

The Road to the Olympics

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Dr. Santiago was "Athlete of the Year," at Fairleigh Dickinson University in 1975. That same year, he was a U.S. Olympic soccer finalist, and went on to play professional soccer from 1975-78.

Perhaps one of the most fulfilling experiences of my career has been the chance to serve on the United States Olympic Committee's (USOC) volunteer medical staff and contribute to the performance of duties that personify the concept of successful teamwork. Volunteer physicians, chiropractors, and certified athletic trainers comprise the medical staff, linking specialties, knowledge and skills to provide the services necessary to effectively attend to the thousands of athletes served each year through USOC-sponsored competitions and Olympic Training Center (OTC) programs.

The opportunity to serve on the U.S. medical staff for the 1992 Summer Olympic Games began in the spring of 1988. The wheels were set in motion by the completion of required paperwork, much like that which precedes any selection process. My first step was to submit an application and curriculum vitae to Bob Beeton, head of the Sports Medicine Division of the United States Olympic Committee. The USOC volunteer application requested information regarding state licenses held, specialty training, sports affiliations, and applicable experience.

Bob and the other members of the USOC Sports Medicine Division reviewed all of the chiropractic applications and referred the most promising to the Chiropractic Credential Committee, chaired by DCs John Danchick of Boston and Eileen Hayward of Los Angeles. They reviewed the items submitted, attesting to the accuracy of the curriculum vitae, and made their recommendations to the USOC. The Sports Medicine Division completed their deliberations and made the final selections.

Once selected, volunteers are evaluated on the job by unidentified observers to determine the effectiveness of their service. The USOC observers analyze the volunteer's compatibility with other doctors, trainers, and athletes, their level of competency and skills, ability to work under pressure, and to adapt to change with flexibility. Those who perform effectively at the OTC are invited to serve on the medical staffs for the U.S. Olympic Festivals. The festival serves as a sort of "dress rehearsal" for the major world competitions, and the most competent and compatible volunteers become eligible for appointment to the medical staffs for the World University Games, Pan American Games or Olympic Games.

Serving at the Olympic Training Center

I received notice in March of 1990 of my selection to serve as a volunteer chiropractor at the U.S. Olympic Training Center in Colorado Springs for a two-week period in July. The Colorado Springs

Olympic Training Complex, located at the base of majestic Pike's Peak, serves as the OTC and USOC headquarters. It hosts 14 of the national governing bodies and accommodates up to 600 athletes and coaches at one time.

Like all volunteers, I was provided room and board at the OTC and attended a medical staff orientation. Each of us received a printed handout that detailed our specific duties. I was assigned to work specific hours at the sports medicine clinic and on the field.

The clinic is equipped with isokenetic testing machines, physical therapy equipment, and diagnostic x-ray, and is open Monday through Friday, 8:00 a.m. to 6:00 p.m., plus additional hours as needed. The demand for expanded hours is high, and the clinic often remains busy virtually all waking hours. The chiropractor works hand-in-hand with other medical personnel while serving in the clinic and on the field. Medical staff volunteers must record all treatments individually on a daily treatment sheet.

Hockey Team Comes to Town

The medical team worked continuously during my two-week service at the OTC. Upon my arrival, the training center was playing host to the U.S. Hockey team for their last training session before the Goodwill Games. During training the team's goal keeper severely injured a lumbar disc, experienced tortipelvis, and could barely walk. He became antalgic, experienced pain radiating down the leg, and was completely incapacitated.

The goalie's circumstances activated the unique multidisciplinary environment created by the USOC. When the athletic trainer brought the goal keeper in for chiropractic treatment, he was in too much pain to be adjusted. I worked side by side with an orthopedist who gave the athlete an injection, which broke the muscle spasms and made chiropractic adjustment possible.

The goalie subsequently recovered, and the U.S. Hockey team went on to win a medal at the Goodwill Games. For that injured goalie, nothing else would have worked but the team approach made possible by the USOC.

OTC philosophy dictates that a team approach is necessary and communication is essential. The primary objective is that the athlete receive the best care possible, without prejudice or involvement of ego. The chiropractor's referrals most commonly arrive through the athletic training staff, while requests for treatment are also made by physicians and the athletes themselves. Much like situations in a chiropractor's private practice, responsibilities vary and constantly change based on circumstances.

At the clinic and on the field, you are called upon to examine athletes, order tests, perform treatments, and assist other staff members in the performance of their duties. Since chiropractors are not always staffed at the OTC, relationships with the volunteer staff may vary, depending on the staff's exposure to chiropractic.

Olympic Festival Celebrates Camaraderie

The 1991 Olympic Festival was a masterful demonstration in organization! Gathering 4,000 athletes and making arrangements for all of their equipment, supplies and personnel to arrive safely in Los Angeles is a logistical nightmare.

The Olympic Sports Medicine Committee selected only two DCs to serve at the Olympic Festival: Paul Davis and myself. The medical staff was designated to three locations: USC, UCLA, and Loyola Marymount University. Paul was assigned to UCLA, while I went to USC. The two of us divided duties at Loyola.

At times, the emotion-charged scene at the medical sites took on characteristics resembling triage. We became keenly aware of the pressure on these athletes to perform well. Years of training was on the line as these dedicated athletes prepared to compete. The intensity of world class athletic competition magnifies the stress of treating sports injuries, where medical personnel work under the high pressures of limited time, multiple injuries, physical performance requirements, and the need to help the athlete keep a level head.

While at the velodrome, I suddenly found myself confronting an urgent situation rarely encountered at a chiropractic clinic. "While warming up in the velodrome, only 15 minutes away from the beginning of the competition, a cyclist fell from his bike and suffered multiple injuries. The athlete landed first on his arm and neck, brush-burned, abraded, and lacerated the skin on his hand and down the left side of his body, and developed a radiating "burner" down his arm -- the classic sign of acute paraesthesia, an ailment often seen in football injuries.

With just minutes to spare, I had to decide what injury to treat first, determine if the athlete's condition was severe enough to keep him from returning to the race, and work to help him maintain effective composure. While the athletic trainers attended to his "road rash" and worked to stop the bleeding, I treated the paraesthesia, and we were able to return the cyclist safely to competition.

While the athlete's primary objective is to meet the dream of competing against the best in the world, the USOC maintains the resolute position that the athletes are best served by ranking safety above all else.

Contributing to the Medical Ideal

In November 1991, I was selected to serve at the Olympic Summer Games. While I look ahead to Barcelona with keen anticipation, my work as a medical staff volunteer has already been a most gratifying experience. The USOC has managed to create a utopian environment in which the well-being of the athlete/patient is of utmost importance and the treatment provider exists to serve and fulfill that purpose.

Service to the athletes is not determined by economic factors, superiority issues, nor matters of who has more prestige, but what tools are available to best handle the situation and get the job done.

The politics of necessity demand awareness that no one discipline has all the tools to meet the task, but rather success results from a meeting of the minds and the skills to achieve a common goal. The USOC has risen above the norm, and has created a model that all health care professionals should strive to achieve.

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