

ORGANIZATION AND MULTIDISCIPLINARY WORK IN AN OLYMPIC HIGH PERFORMANCE CENTERS IN USA

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RESUMEN

The organization and methodology of providing services to athletes through Olympic high performance centers varies among the National Olympic Committees (NOC). Between NOCs, provider composition and methodology for the delivery of services differs. Services provided typically include sports medicine and sports performance. NOCs may provide service through a university-based system or high performance centers. The United States Olympic Committee (USOC) provides services using multiple approaches through a hybrid model that includes three Olympic Training Centers, National Governing Bodies (NGB) high performance centers and independent specialty care centers. Some highly developed National Governing Bodies have dedicated high performance training centers that serve only their sport. The model of sports medicine and sports performance programming utilized by the USOC Olympic Training Centers is described in this manuscript.

MeSH: Interdisciplinary Communication, Multidisciplinary Communication, Interprofessional Relations, Sports Medicine, United States.

INTRODUCCIÓN

United States athletes who train with the intent of performing at Olympic Games are distributed throughout the country. The U.S. is a geographically large country (9,826,675 square kilometers), it is similar in size to Brazil (8,514,877 square kilometers). In the U.S., Olympic caliber athletes are broadly distributed throughout the U.S. In order to help meet high performance needs the United States Olympic Committee (USOC) is required to implement multiple strategies to provide care and support U.S. Olympic and Paralympic athletes. The USOC's high performance goal is to provide stable and successful high performance services in support of U.S. Olympic and Paralympic athletes. In order to achieve this goal, the USOC has created a hybrid approach to provide efficient and effective sport performance services.

The hybrid approach includes three principle vectors of performance-related support for the athletes. These three approaches are provided through Olympic Training Centers (OTC), NGB-driven high performance centers and USOC affiliated medical centers. This plan allows for a broad based plan of care for the athletes to meet their geographic and service-level needs.

The (USOC): has three Olympic Training Centers (OTC) strategically dispersed across the country to provide sports performance services nationwide. These OTCs are located diagonally across the U.S., running from the northeast to the southwest. The OTCs are located in Lake Placid, New York; Colorado Springs, Colorado; and Chula Vista, California. Each center is designed to offer a broad spectrum of high performance services with a regional focus. Athletes are chosen to train at an OTC by their respective sport Federation or NGB. The OTCs offer athletes support housing, dining, training facilities, local transportation, recreational facilities, athlete services, and professional development programs. Typical sports performance services provided at the OTC's also include sports medicine, exercise physiology, strength and conditioning, sports nutrition, sports psychology, and biomechanical analytics.

In addition to USOC's OTCs, several high level National Governing Bodies have developed their own high performance training centers. For example, the U.S. Ski and Snowboard Association's (USSA) Center of Excellence in Park City, Utah, is a national training and education center that grants training facilities and serves as an educational resource for the USSA's athletes, coaches, officials, clubs, parents, volunteers, and other stakeholders nationwide. The types and levels of services provided at NGB high performance training centers varies depending on individual sport needs and NGB funding.

Support provided by the USOC's sports performance division includes USOC-affiliated independent medical specialty centers of care that provide services to the NGBs elite athlete population. For example, minimally invasive spinal surgery is provided at the D.I.S.C. Sports and Spine Center in the Los Angeles area. The interdisciplinary clinicians at D.I.S.C use an integrated approach to clinical care. Relationships with specialty care centers of this caliber help USOC Sports Medicine Doctors provide high level service across the United States in regions without USOC clinics.

USOC SPORTS MEDICINE AND SPORTS PERFORMANCE ORGANIZATIONAL STRUCTURE

This article will focus on the model of sports medicine care and sports performance support provided at the USOC OTCs. The resident Athletes are in the top 10-15% of their sport(s) in the U.S. Each athlete's respective NGB identify these athletes to be selected them to live and train at an OTC. There is designated a number of resident beds allocated each year for resident athletes.

The demographics of the athletes is defined in part by the facilities associated with the OTC. As expected, the Lake Placid OTC is home to many winter athletes, especially the sliding disciplines of bobsled, luge a skeleton and biathlon. Frequent visits from figure skating, ice hockey, skiing, ski jumping and speed skating athletes occur on a yearly basis. The Chula Vista, California OTC is just south of San Diego and serves as home to the Olympic sports of archery, BMX, canoe/kayak, field hockey, rowing, soccer, as well as rugby and some cycling, beach

volleyball, track & field and triathlon athletes. In Colorado Springs, USA Swimming and USA Shooting have their national headquarters on the complex to additionally the city is home to more than 15 other member organizations, as well as two international sports federations. The Colorado Springs OTC is home to several NGBs including triathlon, fencing, men's gymnastics, pentathlon, three disciplines of wrestling, shooting, track & field weightlifting. Paralympic sports complex include shooting, swimming, cycling, and judo.

The USOC Sports Performance and sports medicine divisions provides structures for two separate but intertwined divisions. USOC Sports Performance and sports medicine functionality requires effective communication and interdivisional planning for the athlete and NGB's sport performance and sport medicine needs. These two Divisions are in close proximity to each other in regards to physical location as well as interdepartmental communications. Successful collaboration requires an environment of shared respect and trust, as well as education on both sides, along with established and strong.

Visible involvement of the chief executive and senior management also is essential. Senior management sets the standards for service delivery and drives the change process. The USOC sport performance division is led by the chief of sports performance who reports to the chief executive officer of the USOC. The chief of sports performance employs Team Leaders whom oversee the services provided by the USOC to NGBs. The USOC loosely categorizes NGBs by type of sport into "sportfolios" such as combat sports, team sports, etc. In turn, each team leader in has at least one high performance director who manages the USOC allocations and high performance plans of the individual NGBs as they relate to the USOC's support of the NGB's athletes. The sportfolios contain sports performance specialists in the discipline of the specific sportfolio. Each sportfolio includes exercise physiology strength and conditioning, sports nutrition, sports psychology, and biomechanical analytics.

The USOC sports medicine division is led by the managing director of sports medicine who reports to the executive administrative officer. This division of the USOC is responsible for clinical services at the OTCs, Games medical services and the development and maintenance of a nationwide network of medical providers who provide services in support of the athletes. Each of the three OTC sports medicine clinics also has a manager in place as well as multiple clinicians from varied backgrounds. The manager oversees the local implementation of the overall sports medicine directives of the sports medicine and sports performance divisions. (Figure 1)

In addition to acumen in the realm of sports medicine, the importance of the sports medicine director having the excellent communication skills as well as superior leadership abilities should not be underestimated. (9) Studies of intercollegiate team physicians in the U.S demonstrate approximately one quarter of musculoskeletal injuries required a radiograph, and approximately 1 in 11 injuries required an MRI. Fortunately, only 4% of musculoskeletal injuries required surgery. (10)

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