

# Team Doctor

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Mr Macleod has been a team doctor working with the Scottish Rugby Union and their international teams for 20 years. He accompanied the Scottish Rugby Union touring party to New Zealand in 1981 and returned to New Zealand as the team doctor with the British Lions in 1983.

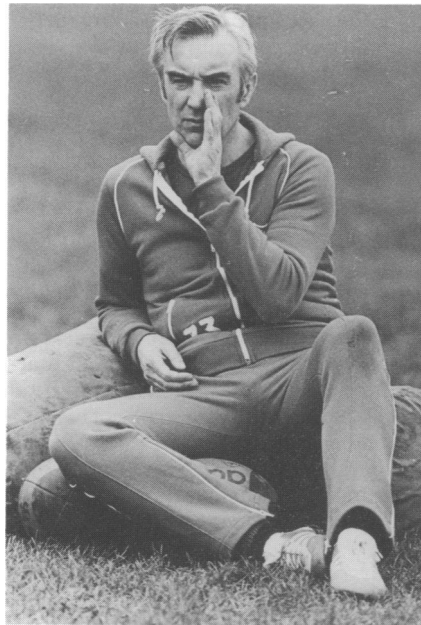
The team doctor must supplement his knowledge of exercise physiology and sports medicine with a passionate commitment to his own particular sport. He must know the game, the players, the officials, the laws and the specialist media. He must work as an integral member of the players' party and be recognized and respected as the players' doctor, while at the same time, working closely with the coaches. This can be a difficult balance to achieve and it is essential that the team doctor maintains the integrity of the doctor-patient relationship. This frequently involves protecting the players from some of the many complex pressures which are brought to bear on them and also being prepared to offer the player a lot of time for discussion and consultation.

Top class rugby players are rarely free from injury because of the inevitable high speed collisions that occur during the game and the increasing demands of their training programmes. The team doctor must work with the players and coaches, trying to help them achieve and maintain maximum fitness in spite of these inevitable bumps and bruises, associated with muscle pulls and joint strains. This frequently involves regular modification of training schedules. Building up the trust and respect of the players and coaches takes time. If the rest of the players' party is out there training or competing in the rain, why shouldn't the team doctor be present too?

Sports participants nowadays are widely read and up-to-date with most aspects of sports medicine and so the team doctor cannot afford to get behind with his reading. Players soon spot weakness and any respect that the doctor might have earned will rapidly disappear. The 'shop around syndrome' then develops among the players, coaches and selectors, all of whom will

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Donald Macleod – one of the players' party

be looking for a doctor, chartered physiotherapist or magician with the elixir of sporting life.

As a high speed collision sport, rugby is associated with both contact and over-use injuries. The five home nations (Scotland, England, Ireland, Wales and France) funded a two year study into the epidemiology of rugby injuries. This was carried out in Wales between 1982 and 1984 (Figure 1). This study demonstrated that the highest

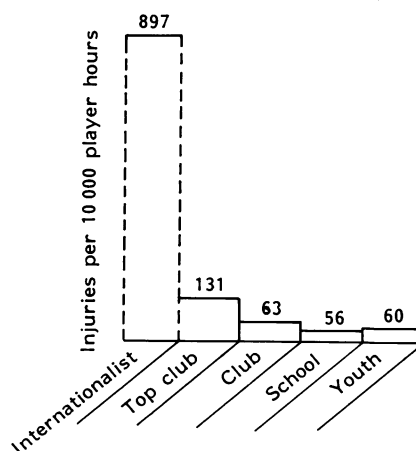


Figure 1. Relative frequency of injuries adjusted to number of games (Epidemiology of Rugby Injuries: Five Nations Fellowship—Dr P. Williams)

injury rate, based on the number of lacerations needing stitches, or games missed each season, occurred among international rugby players. The pattern of injuries affecting internationalists was no different from other rugby players, but the severity and frequency of injury, and the incidence of over-use injuries was far higher.

