

# Chairperson's Report

Welcome Back Beijing Olympic Therapists! Now that the Summer Olympics are over and we've all been dragged away from our televisions, our Sport Physio BC executive could finally get down to planning for the next year. We're well underway with organizing some new exciting courses for the winter and spring and hope you will all join us for them. Kevin Stoll, Education Coordinator, has provided us a list of upcoming courses.

As you know, Sport Physiotherapy Canada (SPC) held their Annual Council Meeting earlier this summer. The primary area of concern at this meeting surrounded our partnership with the North American Journal of Sport Physiotherapy (NAJSPT) and the huge expenses associated with it. All members should have received an email from CPA/SPC with a link to a survey, requesting feedback on the journal. I highly encourage each of you to do this survey. Options are being considered on whether or not to make the journal a voluntary subscription vs. being included in our membership costs.

Our provincial council had a meeting recently and a motion was passed regarding advertising of courses/job postings etc through our email database. There will now be a charge of \$50 (members fee) or \$100 (non-members fee) for 3 email blasts to anyone wanting us to distribute information via email to our members.

SPBC is currently trying to re-ignite our working relationship with the Sport Medicine Council of BC. We are planning to co-host a "Team Therapist" course for early December. Course description and further information can be found in this edition of *Sidelines*, as well as on our website.

Congratulations and good luck to the 9

Certificate and 3 Diploma candidates from BC who've been accepted to challenge the written exams this November. Be sure to take our quizzes inside to help you with your studies!

As always, we are always looking for newsletter submissions, suggestions for courses, and are happy to receive feedback or comments on any issue relating to sport physiotherapy in BC. Please feel free to contact me at any time.

Timberly George, BScKin, BScPT  
Diploma Sport Physiotherapy  
Chair, Sport Physio BC  
timberlygeorge@yahoo.ca

## Editor's Message

We are privileged to have a couple of great personal stories from two physiotherapists who have been working with national teams. There is Dave Terlicher's article on his insight in working with Ski Cross Canada and Judy Russell's experiences with the Women's Canadian Soccer team that lead her to 2008 Beijing Summer Olympics. As well, I would like to thank Ron Mattison for the pictures he submitted of his experiences in Beijing. In addition, Rick Celebrini, Manager of Medical Services and Therapy for the 2010 Games in Vancouver provides an update in this issue.

There is a full line up of courses planned for the next year so check out the **Bulletin Board** on page 8.

Assisting Certificate & Diploma Candidates with their exams, study sample questions have been provided in this issue to stimulate your studies.

~ Wil Seto

# All roads lead to Beijing 2008

*By Judy Russell B.A., B.Sc. PT, Diploma Sport Physiotherapist (first published in the PABC)*

My journey with the Women's National Soccer Team began in May 2007 with an invitation to join them at a training camp in Auckland, New Zealand. Since that time the team has traveled far and wide in preparation for a place at the Olympics in Beijing. I have had the privilege of providing physiotherapy for this incredible group of dedicated young athletes at several exciting places and events. These included a training camp in Singapore and Tokyo, Japan before the World Cup in Hang Zhou and Chengdu, China.

We were then invited to Guangzhou, China for the Four Nations Cup. We won the Cyprus Cup in Larnaca, Cyprus and enjoyed a side trip to Paris on the way home to play a friendly game against the Women's National team of France. Qualifying for the Olympics in Juarez, Mexico was thrilling. The Queen's Peace Cup Tournament in Suwan, Korea was a fabulous test for the team before returning to China for the tournament of their careers.

We played in Tianjin, Shanghai and Beijing, during the Olympic games in August. Each place and event provided its own share of excitement and challenges. When not traveling, we worked together during their residential camp in Vancouver. All of this could not have been possible without the unfailing



**From left to right: Becky Swan CATA, Judy Russell RPT, Nicole Stephen RMT Peace Cup, Korea.**

support of my colleagues and administrative staff at Jericho.

Nicole Stephen, Registered Massage Therapist and Certified Athletic Therapist Becky Swan, both from Vancouver rounded out the medical team for the majority of these trips and provided a vital service as we lightened each other's loads. It was a pleasure working with these talented practitioners, exchanging ideas and opinions on a daily basis. When energy and time allowed, we provided in-services for each other, teaching about a new tape support or massage technique or assessment tool so that we each might be better prepared to help our athletes.

