

The Team Physician

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Cross-country Skiing

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FROM CHAPTER 4 MEDICAL ASPECTS IN CROSS-COUNTRY SKIING

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The team physician

A position as team physician may be linked to either a local, regional or national ski-team. Accordingly, the extent of the physician's involvement will depend on the level of service expected from the team, the resources available for medical assistance, the number of athletes to serve and of course the time and interest that the team physician is willing to dedicate to the job. Furthermore, the physician's training in a particular medical specialty and his/her area of interest in sports medicine will also have a significant impact on the approach to the team physician job.

If engaging as physician for a local ski team, the medical services may be limited to office-based diagnosis and treatment of acute illnesses and injuries. Additionally, monitoring certain blood parameters like hemoglobin and ferritin concentrations, and a few appearances with the skiers at regional competitions may also be needed. On the other hand, serving as team physician for a national ski team often requires extensive involvement with both athletes and coaches, sometimes resulting in a full time job during parts of the sports season. In this position, challenges in several non-medical tasks like group dynamics and team work must be expected as much as traditional medical work in areas of sports related illnesses and injuries, exercise physiology, nutrition, travel medicine etc. Therefore, when involved with national team athletes and coaching staff, personal qualifications may become just as important as professional qualifications for the total medical care of the athletes.

Figure 4.21. here, (Ch1 P1)

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Success criteria for team physician's work:

- Personal dedication and determination
- Good availability and accessibility
- Well organized work routines
- Attitude of cooperation and team approach
- Broad professional qualifications
- High ethical standards

Qualifications

When a position as team physician is vacant, it is important that the selection process for a new candidate is fair and based on professional and personal qualifications. Selecting the physician on the basis of good qualifications rather than good “connections” will assure that future cooperation and support from other colleagues in the field of sports medicine is not jeopardized. A physician for a national team should have a combination of broad clinical experience in general medicine as well as both theoretical knowledge and practical skills in various areas of sports medicine. Even though the special skills and knowledge used as a cross-country team physician may be earned through “field experience” when traveling with the team, a good understanding of the many traditional clinical specialties of medicine is very important. Additionally, specific knowledge of areas within exercise physiology, nutrition, hematology, pharmacology, doping, etc may also be needed.

It is recommended that a team physician for international level athletes have completed basic clinical training in one of the clinical medical specialties as well as having participated in national programs for continuing education in sports medicine. Since the team physician in

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most instances serve as a primary care physician for the athletes, it is not sufficient to be updated on a specific area of medicine like orthopedic surgery, rehabilitation or cardiology only. A team physician must be prepared to face medical challenges beyond the proficiency of what a specialized hospital practice can give. Therefore, a broad and solid background in general medicine is quite necessary.

Having advocated the need for all-round medical qualifications in a position as team physician, it is important to emphasize a fundamental principal in medicine: One shall always recognize his/her limits of medical competence and not take on medical responsibilities and tasks with insufficient experience, at the risk of jeopardizing the health of an athlete. The ability to ask for assistance, advice, and a second opinion on medical issues is as important as having highly developed skills and knowledge in any field of medicine. This personal qualification is also highly valued by the athletes, because it assures them that you are always seeking the best solution to any problem that may arise. Being open for other colleagues evaluations of a medical problem will only improve the athletes' confidence in you. However, with the exception of non-sport medical problems, the final decisions on the best diagnostic and therapeutic strategies must remain in the hands of the athlete and team medical staff

Continuing education for the team physician and other medical staff is an important issue. All fields of medicine constantly face new theoretical knowledge, new clinical routines and new medical technology. It is impossible to stay on top of the development in all areas of clinical medicine, and even in the limited field of sports medicine the drift towards sub-specialization makes it hard to keep up with the latest knowledge. Nevertheless, there is an expectation from the athletes and coaches that only the best and most effective medical treatment for any ailment is acceptable for the elite athlete. Furthermore, endurance sports like cross-country skiing is often challenging normal physiological limits in there strive to improve performance,

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thus encountering possible negative health effects of exhaustive exercise. This makes the field of exercise physiology particularly important to a cross-country team physician. For the same reasons, the physician must possess basic knowledge in sports-nutrition, including areas like micronutrient supplementation, re-hydration procedures and sports drinks, etc. The team physician should have a strategy on which areas of sports and general medicine to seek further proficiency in, and argue for a budget to attend relevant educational conferences. In most countries both basic and advanced courses of sports medicine are given through a continuing educational program. International seminars with issues specifically related to endurance sports are also arranged fairly regularly and should be attended periodically.

