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Professional Soccer Athletic Trainers' Society



Soccer Injury Prevention Strategies MLS Medical Evolution- From the Truck of the Car into the Professional Medical Performance Team



Michelle Lafiosca A.T.,C. And Rick Guter A.T.,C. PT New York Red Bulls

We welcome a new regular contributor the Professional Soccer Athletic Trainers Society (PSATS) to Performance Conditioning Soccer. Each submission will provide coaches, parents and athletes with the latest strategies in prevention injury and maintaining a healthy soccer lifestyle. The mission of the Professional Soccer Athletic Trainers Society (PSATS) is to serve as an

educational resource for the Major League Soccer athletic trainers. PSATS serves its members by providing for the continuing education of the athletic trainer as it relates to the profession thereby improving the athletic trainers understanding of sports medicine as it relates to soccer. PSATS strives to improve the education of its members so that they may better serve Major League Soccer, their organizations, and the professional soccer players under their care. PSATS also serves as an educational resource for those outside of the professional soccer community to better educate them on the role of the athletic

trainer within the sports medicine team. Thank you PSATS!-ed

Michelle Lafiosca - Assistant Athletic Trainer

Michelle Lafiosca enters her second season as the Assistant Athletic Trainer with the New York Red Bulls. She joined the organization with a diverse amount of experi-



Michelle Lafiosca



Rick Guter

ence in athletic training including working in physical therapy clinics, serving as head athletic trainer at the high school level in Charleston, WV and working as a clinician designing custom foot orthotics. Prior to joining the Red Bulls, Lafiosca was the Assistant Athletic Trainer at a Stevens Institute of Technology in Hoboken, NJ.

Rick Guter - Head Certified Athletic Trainer

Rick Guter begins his third season with the Red Bulls as the Head Certified Athletic Trainer after spending a year in a similar capacity with the Columbus Crew, where he was recognized as MLS' Top Athletic Trainer of the Year. Prior to that, Guter spent three years with Commonwealth Orthopedics Therapy in Vienna, VA, as a physical therapist and athletic trainer and director of COR's Elite Athlete Sports Therapy Center.

Guter also served as the Head Athletic Trainer for D.C. United from 1996-2002 and has been on the U.S. Men's National Team Medical Staff since 1995, serving as the National Team's Head Athletic Trainer from 1995-96. Aside from 2006, Guter also took home MLS Trainer of the Year honors in 1996 and 1997. Guter was one of the athletic trainers at World Cup 2006 in Germany.

"Many may be qualified, but few can do it well"

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hen Major League Soccer began in 1996, the typical medical staff usually consisted of one athletic trainer and one team physician. Often times the athletic trainer operated individually, sometimes working out of their cars for practices, and at times had very limited interaction with the team physician which was usually only on game days. Some teams were fortunate enough to have medical personnel volunteer their time including dentists and chiropractors, but often times the athletic trainer operated alone. This was the way most ATC's were educated and trained, it was really just business as usual. We are taught to make due with what we have and make the best of it. Obviously this is not ideal, but in the early days of MLS this was often the norm and not the exception. Between the ATC and the team physician, all aspects of the athletes' care were to be covered. From the players injuries to their rehabilitations, to the team warm ups, and strength programs, these were all tasks that the 'medical department' was expected to cover. In addition to this, often times the athletic trainer was called upon to manage the players' diets, educate and manage the use of supplements, as well as run the

drug testing program. All of these tasks the medical personnel had training and education for, and were likely the most capable of managing, however perhaps we were being spread a little thin. The old adage 'jack of all trades, master of none' seems appropriate here. To complicate matters, many times in the early years, when things needed to be cut out, it usually comes from the medical side. Is the player's health really where you want to be cheap?

However, as the MLS has grown, so has the need for a more comprehensive medical staff for each of the individual team. As rosters have increased, salaries raised, stadiums built, so has the need for additional and better medical personnel been required to compensate for these changes. With millions of dollars being spent on state of the art facilities and commodities of the organization, why would we think stopping short of nothing less than a fully staffed sports medicine team be any different?.

Most teams now employ two full time athletic trainers, a full or part time massage therapist, and many teams now also include a full or part time strength/fitness coach on their staff. As for ancillary staff, most teams will have a chiropractor that attends most if not all games, and usually will attend at least one training session a week to aid in the care of the athletes. Many team physicians have on site clinic hours during one of the team trainings each week which allows them to keep closer tabs on the player's health. Additionally most teams have expanded their physician rosters to include orthopedists from many different specialties such as general practitioners, internal medicine specialists, and most if not all have close ties to a team dentist.

Often times through these team physicians; teams have access to an extended network of other specialists which facilitates a broader spectrum of medical care access. In addition, having a number of extended resources means being able to provide our athletes with exceptional access to medical care but also equates to less training sessions/games missed.