We had a physician accompany us on the majority of our trips. However, on the one major trip we didn't have a physician, we had one of our coaches hospitalized with an undiagnosed ailment, two athletes taken to emergency for x-rays and another athlete cut for stitches on her scalp after knocking heads with an opponent at the goal mouth. These injuries presented challenges to us and required all of our first responder skills.

The inimitable Dr. Andrew Pipe from Ottawa joined our team for the Olympic experience, as did



**Judy with defender Kristina Kiss.**

Surrey Chiropractor Garret Kusch and Burnaby Physiotherapist Marc Rizzardo. All three added their own welcomed expertise.

Over the course of 15 months, hamstring strains were the most common injuries we treated. These were complicated by pelvis imbalances and lumbar spine malalignments. Anterior cruciate injuries ran a very close second. We also dealt with two acromio-clavicular second-degree sprains and the odd broken nose. High ankle sprains, foot problems, stress fractures and minor/major concussions also added to the long list of injuries we sustained and rebounded from with the assistance of a tremendous support team at the Sports Medicine Council of BC, a collection of dedicated surgeons, physicians, nutritionists, sports psychologists, physiologists, physiotherapists, chiropractors, massage therapists and strength and conditioning staff. All the manual therapy tools (including Visceral Manipulation and Cranio-Sacral Therapy) came out of the kit bag to help keep the players in the game.

It wasn't all work and no play. Trips to the Great Wall or Tiananmen Square or the Pearl Market for that matter were not to be missed. For me the highlights of the Olympic Games, other than working with these incredible young women and a group of dedicated coaching and support staff, included Simon Whitfield's come from behind Silver Medal in the Triathlon, Roger Federer's serve, Russia's female pole vaulter breaking her own world record, Michael Phelps's eight gold medals, Canadian Carolyn Huynh's gold medal in wrestling and Adam Van Koeverden's gutsy silver medal performance.



**At the Great Wall with Maeve Glass**

Our own Christine Sinclair's final bullet goal against the USA to tie our quarterfinal game in regulation time was breathtaking. Our team played their hearts out. Unfortunately, despite their best efforts, the Canadian Women's Soccer Team lost in double overtime (2-1) to the eventual gold medal USA Team. The players will always be champions to me. It was not the end of their Olympic experience as many stayed on to attend other sports events and walk in during the unforgettable closing ceremonies.

China put on an Olympics that defies definition, the likes of which we will not see again. The facilities were outstanding, the people generous and the competition beyond all expectations. Thanks for the memories. I would do it all again in a heartbeat.

**China's National Stadium  
"The Bird's Nest"  
2008 Olympic Games Beijing**



# Vancouver 2010 Winter Olympic Games Update

*By Rick Celebrini, Manager, Medical Services and Therapy*

I hope everyone has enjoyed a relaxing summer with family and friends. Although the season is winding down, the good news is that with winter around the corner we are entering our Sport Event phase of planning. These Sport Events serve as a means to test our operations for Games time but will be scaled down to the level of a regular World Cup competition. Although this means we cannot involve all staff and services that will be involved during Games time, it does provide our venue leads with valuable hands-on experience. This will assist in the training of our complete staff come Games time. So, if you are either not available or not contacted for a Sport Event, don't worry — this does not mean you will not be involved during the Games. I know this is contrary to what was originally communicated over a year ago: that every volunteer must participate in at least one Sport Event. In keeping with the ever-evolving process here at VANOC, this has now changed.

The first Sport Event taking place will be the Short

Track World Cup in late October. Sport Events then come fast and furious in February and March 2009. Many will occur as a cluster during this time to test our ability as an Organizing Committee to handle multiple tasks simultaneously. We have been in planning mode for the Games up until fairly recently but we now shift to an operational phase as we host or co-host these Sport Events. The experiences gained will help in refining our Games-time preparations through the rest of 2009.