Job contract and responsibilities

When accepting a position as team physician, a number of responsibilities and obligations usually may be attached to the job. It is recommended that this is formalized in a job contract covering the following issues:

- The legal party (club/federation) that you are contracting with
- The athletes or team(s) you are responsible for
- Main responsibilities and tasks you are expected to cover
- Additional medical personal you are in charge of
- Number of hours pr week or days pr month you are expected to be actively working
- Accessibility outside these hours i.e. “on call”
- What authority do you have concerning eligibility for training and competitions?
- Who do you report to administratively?
- What kind of budget do you have?
- Annual compensation or wage pr day/week
- When and how it should be paid

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- Clothing, equipment or other goods that you are entitled to
- Consequence of either parties' failure in fulfilling obligations of the contract
- Number of months from dismissal notice to final termination of the contract
- Right to renewal of the contract
- Date for initiation and completion of the contract
- Signatures of both parties on two copies

Legal issues connected to a job contract are too often overlooked or postponed in the initial phase of working with a team, because medical issues are much more pressing. Then, perhaps months later, conflicts may surface,-- that be medical, administrative, economic, or personal,-- and questions about what was said and promised at the beginning of the engagement arises. This may evolve into an unhappy situation if only minor disagreements about personal or economic compensations are at stake. However, more serious conflicts may lead to a more dramatic situation where the health of an athlete could be compromised. Therefore, just like in any other job agreement, a solid legal contract should be worked out and signed by the parties before starting up the work as a team physician.

The type of responsibilities that comes with a job as a team physician may vary considerably according to what level of service that is expected from the team, but also according to the level of involvement that the contracting physician is able and willing to provide. However some main areas of responsibilities that most likely will go into such a job are briefly summarized in the following:

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1. To have the overall responsibility for the athletes health in the following settings: a) while attending training at home or in organized camps, b) while traveling and competing as a member of the contracting team.
2. To initiate any medically sound procedure that could prevent or reduce the risk of sports related illnesses and injuries.
3. To provide swift and correct diagnostic routines and medical treatment for any acute illness or injury among the athletes.
4. To monitor the athletes health and risk of illness/injury along with their training load and total life stress and take preventive action if signs of deteriorating health and performance occurs.
5. To initiate necessary treatment for acute illnesses and injuries that occur among the non-athletic members of the team while on tour.

These and perhaps other areas of responsibilities should be discussed with the team manager and the appropriate statements brought into the contract accordingly. This will make the team physician work more predictable and all parties will thus have the same understanding of which duties and authorities that comes with the job.

Management and organization

Figure 4.22. about here (Ch1P2)

As indicated in the professional title, the team physician is part of a *team*, consisting of athletes, coaches, managers, technical assistants, waxers, etc. The internal organization of a national cross-country ski team may differ somewhat from one nation to another, but normally the physician is administratively subordinated a non-medical team manager. At the

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same time, the team physician may carry the leadership of a medical staff consisting of assistant doctors, physiologists, physical therapists, nutritionists, massage specialists, etc. In such a position it is necessary to follow “the line of duty” concerning both medical and non-medical issues. Furthermore, regardless of differences in team organization, it is imperative that all members of the team are clear on the areas of responsibility and authority and who reports to whom. This requires effective lines of communication between all team members, including the athletes. See Chapter 7, section 3, Group dynamics.

A typical national team in cross-country skiing may consist of 8-10 skiers, 3-4 coaches, 5-6 waxers, 1-3 team physicians and 3-4 physiotherapist, a physiologist, and a team manager. The team physician may also serve additional teams of skiers and their coaching staff. Therefore, awareness of team dynamics and communicational skills is needed both among the medical staff and in the sports team as a whole. Many teams have experienced that close co-operation between the medical and coaching staff is of vital importance for the success of the individual athletes. Similarly, a team approach among the members of the medical staff to the athletes` health problems is just as important in order to optimize treatment and rehabilitation. Regular medical staff meetings and briefings are recommended both at “home-base” and on race tours. This will secure a proper flow of information on the health status of each athlete and good coordination of the selected treatment strategies.

