



# **Travelling with A Team**

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# Introduction

- Considerable challenge
- Glamorous trip → Perception of Friends and Colleagues
- **Reality:** providing quality medical support for a traveling team is stressful and exhausting
- **Number of roles:** These may include physician, physiotherapist, massage therapist, podiatrist, trainer, fitness adviser, dietitian, psychologist, assistant team manager, assistant coach, statistician, travel coordinator and baggage supervisor.

ANATOMY OF A

# Sports Physiotherapist

"YOU DID WHAT  
TO YOUR SHOULDER?  
NO THAT'S NOT  
HUMERUS...."

SUNNIES TO HIDE  
DARK CIRCLES  
FROM BEING  
'ON CALL'

BEEP BEEP  
BEEP

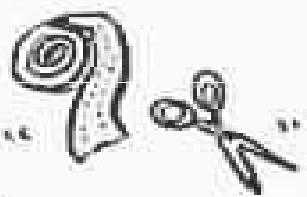
NEXT  
APPOINTMENT  
ALERT

POWERBANK  
RUNNING LOW  
ON POWER...

BZZT

OTHER PHONE  
RINGING

LUNCH BAG  
WITH  
YESTERDAY'S  
UNEATEN  
LUNCH



- o The success, or otherwise, of the sports clinician traveling with a team depends on:
  - o Preparing carefully
  - o Working long hours
  - o Developing multiple treatment skills
  - o Having well-developed inter personal skills and personal coping mechanisms

# Preparation

- Adequate planning is the key to a successful trip
- Preparation includes:
  - Researching the destination
  - Providing advice for team members and obtaining supplies
  - Thorough self-preparation.

# Things to do before travel

- Be well-versed about the travel destination
- Obtain details about the team's accommodation
- Research the type of food available at the venue.
- Discover whether the water supply is of good quality →  
Traveler's Diarrhea
- Vaccination requirements
- Assess medical support services

# *Assessing team members' fitness*

- o Contact all team members, including coaches and officials, prior to departure to ask about present and past injuries and illnesses.
- o Predeparture Camp → Comprehensive Assessments
- o Non-medical tasks to be performed ??
- o *Advice for team members:* About air travel, Precautions



**Table 59.1** Immunizations for the athlete

<b>Basic (essential)</b>	<b>Recommended</b>	<b>Regional (depends on travel destination)</b>
Tetanus	Hepatitis A (frequent international travel)	Malaria
Diphtheria	Hepatitis B (contact sports especially)	Typhoid fever
Measles	Influenza (annual vaccination)	Japanese encephalitis
Mumps		Cholera
Rubella		Rabies
Poliomyelitis		<i>Meningococcus</i> Yellow fever



- ◊ **Diet:** wise food choices and which snacks may be appropriate
- ◊ **Gender verification**
- ◊ **Drug testing**
- ◊ **Sexual activity**

## Breakfast

- Avoid overeating at buffet-style breakfasts
- Wholegrain cereal with low-fat milk
- Fresh, tinned or dried fruit
- Pancakes, raisin bread, toast, muffins or crumpets topped with jam, honey, golden syrup
- Low-fat yoghurt or Fromage Frais
- Grilled tomatoes or baked beans on toast
- Fresh fruit juice, tea, coffee (in moderation)

## Lunch

- Avoid high-fat choices such as French fries, pies, pastries, fried fish or chicken
- Sandwiches, rolls, bagels or pita bread with low-fat fillings (e.g. tuna, skinless chicken, egg, turkey, salad)
- Thick crust pizza with low-fat toppings—avoid salami, ham, sausage, pepperoni
- Steamed rice with stir-fried vegetables
- Plain hamburger with salad—no egg, bacon, onion or cheese
- Chicken souvlaki or doner kebab with salad
- Fruit juices, low-fat milk, mineral water

## Dinner

- Avoid dishes described as fried, crispy, breaded, creamed, buttery or au gratin. Look for dishes

- described as steamed, boiled, grilled, poached, chargrilled or 'in its own juice'
- Ask for sauces and butter on the side. Request extra bread, potato, rice and pasta
- Find restaurants that offer Italian foods such as pasta, salad and thick pizza. Select pasta dishes with low-fat sauces such as marinara, napoletana or vegetarian. Avoid butter on bread and excessive dressing
- From Asian restaurants, select rice or noodles with vegetables and lean chicken or beef
- Barbecued chicken (skin removed) with corn, baked potato and salad
- Thick vegetable or minestrone soup with bread, crackers or muffins
- Grilled fish with baked potato, rice, pasta and vegetables
- Fresh fruit, sorbet or gelati for desserts
- Limit alcohol and always ask for a jug of iced water or bottled water (commercial sports drinks may provide a readily available source of electrolyte as well as fluid)
- Check that the seal of drinks has not been broken, especially if buying drinks from potentially dubious sources (e.g. some roadside stalls)
- Visit the kitchen and talk to the chef. Look for fresh and recently cooked food

**Table 59.2** Contact details for obtaining drug information in various countries

<b>Country</b>	<b>Drug information hotline telephone number/website address</b>
Australia	(02) 6206 0200/< <a href="http://www.asda.org.au">www.asda.org.au</a> >
Canada	1 800 672 7775/< <a href="http://www.cces.ca">www.cces.ca</a> > (613) 748 5755
Great Britain	0171 380 8029 (UK Sports Council) 0181 864 0609 or 0181 992 1963 (British Olympic Association Medical Centre)
New Zealand	0800 DRUGFREE = 0800 378 437
South Africa	(12) 841 2686/2639 (SA Institute for Drug-Free Sport)
United States	(800) 233 0393