The volunteer recruitment process is underway and, as you can imagine, is a massive undertaking. Catherine Polonia has been moved into the position of Coordinator, Medical Services Volunteers to assist with this challenging process. Our medical team has created its own medical survey to augment the application originally sent out by the VANOC Workforce team. We have tried to send this out to all potential volunteers, allowing us to make informed decisions; however, since we do not have access to the main database we are currently limited to the names provided by Workforce. We are working hard to ensure that the majority of potential medical volunteers receive a survey, which will allow us to select the best possible medical team. In the meantime, please ensure that you secure accommodations during Games time, as this is a critical factor when Workforce processes your application.

As the Beijing Games concluded in September, the focus shifted to Vancouver, Whistler, and Canada as we prepare to host the world in 2010. While the Beijing Games have, to this point, raised the bar for future Games in areas such as venues, facilities and celebrations, we are confident that we can raise the bar in other areas. We have learned from what Beijing and other Games have done well and also from what could have been done better. Although we will face a unique set of challenges in 2010, we are confident that we can deliver on our VANOC medical mission statement: to plan and deliver excellent medical and health care services for the Vancouver 2010 Olympic and Paralympic Winter Games and to leave sustainable legacies for sports medicine and sports and health science locally and nationally, following the Games.

Expert Technical Service  
From Board Certified Pedorthists



[www.parisorthotics.com](http://www.parisorthotics.com)

PRESCRIPTION FOOT ORTHOTICS  
■  
ORTHOPEDIC FOOTWEAR & MODIFICATIONS  
■  
NON-CUSTOM ARCH SUPPORTS,  
HEEL CUPS & INSOLES

VANCOUVER • BURNABY • PORT COQUITLAM • LANGLEY

# Diploma Level Self-Study Questions

1. The “Female Athlete Triad” refers to all of the following EXCEPT:
    - a. Osteoporosis
    - b. Decreased body fat
    - c. Menstrual dysfunction
    - d. Disordered Eating
  2. True or False: A female athlete is considered to be experiencing amenorrhea if she has had absent menstruation for less than 8 cycles per year.
  3. Based on the World Anti-Doping Agency (WADA), which of the following would NOT be classed as a “Prohibited Substance or Method”?
    - a. Human Growth Hormone (hGH)
    - b. Diuretics
    - c. Anti-histamines
    - d. Adrenaline
    - e. Blood Doping
  4. Based on the WADA guidelines, an athlete may use a prohibited substance or method if which of the following were true?
    - a. The athlete experiences significant health problems without taking the substance
    - b. There is no reasonable therapeutic alternative to the use of the substance
    - c. The use of the substance does not produce significant enhancement of performance.
    - d. The athlete and their physician filled out a “Therapeutic Use Exemption” form.
    - e. All of the above
  5. An athlete suffering for Overtraining Syndrome may present with any of the following signs or symptoms, EXCEPT?
    - a. Decreased maximal heart rate
    - b. Disturbance of sleep
    - c. Decreased resting heart rate
    - d. Loss of body mass
    - e. Persistent injuries
- 

# Certificate Level Self-Study Questions

1. A Pre-Event Sports Massage:
  - a. Lasts 30 – 60 minutes
  - b. Consists of brief effleurage & several forms of percussion
  - c. Is used to help promote recovery
  - d. Always uses deep techniques to help athletes prep for event
  - e. If done properly can be used to replace warm ups
2. Hyphema is:
  - a. A puncture in the pleura cavity
  - b. Disruption in the semi-circular canal of the inner ear
  - c. Bleeding in the anterior chamber of the eye
  - d. Bleeding in lung cavity
  - e. Abnormal breath sound after a serious blow to the thorax
3. The following is not true:
  - a. Lens for racquet sports should be at least 3 mm in thickness in the centre
  - b. Eye guards must be CSA approved
  - c. Football faceguards should be 1 to 1.5 inches away from the nose
  - d. Mouth guards prevent head injuries
  - e. Shoulder pads function primarily to dissipate forces
4. Type 2 B muscle fibres are not:
  - a. Phasic
  - b. Large in fibre diameter
  - c. Contain few mitochondria
  - d. Least red
  - e. Fatigue resistant
5. Muscle spindles do not:
  - a. Produce smooth contraction and relaxation of muscle
  - b. Eliminate the jerkiness of contraction during movement
  - c. Cause simultaneous contraction of intra & extrafusal fibres with gamma co-activation
  - d. Send information to the spinal cord regarding length & rate of change in length of muscle
  - e. Send information to the spinal cord regarding tension in the muscle