In today’s society with an array of medical and paramedical services being offered to the public, it is necessary to have a policy on how the athletes should interact with this multitude of health businesses. The high profile athlete is particularly attractive for promotion of specific health services, methods of treatment or health products. Furthermore, in most countries each person has the right to choose his/her own “therapist” to deliver a specific treatment or health service. However, in this “free market” of medical services it is important

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to be aware of the downsides and pitfalls of free enterprise, both for the athletes and the medical support team. Thus, it is recommended to have a policy of allowing the athletes free access to all health care services outside the medical support team; but at the same time, insisting on being continuously informed about all new health problems and who is responsible for the diagnostic- and treatment process. In other words, as the team physician you have the right to know but not to determine what medical services that the athletes are choosing. If the team physician should disapprove of the athlete's choice of medical services, the parties involved must quickly resolve this problem and reach a mutual agreement. In order to have a well functioning medical team both at home base and during traveling, it is important that the team physician always remain updated on each athletes' health situation. This "freedom with responsibility" policy should be an acceptable --middle of the road-- solution between restricting the athletes to use only the medical support team and on the other side allowing a liberal "supermarket shopping" of medical services without quality control.

Handling a variety of health problems within a sports team requires an extensive network of quality medical services. The team physician needs good accessibility to common diagnostic and treatment facilities and preferably a personal relationship with colleagues in various fields of medicine. This is not a strategy for acquiring a superior health care system for athletes compared to the general public. In many instances a short conversation and piece of advice from a medical specialist is the only service needed. However, for elite athletes it is of paramount importance that a minimum of time is spent out of training. It is a common experience for team physicians that the traditional health care system has a general lack of knowledge on sport medicine and athletic care. Therefore, the network of medical services outside the sports team must be carefully chosen among those health professionals that at least have a minimum of insight and interest in sports and athletic performance. Unfortunately, a "mirror image" of ignorance and lack of insight may turn up on the athletes' side as well. In

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some situations athletes do not show the proper respect for good medical evaluation and ignore expert advice just because it is given by medical expertise without a background in sports medicine. As a result, the athletes may end up with undesirable and possibly dangerous outcomes of their illness or injury. Therefore, one of the most important tasks for the team physician is to bridge the gap between the medical and athletic expertise, both inside and outside the sports team.

Practical preparations:

Figure 4.23 about here (Ch1P3)

When starting as a new team physician, it is important to gather as much medical information about the athletes as possible from the previous physician and the other medical staff. Each athlete's health condition should be evaluated at the beginning of the training season, and based on the outcome of this evaluation, the team physician should initiate necessary measures to reduce or eliminate each individual's health problems. Keep an updated medical file/log on each athlete, but adequately stored as confidential information. Furthermore, remember to bring in the necessary specialist statements if an athlete is on medication with restricted use during sports activities. The task of educating the athletes and establish optimal routines in the following area may be one of the most important jobs for the team physician.

Teach the athletes about:

- Risk factors for common injuries and illnesses related to cross-country skiing
- Important preventive measures towards these illnesses and injuries
- How to cope with initial signs and symptoms of illness and injury
- How to adjust their training while injured or sick
- How to practice optimal recovery regimes between their training sessions
- Banned substances and methods in conflict with present doping rules
- How to check medications, nutritional supplements and other substances

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- How to deal with adjustment of time when traveling long distances east or west
- How to deal with adjustment to hypoxia when training above 1500m altitude

Make arrangements with the head coach or sports manager in due time before the season to evaluate and discuss each year's season plan for training, traveling, and competitions with regard to all health matters. Then, organize a sufficient coverage of various health personal for the scheduled events. Adequate medical equipment including necessary medications should be prepared in due time before traveling with the team. Moreover, proper routines for monitoring the athlete's training state and life stress, including relevant blood tests should be discussed with both athletes and coaching staff. Preventing overtraining syndromes with potential harmful health effects is a mutual responsibility of the coaching and medical staff.

During travels, try to organize the change in locations with a minimum of risks for infectious gastro-intestinal and respiratory illnesses. Check hotel rooms and eliminate factors that might aggravate an allergic condition for an athlete and check the sanitary conditions in hotels and restaurants where the team is eating. Remind the athletes, to avoid close contact with people carrying contagious diseases. If contagious diseases should appear, quickly isolate the sick person and if possible the room mate. Restrict training for one day and competition for two days beyond the disappearance of fever and malaise in cases of infectious diseases. For more detailed practical guidelines concerning how to minimize risk of illness and how to deal with infectious diseases, consult a separate chapter on immune function, exercise and infections.

