

2003 Australian Conference of Science and Medicine in Sport

“Tackling the Barriers to Participation and Performance”

In this issue, Sport Health continues its tradition of publishing articles by keynote and invited speakers about their Conference presentations: their contents, their backgrounds, their implications. Six Conference speakers are featured in this issue.

Medical services to teams and match officials at the Rugby World Cup 2003

By John Best

Rugby Union is an international football code played in more than 100 countries. Every four years, nations compete in the Rugby World Cup for Rugby's ultimate prize, the Webb Ellis Cup. Rugby World Cup 2003, to be hosted in Australia by the Australian Rugby Union (ARU), is the biggest sporting event in the world this year. Twenty nations are contesting 48 matches over 44 days around Australia.

The Australian national team, the Wallabies, are the current World Cup champions. The first Rugby World Cup was played in 1987. This is the fifth Rugby World Cup. The Wallabies have been World Cup champions in 1991, and are the incumbents from 1999.

International Rugby is administered by the International Rugby Board (IRB), and the IRB administers the company Rugby World Cup Limited which effectively owns the Rugby World Cup tournament. The ARU was successful in its bid to stage the tournament, becoming the Host Union, effectively a service provider to Rugby World Cup Limited.

Based on the fact that Rugby Union is a professional game, you will find that the medical services structure for this tournament is quite different to other sporting events such as the summer Olympic Games.

Scope of the medical services through the tournament

Throughout Australia, matches will be played in 10 cities at 11 venues.

Each participating team comprises 30 players plus up to 12 management. Each participating team requires a touring team physician and a touring physiotherapist as an essential part of their management team. Some teams will have an additional physiotherapist or other medical and physical support staff such as massage therapists and fitness and conditioning staff. There is often multi-skilling. The remaining team management comprises a team manager, coaching staff and various other staff such as a media manager.

Additionally, almost 40 match officials (referees) will be in Australia for the tournament. The medical services program extends to providing medical care and treatment for the '21st team' while they are in Australia. Mr David Becconsall has been appointed Physiotherapy Co-ordinator for the match officials, and their medical needs will be serviced through our City Medical Liaison contacts (see below).

Key objectives for medical services

The key objectives are to provide world class medical services to participating teams and to create a series of support services that fully cover the obligations within the Host Union agreement.

The ARU aims to provide an environment which allows the touring medical teams to perform their roles effectively.

Unlike the Sydney Olympics where, at certain sites (such as the Olympic Village) a central base of medical

services was offered, all teams are travelling beyond one city. The average team will travel to three to four cities throughout Australia. All teams will travel interstate.

All teams are participating in the Rugby World Cup on a fee-for-service arrangement for medical services, except on match days where the immediate care is offered as a tournament requirement at no charge to the teams.

Medical support structures

These may be considered as match day and non-match day services. City Medical Liaison officers have been appointed in each city, including two in Sydney. This relates to the high involvement of teams and matches within Sydney.

Importantly, the City Medical Liaison officer is responsible for creating medical services teams for match day and non-match day.

Match Day Services

The match day service comprises a match day doctor, who has an official role as per IRB regulations. Under the authority of the match day doctor, a Match Day Medical Team (MDMT) is in place for the purposes of managing a range of medical and injury situations, including those requiring resuscitation, sports injuries, facial injuries, dental injuries and other common medical problems. In addition a physiotherapist is available to the match officials to assist with pre-game massage, warm up, strapping, hydration, injury assessment and management and post-match recovery.

The MDMT includes experienced medical staff who have expertise and ongoing interest in Rugby Union..

This structure has been trialled on seven occasions this year at six venues and has proved to be effective.

Non-Match Day Services

The non-match day services are quite different. Teams have a Directory of Medical Services, prepared by the ARU, through which they may access medical services, either independently or via the City Medical Liaison officer.

The directory includes a range of medical and ancillary services which are available for teams on a fee-for-service arrangement.

Other specialised services

Medical Imaging

Medical and Sports imaging is likely to be the most required referral service during Rugby World Cup 2003 for the 20 participating teams. Professor Jock (Ian) Anderson has been appointed as a Sports Imaging Consultant. Through his previous involvement with national sporting events and teams there are helpful connections to liaise with local sports imaging groups to help access sub-specialty services and imaging requirements. Some of these may include interventional imaging.

Crisis counselling and chaplaincy

On tour, major traumatic events may occur and there may be a need for crisis counselling. This is being coordinated nationally by Mr Gary Speckman, who has a separate role as 'Chaplains' Coordinator for the ARU. A number of visiting teams have already shown strong interest in this service.