*Answers appear on page 6*

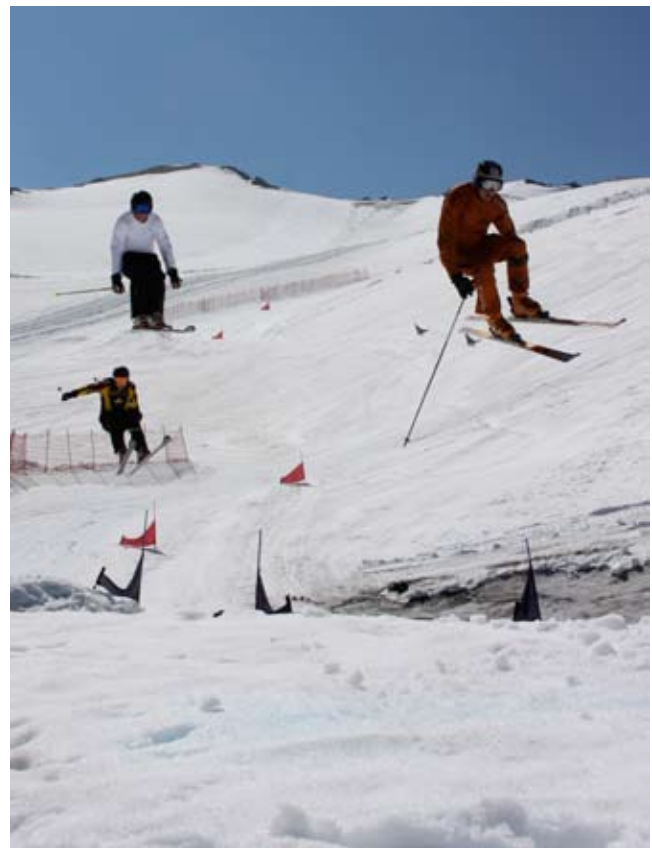
# Ski Cross

*By Dave Terlicher, Certificate in Sport Physiotherapy*

Who goes to Australia to SKI? The Canadian Ski Cross team does! For those that are thinking, “what the heck is ski cross?” let me give you the visual: picture BMX racing, but on skis and snow with four athletes racing for position with skis tip-to-tail. It’s an exhilarating sport.

In mid-August I boarded a plane and prepared for my 19-hour flight to the Oz for the team’s summer training camp. After two years gaining experience with ski racing on the World Cup circuit with Alpine Canada, I now found myself starting from the ground up with a newly formed Canadian Ski Cross team. It’s a relatively small organization with a large task: assemble a top-notch training environment in time to get our Canadian athletes ready to perform at their best come February 2010. Currently, the team consists of 12 athletes: 8 men and 4 women. Traveling with the team is a head coach, an assistant coach, two ski technicians, a massage therapist and occasionally a physician.

The season runs from mid-May to mid-April and takes us throughout North and South America, Europe and Asia. It can be a grueling schedule at times, moving from hotel room to hotel room and flying back and forth across multiple time zones. For me this translates to



constantly packing and unpacking my table, modalities and supplies.

A typical day on the road starts early. I usually wake up by 5 or 6 am, get dressed and then drive a van of athletes up to the hill. While the athletes don their ski boots in the day lodge, I attend to any athletes that require taping or a quick treatment before training starts. Once I’m done with treatments, I rush out to meet the coaches and help with the start gate or course set-up.

During training sessions my job is to get radio clearance of the course and start the athletes when safe. I am always stationed at the top of the hill (where the wind is ALWAYS the worst) so that I can respond to any medical emergency downhill. When training is done, I help take down the course and drive the athletes back to the hotel. Back at the hotel, my real job starts. My hotel room transforms into a physiotherapy clinic and it’s common that I treat well into the evening. When working with a new team there are several things that need to be learned. As the team physiotherapist you need to know the biomechanics and bioenergetics of the

<b>Answers to Diploma Level Questions:</b>	1. b);
2. False – if she has had less than 3 cycles per year, or no cycles for the past 6 months;	
3. c)	
4. e) All of the above statements must be true in order to qualify for a therapeutic exemption, and it must be accepted by WADA.	
5. c)	
<b>Answers to Certificate Level Questions:</b>	1. b)
	2. c)
	3. d)
	4. e)
	5. e)



sport and the common injuries and mechanisms that lead to them. It's important to learn the sport lingo and get to know your athletes. You need to pay attention to which therapeutic techniques are most effective for which athlete and discover the little things that make them comfortable and confident on race days.

