A recent impromptu meeting with an athletic trainer who was applying to the Olympic training center for a 1-year intern position gave me the opportunity to reflect upon my experiences working as a volunteer trainer for the United States Olympic Committee. My ongoing private reflections are more frequent than many would believe, yet the more experience I acquire, the more I treasure those volunteer opportunities.

What a luxury to be able to, for a while, totally commit your time, spirit, and work ethic to join other health care professionals and athletes in embracing a cause: the Olympic Games. As a trainer with the U.S. Olympic Sports Medicine Volunteer Program, these Games were the culmination of a series of opportunities I had to provide athletic training services. The Games were a final reflection of assignments that had included U.S. Olympic Festivals and the World University Games.

Festivals involve over 3,000 athletes of varying developmental to elite levels for their particular national governing body or sport federation. The sports medicine staffs are large. Therefore they can handle the volume of competitors and, in so doing, provide a tremendous opportunity for professional development as well as freedom to render health care without concern of “business” imposed constraints.

Nor are clinic hours confined to a 9-to-5 day. Typical clinic hours range from 6 a.m. to 10 p.m. They are usually preceded by a 5 a.m. raid on the ice machine by trainers whose destination may be the rowing venue. And there are always trainers on call at night to handle overnight concerns ranging from cramps to insomnia.

Reflections

For me, working with a variety of trainers and physicians from all around the country has been invigorating and enlightening. It was like holding a small convention and symposium with hands-on “break out” session ongoing throughout 3 weeks of practices and competitions. “Trade secrets” were shared, theories were debated, and innovative techniques spawned new thinking and won over some converts. Such give and take lends an interesting perspective to one’s profession.

Though the hours were long, there was camaraderie and a sense of working as a team, performing as true utility players and doing whatever task was deemed necessary to get the job done. Physicians and trainers alike loaded and unloaded trucks, hauled baggage, and carried coolers. Not unlike a mash unit, the esprit de corps that came...
from this was infectious and proved to be an integral characteristic of the most successful staffs.

Anecdotes

Staff members for a USOC-sponsored event in a foreign country sometimes encounter political glitches on an all-too-personal level. Arriving at the Olympic Village in Seoul at 2 a.m. for the 1988 Summer Olympics, Julie Moyer Knowles, Director of Pike Creek Sports Medicine Center (Wilmington, DE), presented the proper credentials and was admitted. However, she was not directed to the U.S. Clinic in the Village but instead to a room where she was detained for 4 hours by the authorities. The 6 a.m. shift change arrived, but critical clarification of her status was not conveyed.

Her area of incarceration was apparently one of the unoccupied Korean Olympic Team’s apartments, where she was greeted by an Uzi-wielding Ninja. The Koreans summoned an English-speaking confidant, who directed Dr. Moyer Knowles to fast-foot it toward the U.S. Delegation. En route she intercepted Dr. Jim Puffer, head of the medical staff, during his early morning run. So began Day 1 for that member of the medical team.

Cultural and logistical challenges of setting up shop in other countries bring out the creativity and ingenuity of staff members. Ice as the basic first aid tool for acute inflammation was a rare and highly coveted commodity during the sweltering summer of the 1987 World University Games in Zagreb, Croatia. Our request for ice resulted in hundreds of pounds of dry ice being delivered to our door. Our only source for real ice was the university cafeteria, which was manned by an unresponsive staff. But thanks to his Southern charm, boyish good looks, and some Hershey bars, Ron Courson, Head Trainer at the University of Georgia, successfully and consistently obtained our quota, and then some, from an otherwise indifferent cafeteria staff.

It is an asset to be a quick study. One’s survey skills must be sharp not only in assessing the athlete’s needs present and potential but also in managing the logistics of a city whose society speaks a language not offered in American universities. This posed a challenge in navigating through a medieval city such as Zagreb, determining through public transportation the proper route to the hospital, and deciphering an X-ray report typed in Serbo-Croatian. A view of the sophistication of health care in some countries fosters a keen appreciation for our resources in the U.S.

At the Seoul Olympics, Dr. Moyer Knowles found herself commandeering public transportation to achieve an objective. Assigned to cover fencing, at one point she discovered the fencing equipment had been left on the bus after it had dropped the team off at the competition site. She decided the only way to retrieve the equipment was to hail a taxi and chase the bus down. Julie’s fast footwork nearly made her a pedestrian casualty but succeeded in stopping the Korean taxi. The pursuit via taxi entailed sidewalk straddling and pseudo sideswipping—it was hard to tell. Finally the bus was overtaken and the equipment was returned in time for the competition. Perhaps the fencers were not even aware of their potential predicament and how Julie’s management style and quick thinking had prevented a catastrophe.

The volunteer program’s athletic training coverage needs often involve assignments to Olympic sports whose interscholastic predecessors are regionally biased or perhaps even nonexistent. As a high school or college trainer, how often do you cover team handball? Does your high school have a fencing team or a water polo team? How many equestrians have you treated?

The Olympics provide interesting challenges to trainers whose strength in part is based on their familiarity with the sport covered, their anticipatory sense, and the use of prevention measures regarding likely occasions or mechanisms of injury. But anatomy and physiology of Olympic athletes reflect a general uniformity, the knowledge of which allows health care professionals to effectively evaluate and treat athletic trauma.

About 26 medical personnel were included as the medical staff segment of the U.S. Delegation to the 1988 Summer Olympics in Seoul, which numbered well over 800 athletes and staff. Assignment to cover a specific team or teams may ensure continuity of care, but the scheduling logistics of practices and events often force even the most astute coordinator of medical resources to juggle coverage assignments. In these cases, it is crucial that staff members possess and practice communication and documentation skills with careful attention to detail. Consistent follow-up and follow-through protects an athlete’s confidence.