklahoma City," he said. "Some of these players actually made it to the Final Four."

As team physician for the Minnesota Vikings and Timberwolves, Fischer is hardly unaccustomed to treating high-caliber athletes in unfamiliar surroundings and to being on the road a lot. But he's found that caring for athletes at an Olympic Festival is far more challenging. "When you cover a festival, you don't know the athletes or how they'll react to injury," he said.

Another challenge that trainers and physicians may face during a festival or any other Olympic event is the need for extreme caution and discretion when athletes have minor injuries they don't want the whole world—especially their competitors—to know about. "Few events go by without one or more critical players getting hurt," said Beeten, who has worked as a trainer at many Olympic events. "You do the best you can, because you want to help them if they've still got a chance to compete.

OUT IN FRONT

*Olympic Festival-'90
head physician
Mary Lloyd Ireland*

One of the things Mary Lloyd Ireland, M.D., looks forward to the most about the 1990 Olympic Festival is the chance to march with the athletes during the opening ceremonies. Not that she hasn't done it before. In fact, you'd think the experience would become a bit old the fourth time around. But for Ireland, who will be head physician at the festival, the opening parade never loses any of its appeal. "It's always an incredible thrill to represent the United States at an Olympic event," she said.

Ireland is one of the few people who knows what it's like to represent the United States both as a physician *and* as an athlete. A world-class athlete in her own right, she competed and placed fourth in the breaststroke at the World University Games in Moscow in 1973; she was 20 at the time. "I didn't win a medal, but it was exciting to be there," said Ireland, now 37. She remembers the hospitality of the Muscovites and how often they clamored for her autograph in the streets and on the subway.

The intensity that once characterized her athleticism is now channeled into her orthopedics and sports medicine practice: Kentucky Sports Medicine in Lexington. "When people ask me what I do for exercise, I tell them that I lift heavy legs and apply casts," jokes Ireland, an orthopedic surgeon. She's treated hun-

dreds of recreational and professional athletes for the gamut of sports injuries. She is the team physician for the University of Kentucky and Eastern Kentucky University football teams, and the first woman to serve as head physician of an Olympic Festival.

Her list of Olympic credentials includes being a volunteer physician at the 1987 Olympic Festival in Chapel Hill, North Carolina, and at the 1989 World University Games in Duisburg, West Germany. "It was fascinating to be in Germany right before the Berlin Wall went down," Ireland said. The worst medical emergencies that occurred during the games were a torn knee meniscus in a fencing coach and appendicitis in a Canadian athlete. Beyond that, Ireland recalls treating an inordinate number of allergy and sinus problems—and having to be extremely cautious as she prescribed medications for those problems. "Under the Olympic rules, most cold medications are illegal," said Ireland. "Even something as seemingly innocuous as a Contact capsule has ephedrine in it, which is a banned substance."

She expects to be similarly preoccupied with drug issues at the Twin Cities festival, where testing will be done just as it is during a bona fide Olympic Games. One of the major goals of a festival, notes Ireland, is to simulate the Olympics as much as possible. Officials and organizers try to match the drug-testing procedures, venues, dorms, food, training areas, rules, and security arrangements that would be in place at a full-fledged Olympics. "Simulating" drug testing does not mean "pretend" drug testing: Athletes can be disqualified from competition if their results are positive.

"I'm sure I'll spend a lot of time emphasizing to athletes, trainers, staff physicians, and coaches how important it is to document each and every medication that athletes take, no matter how minor it may

But sometimes you've got to keep that information under wraps so other folks don't learn about it."

Beeten recalls driving an injured skier 20 miles up the side of a mountain each morning to tape his ankle and force his foot into a boot before he could ski. He also remembers a basketball player who twisted his ankle during an exhibition game two days before an Olympic event—and how the training staff quietly treated the player's ankle behind the scenes. "Sometimes what we do is help them buy a little time," Beeten said.

As Montgomery sees it, one of the biggest pluses to working at an Olympic Festival is the chance to work side-by-side with some of the best athletic trainers in the country—and to compare notes with other sports medicine physicians. "You learn a tremendous amount about how other people's patients and surgeries turn out," said Montgomery, who was recently named head physician of the 1992 Olympic Summer Games in Barcelona. "It's an ideal hands-on learning experience."

seem," Ireland said. A simple over-the-counter medication innocently taken for minor aches and pains could lead to an athlete's disqualification if it showed up in a drug-test result. Athletes who legitimately take medications for chronic medical conditions—asthma, for example—should also let their physicians and trainers know about these right away, says Ireland. That way, the need for these medications can be explained well in advance to the rules committee—long before that athlete's name comes up in the random selection process for drug testing.