Governmental Health and Medical Matters

There are a number of governmental and public health issues which have required attention and good co-operation has been enjoyed with medical services for Rugby World Cup 2003. Each State/Territory has nominated a representative to act as a point of contact to assist in dealing with a number of matters.

The main issues include:

- a) Registration of team doctors and physiotherapists in each state. Each health care professional (doctor and physiotherapist) must apply for temporary registration in each State to practice his or her profession on his or her team members while in Australia.
- b) Transportation of medicines. Each team is required to apply to the Therapeutic Goods Administration to seek importation permits for medicines coming into Australia.
- c) Public Medical Services. The focus for the Rugby World Cup is access to private services as much as possible. In most cities, major trauma or catastrophic injury requires the assistance and use of public services. There are designated public hospitals attached to each venue where matches are played. Separately to this, if ambulance services are required, the team member will be transported to the most appropriate and local public hospital as needed.
- d) Bio-Surveillance Services. These involve monitoring communicable diseases, injury and other health matters, which are found to be prevalent in the community. This information is communicated through national and state government bodies. The ARU has a direct line of communication with each state group and, where appropriate, information is passed on to the teams concerned with advice. This is particularly relevant if there are outbreaks of communicable diseases or contaminated foods.
- e) Prescription of medicines. Under the special events exemptions legislation, which each State Government has gazetted and enacted, there may be opportunities for team doctors to prescribe medicines for their team members in that particular state.

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behaviour change

by Kerry Mummary

– physical activity. Let's hope that the challenges of 22nd Century man (and woman) are not related to the continuing challenges of inactivity.

“Whoever wishes to investigate medicine properly, should proceed thus:... and the mode in which the inhabitants live, and what are their pursuits, whether they are fond of drinking and eating to excess, and given to indulgence, or are fond of exercise and labor, and are not given to excess eating and drinking.”

Hippocrates, 400BC

Table 1. Top ten modifiable risk factors for disease in Australia

Tobacco
Physical Inactivity
Hypertension
Alcohol consumption
Overweight & obesity
Lack of fruit and vegetable consumption
High blood cholesterol
Occupational risks
Unsafe sex

Source: AIHW *Burden of Disease and Injury in Australia, 1999*

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f) Emergency response plans. In the case of bio-terrorism or security breaches, the match day medical teams at each venue remain under the command of a venue commander who enacts an emergency response plan. Police and health service authorities coordinate this as per any other emergency response plan.

Research and Education

Injury surveillance

An injury surveillance program will be conducted during the tournament for the first time. The 48 matches present a tremendous opportunity to conduct injury surveillance. Injury surveillance is a cornerstone to obtaining information on a sport, and injuries at a certain level, with the data analysed to help introduce measures to promote safety within that sport at that level. The information gathered will build on existing Rugby epidemiological data.

Conferencing

A number of conferences are occurring in and around Rugby World Cup 2003. The IRB has endorsed the Science and Practice of Rugby Conference in Brisbane on November 5 to 7. This conference has dimensions of sports medicine, physiotherapy, coaching, conditioning and administration.

Other conferences with a Rugby component include Sports Medicine Australia's annual Australian Conference of Science and Medicine in Sport in Canberra on October 25 to 28, which has a dedicated Rugby Medicine Day on October 25.

Football Australasia 2003 in Melbourne on September 22 to 25 is supported by the ARU and has components relevant to medical services in Rugby.

Summary

Medical services for teams competing in Rugby World Cup 2003 will be provided by the ARU in conjunction with local private services, public health services and an important liaison with government authorities. The key contacts in the match cities are the 11 ARU-appointed City Medical Liaison officers. The services structure involves both match day and non-match day services. The non-match day services are offered to teams through a Medical Services Directory, which allows each team the option of direct contact with a service provider. This also allows for confidentiality.

The ARU wants to minimise the use of public services to avoid putting pressure on the public health system. Separately, there has been a very helpful working relationship with governments in the areas of bio-surveillance and access to emergency services to strengthen medical support services for the tournament.

Through research and education, information to promote safety within Rugby Union will be enhanced which may also assist in the medical planning for future Rugby events at all levels, not least Rugby World Cup 2007.

In the meantime, enjoy Rugby World Cup 2003.

A big and ongoing thanks to our medical services team as we play our part in achieving the best Rugby World Cup ever.

Dr Best is the Tournament Medical officer for the Rugby World Cup 2003. He was the Wallabies Team Physician for the 1995 and 1999 Rugby World Cups, and represents Australian Rugby on the International Rugby Board's Medical Advisory Committee.