The commonest injuries involved the knee, shoulder and ankle joints, musculotendinous tears, cuts and concussion. It is essential that the team doctor has appropriate expertise and equipment to deal with these. It is not often possible to give an accurate assessment on one examination and a second may have to be arranged 48 to 72 hours later. This may involve liaison with the player's own doctor or chartered physiotherapist if the player cannot readily be seen by the team doctor, a common problem with international squads.

The team doctor can make his life a lot easier by working with a group of people who will share his duties and provide complementary support, for example, a chartered physiotherapist, masseur and a first aid attendant. The well informed player, coach, referee and club official are also essential members of an extended medical team. The team doctor will therefore be committed to teaching them.

The therapeutic use of medicines and drugs can be a nightmare for the team doctor, especially if travelling away from home with a young, inexperienced team. He must be up to date with the lists of banned and approved medications and have good knowledge of proprietary preparations available over the counter which might contain a banned substance. It is nearly always possible to avoid prescribing drugs by giving the player time to talk out his problems while giving common sense medical advice. Drugs or injections can frequently be a double-edged sword. Any prescription to one player in the team invariably lead to a 'me too' effect going through the party, particularly if the first player does well. Are you prescribing to achieve a placebo effect? Are you genuinely providing the player, who is now your patient, with the best course of action for the problem in hand? Are you doing any harm? Are

you treating the player with an 'experimental preparation'?

Among the useful drugs are short acting hypnotics, particularly when the team is away from home, staying in a strange environment. A supply of antacids is essential. Liquid antacid is particularly helpful to calm 'butterflies in the stomach', frequently associated with heartburn. Antacid tablets are of value when the players' party has been a little self-indulgent with regard to its food intake around the time of a major match when they may have been tempted by exotic items on a menu if they are staying away from home in a first class hotel. Colds and upper respiratory tract infections can be a problem in that many of the standard 'cures' that players can buy from a chemist contain banned products. Soluble aspirin and steam inhalation, with or without the addition of Friar's balsam or menthol crystals, can be very effective in helping people get over a cold.

The immediate use of a non-steroidal anti-inflammatory drug, after the initial examination and assessment of a soft tissue injury, for 36 to 48 hours appears to speed up recovery. Non-steroidal anti-inflammatory drugs are of no

value in significant injuries, where an appropriate splint frequently speeds up recovery. It is important to remind players that the first priority in managing a soft tissue injury is not the use of drugs but the need to rest the injured part for 36 hours using ice packs and compression bandaging. The doctor's immediate care of soft tissue injury should not be geared to allowing the player to go to a dance or social function, but should be to minimize the time lost from training and playing rugby!

Travelling away from home, especially overseas, requires careful planning to cope with the many additional problems that may arise such as jet lag, acclimatisation, infections, insurance, stress and the availability of medical and physiotherapy support.

The team doctor's duties do not end with the game, the training session or the international tour. Communication with the player's own general practitioner is essential to maintain good standards of clinical practice. This also acts as an active form of peer review. Advice to a player about fitness programmes or rehabilitation may have to be co-ordinated with his local

physiotherapist and club coach. Occasionally, it is necessary to advise players to retire from playing rugby because of recurring injuries. This is not an easy task, and requires a careful assessment and joint consultation with the player and his own doctor.

The team doctor has a first class opportunity to initiate research on the basis of his detailed knowledge of the team and the fitness training programmes as well as the effects of the game. These projects may look into injury patterns, the prevention of injury, or the first aid facilities required in rugby club houses. Collecting data for its own sake is of no value unless some positive action is taken to prevent injuries and improve their treatment.

I have tried to outline some of the duties I have aimed to undertake with the Scottish international rugby teams. It is a great privilege to work with top class amateur sportsmen, helping them and their coaches achieve winning performances at rugby football from a relatively small rugby playing nation. This would not have been possible without the support of a committed and extended medical team, to whom I offer my sincere thanks.