WORKSHOP THREE: SUPPORTING ATHLETES REMOTELY (CASE STUDY) ISSUES/CHALLENGES/ WHY APPROACH HAS WEAKNESSES/PLANS FOR **COUNTRY APPROACH BARRIERS WORKED WELL FUTURE IMPROVEMENTS** Financial Cost Point of communication Create a remote base Improved electronic central to major Home Sickness Return visits easier to communication competitions Lack of coaching at home organise Develop a sense of Familiarity with base personal space environs improves athlete Utilise local medical comfort **AUSTRALIA** providers except for (WAIS) significant injury **ATHLETICS** Family visits or home returns during long tours Communication Facilitate working S&C coach S&C network across Starting level – S&C coaches Scotland and athletes > Standardised and athlete relationships (& Deliver quality instruction terminology Enthusiasm for S&C Sports Coach) and supervision to all > Part time v full time Ownership and Open mindedness - not a Institute athletes across coaches traditional S&C outlook accountability Direct S&C coach/athlete Innovation based on science Scotland Sport specific lead S&C contact coach: Minor programme modifications > Central programme design > Individualised **SCOTLAND** programmes STRENGTH & > Ongoing monitoring CONDITIONof progress, **ING** attendance and training quality

COUNTRY	AFFROACH	BARRIERS
SOUTH AFRICA (EASTERN CAPE) RUGBY, SOCCER, CRICKET, NETBALL, HOCKEY, BOXING, GOLF	 Athlete support: disadvantaged backgrounds Virtual academy Transformation initiatives for all sports Regular attendance at training and competitions Eastern cape academy of sport- 4 regions (similar priority codes) Personnel involved – 1 manager, 1 administration assistant and 4 appointed departmental officials 	Operational – geographical landscape Training issue – appointment of head coach for squads, evaluation of coaches by service providers and athletes, annual training program in place, number of squad sessions conducted, training camps conducted for sports as necessary prior to competitions
	Disciplines Exercise physiology (2 personnel), Biochemistry (1), Exercise Psychology (1), Biomechanics (1),	Athletes and coaches sometimes want researchers to provide more detailed and specific comments with visual to

APPROACH

Working within budget constraints Dedicated volunteers Support from provincial federations Eastern Cape Academy of Sport - their programme - taken seriously Life Skills programmes athletes confidence and mind improvement become more positive throughout these programmes

WHY APPROACH HAS

WORKED WELL

Testing (Sports Science)

	not outsiders Ignorance of coaches, administrators and skills transfer Lack of funding from government Need more seminars of this calibre in South Africa – Affordability
•	More work with video analysis software such as Dartfish for further supporting athletes through the internet

WEAKNESSES/PLANS FOR

FUTURE IMPROVEMENTS

Understanding of Sport Science

Experts in SA to be used and

Rehabilitation (1) Services: online services (email or telephone) Comprehensive coordinating approach (team support system; **KORFA** there are three teams WRESTLING according to the categories of events; a record game, ball game and match game. One team is composed of 5-6 researchers and one researcher is responsible for at least one sport event One researcher as lead for sport

COLINTRY

correct their movement. Therefore, we keep trying to learn and use a video coaching software such as Dartfish for the technical supporting athletes remotely through internet Centralised model helps general communication

ISSUES/CHALLENGES/

 Using online and telephone support provides an interactive relationship with each other even during offseason or off-camp. This support establishes a rapport between athletes and researchers Asian culture has inherent respect for those who teach regardless of age coaches will always show respect for researchers because they are teachers Internet lectures on specific topics presented to coaches

APPROACH

Competed in 2000 Olympics

Background to case:

ISSUES/CHALLEN

GES/ BARRIERS

monitoring – heart

Following personal

training program -

strengths of training

Conflict of interest

Response to

altitude -

monitoring

Overtraining

rate protocol

in conflict with

with coach/US

athletes who are competitors

Cost implications Reactive funding

negotiation for RSA athlete to be based

with US squad

(Chose USOC -

squads

Individual

Colorado)

SOUTH AFRICA TRIATHLON	 RSA selection criteria doesn't recognise continental qualification unless from disadvantaged background so athlete has to compete abroad to win points to qualify Could train in Germany in Bundeslige and receive a training stipend, but will get over-raced Aim: Place an athlete in best possible training environment leading up to qualifying for Athens Provide holistic services and monitoring Services involved included physiology, medical, physio, massage Athlete based at altitude
	 Athlete monitored via prepared templates that athletes filled out, downloaded daily
	 To provide a level of support to athletes regardless of geographical location To maintain high performance base in a variety of communities across region at