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Psycho-social responsibilities

The team physician has an obligation to be concerned with the athletes' mental and social well being as much as with their physical health. With respect to both general health and athletic performance, it is important for the athlete to be in a state of good psychological balance and to thrive in the social life of the team. Therefore, all members of the medical support team have a major responsibility in optimizing life quality in the athlete's home setting as well as in the team. Since most members of national teams often spend more than six months of the year together, the personal input on the "psycho-social arena" from each member of the coaching and medical staff becomes vital for the team spirit. Therefore it is important that the medical staff promotes various social activities like playing musical instruments, cards, pool, trivia; attending concerts, shows and exhibitions; as well as visiting museums, galleries, and restaurants. A shopping tour or simply an evening "walk and talk" with a team member that might need a little extra attention and support may be as important as prescribing the correct medications for an illness. All team members are bound to have their "ups and downs" during a long season, and it is imperative that the medical staff register these fluctuations and do everything they can to counteract both individual and collective negative mood swings.

In endurance sports like cross-country skiing there is an increasing number of athletes that continue their career passed the age of 30. Skiing is then often combined with family life and the athlete has more obligations at home compared to team members that are single. This change in life situation is important to recognize both for the athlete him/herself, the coaches and the medical staff. It may lead to more stress and less opportunities for optimal recovery after training sessions. Furthermore, having athletes with spouses and children will lead to situations were the team physician has to attend to various medical and/or psycho-social

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problems in the athletes' family. The team physician should therefore be prepared to deal with family medicine issues when asked to do so by the athlete and family. However, if not comfortable with this role, the team physician should be quickly referred to a local physician for closer evaluation and follow up.

Handling medical information

The team physician and others members of the medical support team must always be aware of the fact that they are handling privileged information when an athlete's health problem is discussed. Although the medical staff also has a need for --and right to-- appear as a private person in some situations, it is wise to use the general principle that all information about health and personal matters from any member of the team, should be considered privileged and confidential. It is important to stress the point that not only information directly connected to illness and injury, but also information on personal, family, and social matters is privileged material -- unless specifically stated differently. Despite the fact that all medical personal have made a pledge to confidentiality of medical information, it does not mean that such information should be passed freely among the medical staff of a team. Only information relevant to the treatment of a specific medical condition in an athlete should be shared among the medical staff. Confidential information on other health and personal issues should not be shared with other medical staff members. However, what information that may be considered relevant to the medical care of an athlete has to be evaluated from case to case.

Does this mean that medical information cannot be discussed with non-medical personnel in the team? The answer is definitely yes, unless the athlete him/herself releases the medical information to someone in the coaching staff or other non-medical members of the team.

Nevertheless, in order to make a sports team work smoothly and effectively, every athlete

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should make a general agreement with the team physician --orally or in writing-- on what kind of medical information that can be discussed with whom. This has to be accompanied by individual evaluations from case to case, where the physician asks the athlete specifically what information should or should not be discussed with non-medical persons. These routines should always be followed very carefully. Even though the athletes in many instances do not mind the sharing of “unharmful” medical information, only one case of carelessness in these matters is sufficient to destroy the invaluable trust that a good doctor-patient relationship is based upon.

Media contact

Figure 4.24 about here (Ch1P4)

Special warnings regarding the flow of medical information has to be emphasized with today’s intense media focus on sports. This applies not only to national and international level athletes, but also to the “local heroes” covered by media in the region where the athlete lives. Again the basic rule is that only the athletes themselves can give medical information to the media, unless having agreed to release certain information to the media through the team physician. Within a team there are individual differences in how much medical information each athlete would like to share with the media. Thus, it is imperative for the team physician to establish proper limits for such information with each athlete and respect the individual needs for confidentiality.

In real life however, it is impossible to always have a clear agreement with every athlete --in each case of illness and injury-- about how much medical information that may be shared with the media. Therefore, if uncertain about medical comments to the media, make the reporters themselves ask the athletes, and thus avoid violating the rule of privileged medical information. Another strategy when approached by the media is to ask for the necessary time

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to discuss the issue with the athlete before making a statement. Besides, in any interaction with the media it is advisable to either say nothing or tell the truth. You may not need to tell the complete story, but never lie!

If medical problems arise among some of the most focused and at times “haunted” athletes on the team, it may be a good strategy to have the team physician face the media in order to “divert pressure” and protect the person from excessive stress. This situation might arise right before or during major championships. Handling this job correctly may be very important for the well being of both the person in focus and the team as a whole. Needless-to-say that frequent interaction with the media might be quite stressful to a physician not being used to this type of international media focus. Therefore, it is well worth to have planned for such scenarios ahead of time. Both the medical support team as well as the whole sports team should agree upon some basic media strategy and preferentially practiced some of the routines ahead of major sports events.

