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Original Research Article

Medical care during preparations for Paralympics in Beijing 2008 (athletes' opinions)

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ARTICLE INFO

Article history:

Received 10 May 2012

Accepted 30 June 2012

Keywords:

Paralympic Games

Preparation conditions

Health care

Disabled athletes

ABSTRACT

Introduction: Contemporary sport practiced by people with disabilities at the Paralympic level requires multi-specialized medical care similar to that of the Olympic sport, not only during the Games but mostly during the entire 4-year training program period. A medical team, managed by a physician, should also include a physiotherapist and at least a psychologist and a dietician.

Aim: This work aimed at evaluating the conditions which were provided for Polish athletes within the scope of medical care during preparations for the Summer Paralympic Games in Beijing 2008.

Materials and methods: In total, 89 athletes participated in the study: 31 females and 58 males, which constituted 97.8% of all Polish athletes taking part in the Games. These athletes represented 11 disciplines. The average age of the studied subjects was 32; the average period of practicing a sport as a competitor was 12 years. This study was conducted by the diagnostic survey method employing a questionnaire form authored by J. Klodecka-Różalska.

Results and discussion: The conducted data analysis demonstrated that the athletes negatively evaluated access to medical care and means accelerating biological/functional recovery after training sessions and competitions. Moreover, they did not positively assess cooperation with a physiotherapist and a masseur. During the preparatory period they also lacked consultations with a psychologist and a dietician.

Conclusions: It is suggested that the disabled sport federations and associations employ this detailed analysis of the conditions concerning medical care as a research material in order to obtain funds for initiating advantageous organizational changes

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for those athletes who will be selected for the national team competing in the next Paralympic Games.

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1. Introduction

Contemporary professional sport, including disabled athletes sport at the paralympic level, is characterized by an increase in training stress and strain, resulting in the increased risk of motor organs damage and body overload. Thus, continuous care during sport training is crucial.⁵ It requires the involvement of a medical team managed by a physician – a sport medicine specialist. The team should consist of a physiotherapist, a psychologist, a dietician and other specialists acting as consultants, including a dentist and orthopedic specialists. Furthermore, it would be advisable if the entire team was supported by such specialists in particular branches of science as: an effort physiologist, a sport psychologist, a biochemist, a bio-mechanic, and a bio-engineer.¹³ It must be emphasized that the members of the above-mentioned team should possess knowledge regarding specific medical problems depending on athletes' disabilities, e.g., autonomic dysreflexia, orthostatic hypotension, neurogenic bladder, and bone density.²⁶

The depicted conception was not implemented in Polish sport with regard to disabled athletes. Medical care was usually limited to sporadic examinations of athletes²³ and mainly focused on ensuring medical safety directly before and during the Paralympic Games.²²

Poland, until recently, lacked legal regulations specifying the range of treatment and care of disabled athletes. It was not resolved by the Ministry of Sport ordinance concerning medical care provided for both the national team of disabled athletes and the paralympic team. The item “medical care embraces health prophylaxis, treatment, rehabilitation and the actions coordinating the process of treatment and rehabilitation – provided by the Health Centre of Sport Medicine in Warsaw”¹⁷ remained a dead regulation, completely divergent from reality. The appointment of two physicians–coordinators in 2007 by the Polish Paralympic Committee (PPC) was only a partial solution. In practice, their activities were mostly limited to anti-doping education during their visits at training camps and in becoming familiar with disabilities and health conditions of athletes, as well as in taking actions if athletes preparing to compete during the Paralympic Games in Beijing in 2008 developed some afflictions.⁹ The issue of ensuring systematic and organized medical care by sport clubs and associations raised many objections from athletes and their coaches. This was also true with respect to accessibility to a physician or a physiotherapist and consultations with a psychologist or a dietician.

2. Aim

This work aimed at evaluating the conditions which were provided for Polish athletes within the scope of medical care

during preparations for the Summer Paralympic Games in Beijing in 2008.

3. Materials and methods

3.1. Subjects characteristics

The study involved 89 athletes (31 females and 58 males), i.e., 97.8% of all Polish athletes preparing for the 2008 Beijing Paralympic Games. The average age of respondents was 32 (15–51 years), whereas the average sports training experience was 12 years. The studied athletes had two major types of disabilities: damage to the musculoskeletal system (85.4%) and impaired eyesight (14.6%). They were characterized by various education degrees, but most of them had completed general secondary school (about 34%) and higher education (about 22%).

3.2. Study methods

On the basis of the documentation of the Polish Sports Association for the Disabled “START,” a list of competitors qualified for the national team for the XIII Summer Paralympic Games – Beijing 2008 was prepared, which comprised 91 persons: 33 females and 58 males. Athletes of 11 individual disciplines represented the following sports' associations: Polish Sports Association for the Disabled “START,” Polish Wheelchair Tennis Federation, Physical Education, Sports and Tourism Association of the Blind and Partially Sighted “Cross,” and The Association of Equitation of the Disabled “Hippoland.”¹⁵

Having received official approval from the authorities of the aforementioned associations, coaches and then athletes were studied. Only 2 women out of the original 91 subjects did not participate in the research.

The study was conducted during the camps that were organized about 1 month before departure for the Paralympic Games. The method of diagnostic survey was applied through the use of a questionnaire devised by J. Klodecka-Różalska and adapted to the needs of athletes with disabilities with consent of its author.²⁴ The examined individuals evaluated conditions offered to them during the preparations to Paralympic Games by means of a 5-point scale: 5 – very high, 4 – high, 3 – average, 2 – poor, and 1 – definitely negative.

Data generated from the questionnaire forms referred to the accessibility to: medical care, means of accelerating biological/functional recovery after training sessions and competitions and cooperation with physiotherapist, masseur, sport psychologist and dietician. Subsequently the collected data was categorized and presented in percentage values for each evaluation category marked by respondents (on a 5-point scale). Arithmetic mean was calculated from the sum of individual evaluations concerning conditions in which Polish athletes trained. Taking into consideration the

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