As head physician, Ireland will at times be put in the difficult position of deciding whether to disqualify an injured athlete. This decision used to be made primarily by the physician volunteer and trainer who were involved in the care of that athlete. But that placed too much of the onus of deciding an athlete's future on one or two people. These decisions are now made by a committee, whose members consist of the head physician, the physician volunteer assigned to that athlete, the coach, the team trainer, and the administrator of that sport.

At any Olympic Festival, the head physician's duties center less on providing direct care to the athletes and more on being an administrator, organizer, spokesperson, and troubleshooter. The commu-

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Joyner, too, appreciates the exchange of ideas—but he points to something else that impresses him. "It's the best-run situation I've ever been involved with, as far as delivering mass medical care to athletes is concerned," said Joyner, who will serve as head physician at the 1992 Olympic Winter Games in Albertville, France. "The USOC staff 'greases the engine' so that it works well, and you just get in and drive the car."



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nications job is an enormous one in and of itself. Anytime an athlete is injured, Ireland will communicate with the athlete, with the coach and family members at the festival and back home, and with the press. In fact, she'll handle all press responsibilities from a medical standpoint. She'll "pinch hit" for the medical staff if she's needed in the clinic or at a competition site. But for the most part, she'll see to it that all the athletes are getting the medical care they need.

Does she expect any special medical problems to arise at the Twin Cities festival? "The heat is always our No. 1 concern," said Ireland. "However, we have the ability to change the times and shorten the distances of events to make it safer for athletes to compete." At the Chapel Hill festival, for example, the heat and humidity were so excruciating that the marathon time was changed to 7 a.m. "We've been urging coaches to keep their athletes well-hydrated," Ireland said.

Although she is the first woman to serve as head physician at an Olympic Festival, Ireland would rather underplay that fact.

"If someone decides to pursue a career in orthopedics or sports medicine because of it, then I guess I don't mind the publicity," she said.

—By Debra Giel Adams

The Twin Cities Festival

Given that the USOC has run what is literally the largest sports event in the country for more than a decade (festivals are held each year in the three years preceding the Olympics), perhaps it's not surprising that the event tends to run so smoothly. "It's really become a traveling road show," Beeten joked. But USOC officials are quick to point out that some cities are more up to the task of accommodating this massive road show than others. How do the Twin Cities rate?

"Famously," said Waters. "You folks are so well-organized and pumped up for this. I've been going to Olympic Festivals since 1985, and you're by far the most organized."

From a medical standpoint, part of the reason might be that Fischer, who is no longer new at this, heads the committee that was created to serve as a liaison between the USOC and the local medical community. He's working closely with the St. Paul Red Cross, which will provide medical care to the 700,000 spectators who are expected to attend the July 6-15 event, and with the state licensing board to obtain temporary licenses for all 13 volunteer physicians. The committee designated Riverside Medical Center as the local "Olympic" hospital, where athletes will be rushed to in case of an emergency. The football training rooms at the University of Minnesota and the College of St. Thomas will serve as the central clinic sites.

If last year's festival is any indication, this year's medical team has its work cut out for it. In Oklahoma City, 12 physicians and 50 athletic trainers delivered more than 8,000 treatments to 4,000 athletes in 2½ weeks. "That's a significant number," said Beeten. "If physicians had a patient population like that in the real world, they'd make a fortune." Moreover, that number doesn't include treatments given to coaches and sports officials—also the medical team's responsibility.

Although 8,000 treatments might seem a high number at first, it's not unusual for an Olympic event of this size. "In general, Olympic competitions are high-risk times because these athletes go all out," said Fischer.

"Sometimes they push themselves right to the edge and are close to losing control." This intensity translates into many injuries—and into the need for a medical team to stand by. Ironically, throughout the rest of the year, few of these athletes have personal physicians or trainers by their sides as they put in hundreds of hours of practice time in their local communities. If they develop a problem that needs medical attention, they usually seek out a local sports medicine physician, who may then become their personal physician.

With 4,000 athletes in 32 different sports, there are, obviously, not enough physicians to stand by each athlete at the Twin Cities festival. According to Waters, the USOC assigns physicians to various sports after looking at the number of athletes involved, the overall risk of that sport, and how often practices are held. Soccer, for example, will have one physician on-site at all times; bowling and table tennis will not. Regardless of risk, numbers, and other criteria, each sport will have one athletic trainer assigned to it. Fifty-seven trainers, each of whom was chosen through a volunteer program similar to that for physicians, will cover the Twin Cities festival.

"Covering" a festival is a bit of a misnomer, says Fischer. After "covering" the Olympic Festival in Oklahoma City for 2½ weeks, he saw little of the competition itself—even basketball, his assigned sport. He has no idea where Oklahoma City's prominent local sites or best restaurants are. On the other hand, he says he's able to close his eyes and see every salve, bandage, and ointment in the training room at the University of Oklahoma.

There's something to be said for that. MM

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