Ethical dilemmas

Regardless of practicing as a team physician locally, nationally or internationally, ethical challenges will appear and must be dealt with. In the more simple form, it may be a question of whether a skier should enter a race without having completely recovered from an injury or illness. On the other end of the scale it may be a about using questionable or straightforward illegal methods or medications to improve the performance of an elite skier. No physician is totally immune to the influence of “outside” pressure that challenges his/her fundamental ethical standard, nor to “inside” suggestions from athletes, coaches or managers to move across ethically sound lines in the treatment or preparation of athletes. For a team physician it

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has to do with both medical and personal ethical standards when certain difficult issues are raised, and these standards may be different from one physician to the next without one set of ethics being totally right or wrong compared to another.

In the case of starting or holding back an athlete that feels OK, but still running an increased risk of suffering a relapse of not fully recovered illness or injury, the decision is not always clear-cut. The probability of suffering new problems, the severity of possible injury/illness relapse, the length of recovery time, the importance of this competition compared to others later in the season and several other considerations may go into the decision-making. The most important thing is to discuss these issues with the skier and simply ask his/her opinion. Hopefully, this will be in line with evaluation of the team physician, but if the athlete wants to leave it up to the physician, the doubt should always count in favor of health and recovery rather than a questionable start. If the skier has the opinion that starting a race is not favorable to his/her health situation, the physician should always see to it that no pressure from coaches or managers will influence the decision as long as it is medically sound.

As much as the decisions regarding a skiers possible entry in a competition is difficult --and has to be made without specific rules and guidelines-- the decision not to get involved in doping related activities should be easy for a team physician. Nevertheless, the involvement of one or more physicians in a recent episode of systematic doping of cross-country skiers has proved that it is not so easy and straightforward, anyway. Unfortunately, there are strong indications that also during previous years, several other physicians and medical staff linked to cross-country teams of different countries have been using illegal methods and medications to enhance the performance of skiers. Motives may range from unrealistic personal ambitions and an "eager to please" attitude to national glory and fame, perhaps mixed in with a little money and power for some physicians. Circumstances may be a coach or athlete-induced

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“pressured” maneuver for improved recovery of a single athlete (like an injection of anabolic steroids), or a team decision for a full scale systematic doping of several skiers.

No matter what the motives or circumstances behind doping may be, when practicing as a team physician there are certain absolute rules and regulations laid down by the FIS and IOC that must be followed. It is imperative that the team physician is familiar with these rules and regulations, but more importantly that no person or circumstance may lead the physician to break these rules. The personal ethical standard of the team physician may be the most important preventive measure against doping in a sports team.

In some instances illegal medical practice and straightforward doping may be initiated by the physician him/herself. This is of-course absolutely unethical and an act of criminal offence both in the medical field and within the sports community. However, in other instances a team physician may be “involuntary” involved in illegal medical maneuvers and doping because of questionable or poor judgments in other parts of medical practice or life in general. The mechanics of the “partners in crime” strategy probably works as well within a sports team as it does in other social settings. Therefore, any team physician should avoid getting in a compromised situation rendering him/herself more vulnerable to the development of unethical and illegal activities in the team. If put “under pressure”, it is important to report this to a proper superior immediately, even though this may seem difficult at the time.

Under the supposition that the team physician is not involved in doping activity, how should he/she react to a positive drug test on one of the skiers in the team? Such cases are very delicate and difficult to handle –including huge media coverage if it should involve a well-known athlete. Even if much of the team physician’s effort should be focused on how to avoid this to happen, it is best to have thought through a “worst case scenario” and have a strategy

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on how this should be dealt with. It is important to have discussed this with the rest of the medical team as well as the manager and coaches. Athlete confidentiality and limitation of information before both the A and B sample is analyzed are keywords if such a situation should occur. Furthermore, it is important to respect the test results and accept the findings without arguments that there must be something wrong with the testing or that this could not happen to one of your athletes. This attitude and initial position is not in conflict with the other important obligation of caring for the athlete as his/her personal doctor and friend. No matter if the positive drug test is a result of deliberate or accidental intake of banned substances, it creates a personal crisis where human support is utterly important. However, it is crucial that the team physician is able to separate these two parts of the job and act professionally.