Developing and coordinating this comprehensive medical staff with so many skilled health care professionals will prove only as good as the line of communication that exists among them. This includes communication with the administrators and coaching staff as well. This topic has been discussed within our profession for years and the evidence that it continues to be a top concern comes as no surprise. Many studies have shown that the most successful teams in the world have a medical voice in all matters that involve decisions of the team, from player signings, to daily training plans.

It is often the role of the head athlet-

ic trainer of an MLS team to be the team captain and organizer of the medical team. The head athletic trainer is the person that the administrators and coaches will come to get information and direction as to player's availability. The Head ATC is often also the deciding point on how a person will be treated, when, and who will be doing the treatment. The Head ATC must be the conduit for all other members of the team. This means collecting information from the staff, pare down this information so that it may be disseminated to all the members of the team as well as the coaches and other team administrators. The Head ATC must possess good communication skills, a wide range of professional skills as well as a level head, so that he/she may be seen as the calm in the middle of the storm. The Head ATC is often the daily contact for all the members of the team to keep them updated on the status of all players. He/she must also maintain a 'pulse' on how to proceed with each player in his care. Often times player A must be treated differently than player B. Additionally, the head ATC must possess a number of different tools to be prepared for each player and their individual needs. As you can see, the head athletic trainer has a lot going on, besides the normal care of the player. It is for that reason, that most organizations have hired an additional person to aid in the care of the team. It is important that the head and assistant athletic trainers be of the same mind set and has a common vision on how to manage the players care. While the Head ATC may be in charge, it is important that the assistant thinks similarly and can work seamlessly together. If the players sense any difference between the two, they will exploit that to there benefit and off set any positives that may be developed.

The assistant athletic trainer position is quickly becoming a standard part of the team medical care in MLS. Initially, this meant managing the care of the reserve team players with daily treatments/injuries and providing coverage for all reserve matches. This year the reserve leagues has since been distinguished, however, the job expectations have not changed all that much.

The asst athletic trainer serves as another set of hands and eyes for the head athletic trainer. This means being willing and able to provide an alternative insight into the treatment and management of a players program. To work closely along side of the head athletic trainer in discussing the plan of care on a daily and weekly basis.

The assistant athletic trainer is looked upon to contribute clinically in the assessment and treatment of injuries as well as designing rehabilitation protocols. To discuss our ideas or recommendations with the head athletic trainer, team physicians,

strength coach and the massage therapist. In addition, the asst athletic trainer is expected to help with the administrative responsibilities shared by the head athletic trainers such as scheduling doctor appointments, handling medical bills and filing workers compensation claims.

The training staff, as previously stated, is the "pulse" of the team. They spend a lot of time with our athletes interacting with them in all phases of their career. This includes when they're at the top of their game but also when it seems to them they have hit rock bottom. This means lending not only our helping hands but also our listening ears. Through this relationship, the assistant athletic trainer can be yet another line of communication for him/her to the head athletic trainer with athlete management.

A strong, unified and confident relationship between the head and assistant athletic trainer is paramount for the success in the medical care of the team. We expect one other to bring to the table their individual ideas and creativity on how to best keep our team healthy. Through this philosophy we are able to provide collectively the best care possible in keeping the athlete's health care our priority.

Many teams have also brought on board general medicine physicians to their medical staffs. The demands on physicians that work in professional sports is different than those of your normal doctors, so you see a number of these individuals involved with other professional teams ranging from the NBA to the NFL. Each brings a unique background of expertise and experience from their work with other high level athletes.

The role of the general medical practitioner working with professional sports teams has increased in demand and complexity over the years. Sports medicine from a general medical prospective covers everything from performing physical exams to diagnosing and managing the wide range of general disease presentations. This includes knowledge of the cardiovascular, pulmonary, neurological, and neurohormonal systems of the body. Mood disorders including depression anxiety are also within the repertoire of the general medicine physicians. In addition, the internal medicine physicians to help manage health conditions such as exercise induced asthma, sickle cell trait athletes, hypertension, and dermatological concerns all in a collaborative effort to keep our players from missing time on the field.

As a medical staff, we rely on our internal medicine doctors to be easily accessible for our athletes in an event an issue develops. With the advent and inclusion in so many out of country tournament, games and camps, it is important that teams include physicians in their travel parties so that they

may be on hand to handle the unexpected medical conditions that may arise from this travel.

Understandably, not every team will be able to have doctors travel like this. However, it should be expected that teams have access to a general medical doctor at their disposal when necessary. This past season we had the H1N1 flu virus spreading rampant throughout our country. With the amount of travel done across the country and internationally, team often find themselves relying heavily on general physicians and internists to help recognize symptoms and expedite immediate care with anyone suspected may be suffering from this virus. In many cases, having our physicians on staff prevents our players from missing training sessions waiting for appointments elsewhere.