## ***The medical Bag***

- o The next step in the preparation for travel is to assemble the medical kit of equipment and supplies.
- o The contents of the medical kit will vary depending on the:  
make-up of the medical support team
- o Size of the overall team
- o Destination
- o Local facilities available



## Contents of the medical bag for interstate and international travel

### Diagnostic instruments

Oral/rectal thermometer  
Stethoscope  
Blood pressure cuff  
Ophthalmoscope  
Otoscope  
Pencil torch

### Sutures/dressings

Needle holders  
Forceps  
Scissors: nail clippers, small sharp scissors and tape scissors  
Scalpel  
Scalpel blades  
Syringes (2 mL, 5 mL, 10 mL)  
Needles (23, 21, 16 gauge)  
Sutures: nylon 3/0, 4/0, 5/0, 6/0; dextron 3/0  
Suture cutters

#### Local anesthetics:

1% lignocaine (lidocaine)  
1% lignocaine (lidocaine) with  
adrenalin (epinephrine)  
marcaine  
Steri-strips (3 mm [0.12 in.], 6 mm [0.25 in.])  
Alcohol swabs  
Gauze swabs  
Dressing packs  
Antiseptic solution (povidone iodine)  
Tincture of benzoin  
Melolin dressing pads  
Dressing strip  
Bandaid plastic strips  
Crepe bandages  
Tube gauze

### Medications

Oral analgesics (e.g. paracetamol [acetaminophen], aspirin)

Injectable analgesics (e.g. pethidine [meperidine], morphine)  
Adrenalin (epinephrine) for anaphylaxis  
NSAIDs  
Antibiotics (e.g. amoxicillin [amoxicillin], erythromycin, flucloxacillin, doxycycline, metronidazole)  
Antacid tablets  
Antinausea (e.g. prochlorperazine [oral/IM])  
Antidiarrheal (e.g. loperamide)  
Oral contraceptive pill  
Fecal softeners  
Antihistamines  
Bronchodilators (e.g. salbutamol inhaler, beclomethasone inhaler)  
50% glucose solution  
Sedatives and hypnotics  
Throat lozenges  
Cough mixture (e.g. senega and ammonia)  
Creams/ointments: antifungal, antibiotic, corticosteroid, anti-inflammatory  
Eye/otic antibiotic drops  
Tetanus toxoid

### Equipment

Oral airway  
Bolt cutters/screwdriver  
Air splints  
Triangular bandage (sling)  
Tongue depressors  
Cotton-tipped applicators  
Rigid sports tape (2.5 cm [1 in.], 3.8 cm [1.5 in.], 5 cm [2 in.])  
Hypoallergenic tape  
Dressing retention tape

Elastic adhesive bandage (2.5 cm [1 in.], 5 cm [2 in.])  
Compression bandage (5 cm [2 in.], 7.5 cm [3 in.], 10 cm [4 in.])  
Adhesive felt  
Adhesive foam  
Blister pads  
Adhesive spray  
Coolant spray  
Finger splints  
Cervical collar, soft and hard  
Sterile gloves, goggles, mask  
Eye kit including irrigation solution, fluorescein, eye patches, local anesthetic and antibiotic eye drops, contact lens container (Chapter 15)  
Sunscreen  
Massage oil/heat rubs  
Electrotherapy (e.g. TENS, portable laser)  
Portable couch  
Alarm clock  
Intravenous fluid and giving sets

### Other

Urine reagent strips  
Safety pins  
Tampons  
Contaminated needle container  
Spare shoelaces  
Flexible orthoses  
Batteries  
Safety razor  
Plastic bags (for ice)  
Heel raises  
Heel wedges  
Arch supports  
List of banned substances  
Transformer and dual voltage connector (if appropriate)

## CLINICIAN'S HIP BAG

- Precise contents will vary according to individual team needs, but consider including:
- Simple Analgesics (e.g. paracetamol acetaminophen), soluble aspirin)
- Adhesive Plasters (e.g. Band-aids)
- Nose Spray (e.g. Oxymetazoline)
- Throat Lozenges
- Antiemetic (e.g. Metoclopramide,
- Prochlorperazine Buccal tablets)
- Antidiarrheal (e.g. Loperamide)
- Sedatives (e.g. Triazolam) on long night flights.

## *Self-preparation*

- o Because trips are always extremely busy, it is important to be well rested and in good health prior to departure



## Air travel and jet lag

- Air travel is an important part of professional and international sport. Short-distance air travel (up to 3 hours) does not appear to present any problems to the athlete
- Jet lag, when the body is unable to adapt rapidly to a time zone shift and normal body rhythms lose synchrony with the environment, is aggravated by a number of factors in addition to the amount of time zone change.

o Factors that appear to increase the severity of jet lag include traveling east rather than west, age, impaired health, lack of previous travel experience, sleep deprivation, dehydration, stress, alcohol and excessive food intake

# The medical room

- Hours of treatment should be specified
- A portable examination couch (treatment table)

# Illness

- o Traveler's diarrhea*
- o Upper respiratory tract infections*

- o Injury**
- o Drug testing**
- o Local contacts**
- o Psychological skills**
- o Personal coping skills**
- o Why some clinicians 'fail' on tour**

Thanks