

WELCOME TO THE WEBINAR!

CREATING A FUNCTIONAL SPORT PERFORMANCE TEAM

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- Your microphones are muted. Feel free to ask me questions using the question/chat box in the lower right-hand corner of your screen.
- Please submit questions for our presenter throughout the presentation using the questions tab. Questions will be addressed during a Q&A session at the end.
- The webinar will be recorded -- a link to the recording will be e-mailed to you by the end of the week. The recorded webinar will be available at www.HumanKinetics.com/Webinars.
- This webinar is presented in collaboration with the Collegiate and Professional Sports Dietitians Association (CPSDA). It is not currently approved for CEUs/CECs.
- For additional questions, view the webinar FAQs found at www.HumanKinetics.com/Webinars.



HUMAN KINETICS

The Information Leader in Physical Activity & Health

CREATING A FUNCTIONAL SPORTS PERFORMANCE TEAM

Becci Twombly, RD CSSD

Director of Sports Nutrition

University of Southern California

Fuel On!

OBJECTIVES

- Show how a sports performance team can enhance the care of the student athlete.
 - Identify the members of the performance team and the roles that they play.
 - Illustrate a model of a functional sports performance team when the sports RD serves as a consultant to a school or organization.
 - Describe a Sports Performance team when the sports RD is a full time staff member.
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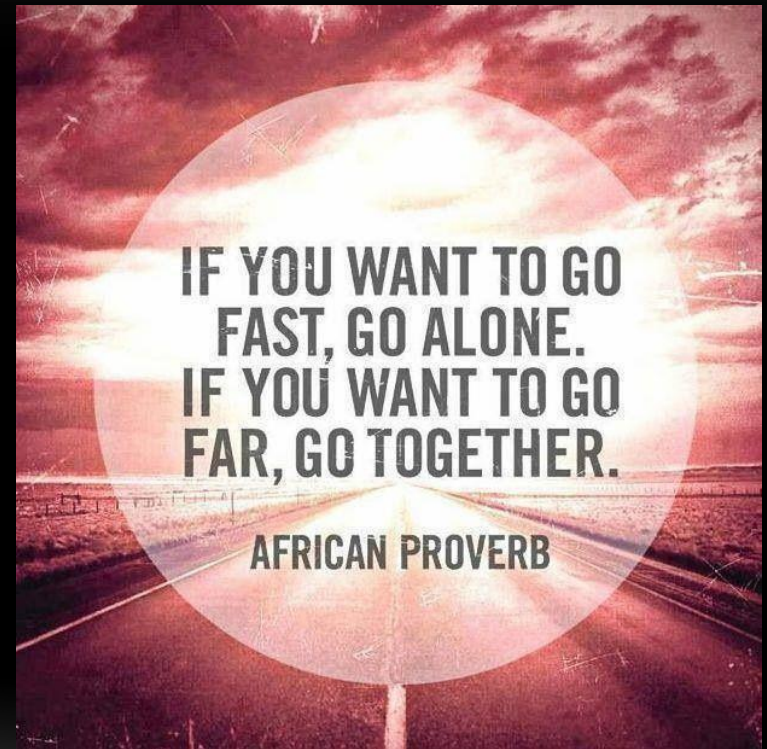
WHY HAVE A SPORTS PERFORMANCE TEAM?

Identify department wide issues.

Collaborate on solutions

Create a united voice to increase the athletes' accountability

Provide a network of support for each other



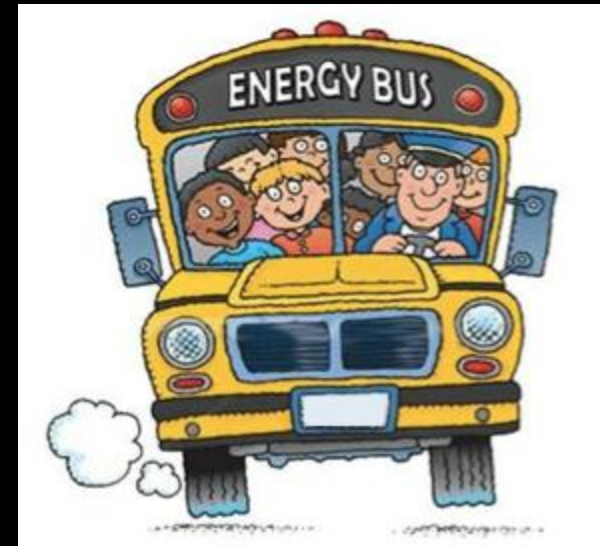
MUTUAL RESPECT

Everyone on the team was hired to do a job.

Each persons priorities are centered around getting their job done.