Communication is an integral component of fostering a successful team environment. As a team physiotherapist you are in an interesting position: not

a coach, not an athlete, but somewhere in between. You are privy to many conversations both from athletes and coaches that the other parties are not intended to hear, learning your boundaries are important. In addition, case management is tremendously important. The athletes live all across the country; When they get home it's important to ensure that they receive the appropriate follow-up care and that all involved medical professionals and team staff are up to speed with the athlete's current medical needs. When we're on the road, I'm constantly coordinating access to local services (gym facilities, directions to hospital, etc.). This is a constant task as we move from venue to venue. As well, staying on top of medical and taping supplies is huge. You need to figure out what types of supplies are used for the sport and ensure that your supply is always stocked.

In general, traveling with teams calls for unconventional physiotherapy: suddenly every cafeteria table becomes a potential treatment table, a traffic-free road becomes your gym and a 7 am to 8 pm shift starts to sound like a short day! Being a flexible therapist is crucial but it's this contrast from a typical clinical setting that keeps life with a team exciting.



# Education Update By Kevin Stoll, Education Coordinator

SPBC has begun preparations for our 2008-09 winter group of courses. We are pleased to have PABC present the fall evening lecture series in conjunction with SPBC, and our thanks to PABC for taking the lead in these presentations.

We are very excited to present our first Team Therapist Course, which will take the format of an evening lecture and 'meet-and-greet' on Wednesday, December 10. SPBC is pleased to have some of the best Sports Physiotherapists in Canada presenting at this event. Take the opportunity to learn from these experienced therapists and do some networking.

In early 2009, SPBC is planning another evening seminar with Chris McLean from Paris Orthotics/Sportmed. Chris will be discussing various topics surrounding the prescription of orthotics and we hope to get a brief tour of the Paris laboratory as well.

Due to a change in exam dates by SPC, we will be running the Certificate Prep Course on the weekend of March 14-15, 2009. The format of the course will

be changing slightly to reflect a larger focus on the practical aspects of the exam. There will be a mock exam run the following weekend to enable course participants the opportunity to practice their skills in an exam situation.

Finally, in May and June of 2009, SPBC will be putting on two single-day taping courses for physiotherapists wishing to improve their taping skills. This will be a practical course with several teaching assistants to assist with individual technique. The two courses will cover lower extremity and upper extremity taping separately to maximize participant learning.

## Bulletin Board

Here is a list of our upcoming courses:

October 23rd ~

### **Evening lecture series**

(Tyler Dumont speaking on Exercise Physiology)

November 20th ~

### **Evening lecture series**

(Carl Petersen speaking on High Performance Recovery)

December 10th ~

### **Team Therapist Course** (7-10 pm)

January/February '09 ~

### **Orthotics: When to prescribe.**

Presenter: Chris McLean

March 14th-15th, '09 ~

### **Certificate Prep Course**

March 22nd, '09 ~

### **Certificate Mock Exam**

May '09 ~

### **Taping for the lower extremity**

June '09 ~

### **Taping for the upper extremity**

We're in the business of offering **SUPPORT.**

**S P O R T M E D**

**Who Do You Treat?  
How Can We Help?**

Braces & Supports • OTC Insoles  
Exercise & Rehab Equipment • Athletic Taping  
Prescription Orthotics by **ortho**

**We Take Pride In Our Quality Service**

[www.sportmedstore.com](http://www.sportmedstore.com)  
VANCOUVER • BURNABY • PORT COQUITLAM • LANGLEY

KEEPING YOU IN THE GAME

# Photos from the 2008 Beijing Olympics

~ Courtesy of Ron Mattison, FM