COUNTRY

We have been able to support 200 athletes across a broad geographical area for the past 3 years Developmental athletes have been able to train in their own environments until they reach a point to join with national training groups Younger athletes remain in their home setting with support community This approach is also a requirement from the CSCA's	

WHY APPROACH HAS

WORKED WELL

performance training centres-

Direct liaison between medical

performance training centres

Training centres based at sea

Linkage between high

cooperation of US

personnel at high

level too

WEAKNESSES/PLANS FOR

FUTURE IMPROVEMENTS

Heart rate recovery download

Closer training diary

problems occurring

monitoring to prevent

Quality of services of support to Play a more prominent role in not always possible. the development of sport s of Sport expertise in tion schools performance science and Lessen the contribution to medical areas rarely individual athletes without a present in remote high performance oss region at CANADA the developmental level areas environment CANADIAN To encourage coaching Balance between Create regional pods of SPORT CENTRE excellence across geographical support for expertise in sport science **ATLANTIC** range by continuing to involve Continue to provide international. high performance coaches national level professional development (many are volunteers) opportunities for sport athletes and science and medicine service Support regional government younger emerging initiatives in high performance providers athletes sport

WORKSHOP THREE: SUPPORTING ATHLETES REMOTELY (CASE STUDY) ISSUES/CHALLENGES/ WHY APPROACH HAS COUNTRY APPROACH

ENGLAND ATHLETICS/ GYMNASTICS	 Sports Medicine, physiotherapy, conditioning, massage, ACE Camps Competitions Continuity of Performance 	 Multi events – range of programmes Prioritising recipients and resources Quality assuring professional pathway 		
SOUTH AFRICA DISABILITY SPORT (ALL CODES)	 Disciplines Sport Science (fitness & skill evaluation; programme design and implementation) Sport Technology (games analysis for evaluation of tactics/strategies) Sport Psychology (mental skills training) Sports Vision (visual skill development, anticipation and decision making) Physiotherapy & biokinetics (injury rehabilitation) Sports medicine and dentistry Aim: to provide a coordinated sport science and medicine support service to athletes with a disability throughout South Africa 	 Most athletes with disabilities have sever financial constraints (no personal financial resources) Funding through High Performance Programme of SA Sports Commission (with NAPCOSA's guidance) has been generous, but "stop and start" over the past 6 years, so few training camps Accessible transportation is rare in South Africa (non-existent in the rural areas) Physical education and sport in schools/special schools is dying; sports clubs are deteriorating BARRIERS "Inclusion" sometimes used as a "politically correct" position, rather than a real change in sport Continued prejudice against persons with disabilities in society in general 	 Partnership between Disability Sport South Africa and University of Stellenbosch Added value of additional project work and educational opportunities provided by DISSA to US creates a sense of excitement and purpose to the sport science support programme 20 years of sustained commitment and the development of expertise in Disability at Stellenbosch Undergraduate and postgraduate specialisation in disability sport can be mobilised to provide cost-effective services of a high quality and in an accountable fashion (equipment as well as personnel) Research productivity in disability sport ensure that best practices are followed 	 DISSA/Stellenbosch effort to include a module on disability sport plus experience coaching disability sport in all SA coaching qualifications Stellenbosch effort to train other sport science centres to deal with athletes with disability who live closer to them than to Stellenbosch Possible ways in which the Forum could assist: Encourage sport scientists, coaches and/or athletes with disabilities to come to Stellenbosch for seminars, workshops, training camps, etc, to stir national support for athletes with disabilities in general