As mentioned previously when the MLS first began, the sole team physician was usually a general orthopedist, and he handled any and all musculoskeletal issues as well as the occasional general medicine problem. But just as we have seen a need for more folks involved across the board, we have also seen the importance of having orthopedic specialists be included in the staff. Most teams now have on board a specialist in just about any joint imaginable. Additionally you have seen many teams have not only a Medical director who is generally an orthopedist, but also associate team physicians as well. These too are generally orthopedists, but usually with a different specialty. As the stakes have risen in the players, so has the need for each problem to be dealt with by an expert. Again it is more important now to have a master of one, as opposed to a jack of all trades. The time lost with being out an extra week or two for a problem again is measured not only in the record, but also the turnstiles of the stadium. It is important that we are able to have our athletes seen same day if necessary but usually no more than one day wait for an evaluation. Having our own team physicians at our disposal makes a huge difference in expediting our team medical care and reducing missed time for our athletes. Additionally as the league has grown, so you have also seen an increase in including not only specialist that are local for a team, but also experts that are world renowned. Having someone go see a hernia specialist in Germany, a concussion specialist in Pittsburgh, or a hip specialist in NY or Colorado is now common place.

The NYRB organization is fortunate to be able to staff a full time massage therapist. We made this commitment because we believe the massage therapist is an important adjunct to the comprehensive medical care provided to our athletes. Along with the entire staff, the massage therapist works closely with the certified athletic trainers in

contributing to the rehabilitation and recovery of the athletes. The massage therapist is trained to recognize and treat specific myofascial restrictions, decreasing joint inflammation, muscular adhesions and scar tissue, and recognizing general muscular tightness or imbalances which may be precursors to future muscle strains or sprains. Having access to daily massage treatments is an important part of the recovery process in ridding overworked and fatigue muscles of lactic acid accumulation allowing athletes to recover efficiently from rigorous day to day sessions.

They are an integral part of the preventative, post injury and return to play protocols in providing a soft tissue work plan for a specific injury or post operative athlete. Many days as certified athletic trainers we don't always have the time to spend doing the soft tissue work that we know will be beneficial to our athletes which is why a full time massage therapist is an important factor in helping us to provide this service to our athletes.

With the expansion of the league, many teams have added a full time strength and fitness coach to their staffs. This individual has become a great addition to the medical staffs. The role of the strength and fitness coach has changed dramatically over the years. Traditionally we would be responsible for doing general strength training to get basic size and strength while running the players to get some general fitness. Today things have become a little more specialized yet with the requirement of working hand and hand with the athletic trainers, medical staff, massage therapist and coaches.

Currently as strength coaches, we are responsible for assisting the Athletic Trainer with reconditioning the injured athlete. What can we do around the injury to keep a fitness base initially? After a period of time the athlete will be ready for more progressive strength work. During this transition phase the strength coach works with the contraindications set forth by the athletic trainers and creates a program to bring them back to full status.

Strength, Power, Speed, Agility, Warm-up, Cool-down, Flexibility, are still the basic objectives for the strength coach but improving how the human body functions through movements is a crucial element as well. Improving movement mechanics, muscle length-tension relationships, synchronization, muscle symmetry, balance/proprioception, comprehensive core development, landing mechanics, speed mechanics etc. are all important as well. The strength coach must work with the trainer, and massage therapist to tailor programs to individual needs.

The latest development in the strength coach's role is assisting the coaching

staff in planning the training/practice week. The strength coach consults with the coach about when to place hard/overload training sessions and when recovery/underload sessions are needed. This helps the medical staff in the sense that properly planned weekly schedule will raise fitness levels, recovery and player preparedness, thereby lowering the injury rates.

As the league has developed it has become tantamount to involve the skills of chiropractic physician in the care of our players. It is important that this individual mesh well into the overall scheme of the medical staff, and possess multiple skills. We have been lucky to have found such an individual. Like other persons on the MLS medical staffs this person also either has current or past affiliations with other professional teams. As mentioned previously the team chiropractors usually come once per week to our training site and also comes to our home games. The role of the chiropractor is comprehensive in that they are trained and edu-

cated on musculoskeletal disorders, skeletal misalignments and some are trained in Active Release therapy (ART) as well as Graston technique certified. Having a chiropractor available to our team is simply another resource used in maintaining and treating the various musculoskeletal injuries seen in our profession.

Finally teams are beginning to venture into some alternate domains to aid in the care and preparation of their players, we at RBNY have a private yoga instructor come to our training facility to teach and train our players in strength and flexibility. Our athletes have responded positively to this unique approach to maintaining the team health and fitness. We feel it is yet another piece of the comprehensive puzzle in providing our athletes with as many tools as possible in keeping them on the field and injury free. Like other members of the staff, because of the unique demands and uniqueness of the position these ancillary personal usually also are involved with other professional sports and

teams.

As one can see by this article, no longer are medical personnel and staffs the first to be looked at when budget cuts are to be made, they are now thought of as an intricate part of the success of the teams. The growth of the medical staffs across the league both in terms of size and of the quality of personnel involved is a direct reflection of its importance to the teams and organizations. Additionally this growth is on sign that Major League Soccer is beginning to see and acts like a MAJOR league. ●

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