Finally, the physician may get involved in activities or methods of improving athletes' performance that are not illegal --neither medically nor according to the FIS/IOC rules-- but still debatable as to the ethics of such practice. Administration of intravenous liquids and nutritional solutions to an athlete for the purpose of speeding up recovery between two competitions is an example of sports medicine practice that may be controversial, and somewhat dependent on the type of sport it is done. Injection of local anesthetics before a competition to remove pain from an injury is now restricted within the last 24 h according to FIS doping rules, but nevertheless not always practiced by all team physicians. Even within the legal time frame, this practice may in several instances be considered questionable both medically and ethically. Use of altitude simulating facilities --including tents, single rooms or entire houses is increasing in skiers from different countries and several world champions in the last championship games in Lahti had used that approach. So far there is no restriction on the use of such facilities, and under proper medical supervision there is no known health risk linked to living at moderate altitudes (below ca3000 m) under these conditions for a limited

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time. However, the use of such facilities, whether one considers altitude simulation a necessary and convenient step in the acclimatization process for altitude competitions or a threat to a healthy and socially acceptable development of sports, should also be discussed, and IOC, FIS and WADA should also clearly decide if they are legal or not.

Several other “not illegal” means and methods for improving acclimatization (to heat, cold, altitude, etc), training effects, regeneration, recovery and ultimately performance do exist, and certainly more will come in the future. It is the physicians duty to avoid the use of any medical treatment or physiologic manipulation that comes in conflict with the rules and regulations of the sport, even though the means, methods or medications used are not yet classified as doping. Furthermore, it is imperative to emphasize that the use of any banned medical treatment or physiologic manipulation must be avoided, *regardless of whether or not it may be disclosed in a doping control*. Having been in the international cross-country field for several years and observed the increasing “medicalization” of this sport, it is my sincere opinion that the future of cross-country skiing to a large extent is linked to the ethical standard of the team physician. That is a formidable challenge; thus an open discussion on all ethical aspects of the sport is more than welcomed.

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Summary

1. Personal qualifications may be just as important as professional qualifications when working as a team physician.
2. It is recommended to formalize the work with an athletic team in a written contract covering the main responsibilities, obligations and rights that follows the job.
3. Basic knowledge on exercise physiology, sports-nutrition, fluid replacement, recovery measures and doping related issues must be acquired in addition to more detailed knowledge on common injury and illness.
4. Continuing education and updates on sports medicine issues should be pursued systematically.
5. The ability to ask for a second opinion and to take collegial advice on difficult medical issues is important
6. Teach the athletes proper procedures for doping controls, optimal routines on recovery, prevention of infections and other medical issues (see text box).
7. Adequate medical equipment and supply of medications should be prepared in due time before traveling with the team
8. Medical staff members have a responsibility to deal with the psycho-social issues in the team and optimize life quality in the athlete's home setting as well as during travels
9. All information regarding health and personal issues from any member of the team, should be considered privileged and confidential
10. Each athlete has to agree on what kind of medical information that can be released and discussed with whom, including the media.
11. If permitted to share medical info with the media, never lie, tell the truth, but not necessary the whole truth.

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12. The team physician must be prepared to handle pressure both from outside and inside a sports team on issues that challenge his/her fundamental ethical standards both personally and professionally.
13. It is the physicians duty to avoid the use of any medical treatment or physiologic manipulation that comes in conflict with the rules and regulations of the sport, even though the means, methods or medications used are not yet classified as doping.
14. A “worst case” scenario on how to handle a case of positive drug testing must be prepared by the team physician, managers and coaches.
15. The ethical standard of the team physician may be the most important preventive measure against doping in any athletic team

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Suggested readings

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9. The World Anti Doping Association / WADA internet address: <http://wada-ama.org>

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Figure legends to section 4.5. “team physician”

Figure 4.21. Team physician for national ski teams have a rewarding job with possibilities of exchanging professional and personal experiences with colleagues from other nations.

Figure 4.22. A national cross-country team consists of people of with a variety of skills and duties including athletes, coaches, managers, waxers, technical and medical staff. A team- work approach to most tasks from all professions involved is needed to provide the best opportunities for athletic success.

Figure 4.23. Training preparations for the athletes start early in the summer, often including altitude camps. A well-organized plan for proper medical support should follow these early preparations.

Figure 4.24. When the media wants information on medical issues regarding an athlete, the best solution is to have the athletes themselves make the comments they feel are correct. Thereby, the team physician may avoid disclosing of confidential information without the athletes consent.

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