BARRIERS

WORKED WELL

WEAKNESSES/PLANS FOR

FUTURE IMPROVEMENTS

COUNTRY	APPROACH	ISSUES/CHALLENGES/ BARRIERS	WHY APPROACH HAS WORKED WELL	WEAKNESSES/PLANS FOR FUTURE IMPROVEMENTS
NEW ZEALAND	 At Bid Stage Decision making factor ability to deliver full range of services within 1 hour travel time- where athletes live NZ 3 islands – 2 main islands (North Island: 12 hours; South Island 10 hours) All services/ coaching and athlete carding HUBS- satellites in most of main cities Partnerships with education institutes/regional sports 	 Cost benefit of small number of athletes South Island created mobile service unit-equipped with mini lab basic physiology/medical performance analysis Performance planners try and group schedule days 	Has it worked? • Yes and no. In some areas yes	Consolidate quantity of what we are doing
SCOTLAND SQUASH	 Provide identified services to squash players who are based outside of Scotland and spend much of the year on the tournament circuit Player introduced following DVT and the first objective was to manage her recovery back to competition; utilising personnel in S&C and psychology through her technical coach to enable local delivery, however mapped back to key institute personnel 	 Having set up the programme, we allowed it to happen and presumed it was working well. However the athlete had changed her technical coach and did not inform us! Psychologist had never worked with squash and required a considerable period of observation before being able to offer support Desire for sudden change of direction by the player 	Recognition that support is available outside Scotland and that it is tailored to the individual need of the player and sport	 A high performance manager for squash has been appointed by the governing body and he will be available to work with individual players and across the sport and develop sport specific providers Appointment of institute high performance coordinator who will be able to monitor more regularly the programmes and services put in place Improve contacts internationally to enable access to quality

COUNTRY	APPROACH	ISSUES/CHALLENGES/ BARRIERS	WHY APPROACH HAS WORKED WELL	WEAKNESSES/PLANS FOR FUTURE IMPROVEMENTS
ENGLAND TRIATHLON	 Physiology required, often at short notice when athlete home Medical/physiotherapy/S&C generally supplied elsewhere at a remote site Establish excellent communication with Coach, to ensure as much warning as possible, discussion often verbal following e-mail of report and data Planned work would allow rapid feedback Establish communication pathway with coach, NGB, and remote support staff 	 Coordination of required testing Relationships with "remote" team Lack of intimate knowledge of athlete's training and performances Putting into context for coach Developing relationship with athlete and coach 	 Experienced staff as physiology provider Supportive coach Knowledgeable coach, well aware of the sport's physiological requirements Remote team easily contactable, open for discussion, accepting of situation Remote and local support did not criticise or undermine each other 	Situation changed!
MALAYSIA MEN'S HOCKEY	 Provide medical support throughout tour: Team Doctor, team physio/athletic trainer, masseur Limited sports science service, according to background – e.g. nutrition, rehydration, mental approach, communicate and consult ISN HPT where required Performance observation – as member of ISN HPT (pre-tour and post-tour meeting with HPT, JKO) 	 To be accepted Respect for medical advice and decisions (on critical medical situations) – player first Provide quality medical management and player's fitness (injury) status Develop joint decisions for injured players' exclusion, return to training/competition Involvement in team discussions – medical, performance, social, travel issues 	 Appreciative and supportive coach and team management, support from L/O from IPD NSC Long-term consistent involvement – zero turnover for past 5 years (physio), 8 years (doctor) Developed faith and trust – great collaborative spirit, fruitful discussions and meetings 	Weaknesses Specific sports science personnel needed – psychology, conditioning, nutrition Performance observation and research on team Financial support for HPT presence in the team on tour/competition environment Assistance from Forum Assistance for medical needs – e.g. radiology, MRI, hospital stay

COUNTRY	APPROACH	ISSUES/CHALLENGES/ BARRIERS	WHY APPROACH HAS WORKED WELL	WEAKNESSES/PLANS FOR FUTURE IMPROVEMENTS
AUSTRALIA CYCLING	 Australian European Cycling base in Campagnola – Italy. 1 hr from Bologna, 2 hr from Milan Accommodation for male and female cyclists, coaches and support staff Easy access to major competition and training – 10 months of year Recently established a staff house – includes a gym, computer room for internet access and study, treatment room physiotherapy and massage Sports Science – Mapei – PhD students, exercise physiology, biomechanics 	 Athletes live in separate houses about 3km away from Staff House Promotes self sufficiency of athletes – cook and clean for themselves. AIS nutritionist visited recently Home sickness still a problem Access to medical services limited – e.g. wasp sting recently Females living together for long periods – billet with locals for a break from one another 	 Athletes adapt to lifestyle of fending form themselves and racing Built team spirit across all Australian cyclists in Europe Utilised by Australian professional athletes as well as younger national team members. Australian Junior Road team in Campagnola currently Head national coach based there 	Weaknesses Limited by budget Medical assistance and support on site Time difference between Italy and Australia if need to contact Girls struggle in group house for long periods Future plans Continue to refine and improve
USA GENERIC APPLICATIONS	 Performance Enhancement Teams – Coaching, Science, Medicine, Technology Sport Specific Centres – US Mainland only USAFE Base Support – Europe only Potential Partners Program (Colleges, Universities, Sport Commissions) www.usolympicteam.com/p otentialpartners/ Cooperative agreements between NOCs or NGBs/Federations 	 Not all sports have current, appropriate or effective PETs in place Limited to US, not too many sports can access or afford Limited to sites of existing bases, limited access in times of conflict Limited access and priority, almost always at a cost Difficult to control access to optimize opportunities 	 Coordinated, integrated approach that is proactive rather than reactive Sports have first priority at a single sport site US Bases in Europe provide comforts of 'home', reasonable costs Olympic sports are seldom profitable or partners who are looking to use the 'marks' Cooperation and competition bring athletes and countries together, sports build relationships 	 Clarify, promote, facilitate international cooperative agreements Develop a liaison relationship with the IOC to create, foster and broker cooperative agreements

APPROACH

COUNTRY

ISSUES/CHALLENGES/

BARRIERS

HONG KONG N/A	 Sports Science and Sports Medicine Training Monitoring Injury management and prevention Recovery 	 Accessing real-time data Burnout of staff doing on-field support Maintaining boundaries on extended trips 		
NEW ZEALAND WHEELCHAIR ATHLETES	 Holistic and target approach Focussed assessment on individual needs and locally available resources Athlete family support One individual to coordinate process Mobile unit to ease access to some services 	 Athlete to learn to drive. Reduce reliance on parents Develop more proactive assessment and identification of requirements Services tailored to address issues identified through regular screening Nutrition support as weigh is a major issue 		
SINGAPORE SWIMMING	 Sending athletes overseas for training and tertiary education Allow athletes to continue their swimming development while furthering their education 	 Monitoring of athletes and their progress when training overseas Accountability of athletes Athlete independence during competitions Different support personnel during training and competitions 	 Relatively 	 Regular reporting formats to be required from athletes based overseas Teaching athletes to be independent Managing expectations

WEAKNESSES/PLANS

FOR FUTURE

IMPROVEMENTS

WHY APPROACH HAS

WORKED WELL

COUNTRY	APPROACH	ISSUES/CHALLENGES/ BARRIERS	WHY APPROACH HAS WORKED WELL	WEAKNESSES/PLANS FOR FUTURE IMPROVEMENTS
CIRQUE DU SOLEIL	Each show has 2 teams and 2 physios on the road with them	 Recovery and managing load for 2 shows/day plus additional training and other factors e.g. travel Starting to use different tools e.g. coaching log book with qualitative information After a while on the road performers develop a discrepancy in performance and don't know why. Trying to use live coaching advice via specialist in Montreal to share information and corrective methods – video coaching and coaching of coaches via video link Not necessarily the highest specialist coach on the road – sometimes need to provide extra input General Discussion Recovery is a big issue when athletes are always on the road – tend to use intuition when with them – difficult when remote Angie Calder has work on the internet and published useful tools Athletes from high volume sports e.g. gymnastics – used to high load but tend to reduce load and only rely on show – leads to de-conditioning and becomes a problem – performers need to invest more in S&C to be able to sustain effort. Not much time spare so need to focus on doing correct things to maximise effect Difficult to use periodisation as always on a show. Looking at correct load and varying content of show to be more artistic and less stressful First 6 sessions only show improvement in training 		Need to renew knowledge of most current thinking on recovery and loading

WORKSHOP THREE: SUPPORTING ATHLETES REMOTELY (CASE STUDY) ISSUES/CHALLENGES/ WHY APPROACH HAS WEAKNESSES/PLANS FOR

COUNTRY	APPROACH	BARRIERS	WORKED WELL	FUTURE IMPROVEMENTS
GENERAL WORKSHOP DISCUSSION	 Use of polar system to record information on triathletes and send data to central computer to analyse loading All endurance runners analysed for HR, lactate, tec, and sent to lactate for Slovakian team Czech team use video recording but not real time feedback Hungary using GPS for HR monitoring for Kayak Korea use HR monitoring during competition and then replicate during training USSR – 30 years ago used telemetry for recording bio parameters of every step of running and analysed on line. Worked within the range of the stadium 	 Hungary – effect of globalisation – many athletes go overseas to their detriment. There is a lack of communication between nations to support athletes who go overseas New problem of losing coaches to higher paying countries International links are much stronger within sports than between institutes Issues over which system they tie into for training programmes? Home training or that of host nation? 		 CdC provide the individual with sufficient autonomy to tap into the services as required. In essence to self – coach as an extension of the self-monitoring Can the IF broker agreements to support athletes from other countries? Maybe on only services like physio and medical services rather than team or coaching environment