Since the goal to make the athlete better is the same... use each others talents to make one another better.

What drives your coworkers? How can you **INSPIRE** them to make fueling a priority?



TEAM MEMBERS

- Team Physician
 - Athletic Trainer
 - Physical Therapist
 - Sports Psychologist
 - Strength Coach
 - Sports Administrator
 - Sports Dietitian
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TEAM PHYSICIAN

- Family Medicine & Orthopedics combine to create the vision and mission of the sports performance team.
 - Annual Physicals (Pre-participation Exam - PPE)
 - Educational planning
 - The things that are most important to your team physician are the things that will get the most focus.
 - Bloodwork and supplementation
 - Rehab Protocols

The team physician is the ultimate decision maker in the care of the student athlete, therefore it is **CRUCIAL** to understand their goals and determine how your goals can be accomplished within that mission.

ATHLETIC TRAINER

- Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.
- ATs work under the direction of physicians, as prescribed by state licensure statutes



ATHLETIC TRAINER

- The Gate Keeper: Often times is the person with whom the athlete spends the most time.
 - *Movement specialists - think FUNCTION.*
 - Work LONG hours
 - Have the trust of the athlete
 - Field questions and have responsibility WAY beyond sports medicine.
 - Often are the best person to execute hydration protocols, vitamin/mineral supplementation & coordinate the care of other support staff.
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PHYSICAL THERAPIST

Physical therapists (PTs) provide services that help restore function, improve mobility, relieve pain, and prevent or limit physical disabilities of athletes with injuries or disease

Within the athletic department, they generally coordinate the post-op rehab for athletes. They have a lot of one on one time with injured athletes.



SPORTS PSYCHOLOGIST

Just like sports nutrition, this is a new addition to athletic departments that is often underutilized due to lack of understanding.

- Improved confidence
- Dealing with injury and/or failure
- Disordered eating
- Body image
- Coping with Pressure
- Improved Sleep
- Overcoming addiction



STRENGTH COACH

Certified Strength and Conditioning Specialists (CSCSs)

Professionals who apply scientific knowledge to train athletes for the primary goal of improving athletic performance.

- Often times, they are an extension of the coaching staff.
- Their programs are carefully established to compliment the needs and objectives of the Head Coaches style of play.



STRENGTH COACH

- The Enforcer: Often times is the person the athlete fears the most.
 - *Performance specialists - think **STRENGTH, SPEED & ENDURANCE.***
 - **LEAST** amount of job security on the Sports Performance Team.
 - Have a **DIRECT** line to the head coach.
 - Often are the person held accountable when athletes are not prepared to compete.



ADMINISTRATOR

Allocation of Resources.

Financial Planning

Decision Maker

Mediator

The best administrators take in the information from the experts and help formulate a plan to accomplish the team goal.



SPORTS DIETITIAN

Sports dietitians ensure quality care by making sure athletes are well nourished, properly refueled after exercise to speed full recovery and well educated about the life-long benefits of making wise nutrition choices.



SPORTS DIETITIAN

- The “Good Cop”: While the ATC and Strength Coach create breakdown, the Sports RD always gets to rebuild.
- *Recovery specialists– think **RESILIENCE***
 - Improves efficiency of muscular adaptation
 - Improves recovery time of injured tissue
 - Completes the circle of care between the ATC & S&C



THE TEAM

Together all disciplines make each other stronger.

Reinforce messaging

Enhance programming

Establish a culture.



Recovery 30

Problem: Decreased numbers r/t NCAA sanctions.

Concern: Overtraining & increased risk of injury r/t extra reps

Solution: Increased Recovery Efforts

Friday: Massage, antioxidant smoothies, stretch, roll out
Mg Soak

Saturday PRE GAME: Hydration/Electrolyte program,
dynamic warm up & stretch.

Saturday POST GAME: check in with ATC for fatigue
scale, antioxidant drink, cold tub, Mg soak

Sunday: Recovery “lift”, antioxidant smoothie,
massage, contrast & roll out.

ATHLETE CARE COMMITTEE

Established by Felice Kurtzman, MPH, RD and Lorita Granger, ATC at UCLA in the mid 90's to combat a growing number of high risk behaviors within the athletic department.

Monthly Meetings with the sports performance team to review **EVERY** team in 60 minutes or less.

By scheduling “rounds” on the athletes, consultant support staff can present and in the loop of all things happening within the department.

ATHLETE CARE COMMITTEE OVERVIEW

- Mandatory Attendance:
 - Family Medicine Physicians
 - ATC
 - Sports RD
 - Sports Psych
- Optional Attendance:
 - Strength Coach
 - Academic Advisor
 - Sport Supervisor

TIME IS VALUABLE

Preparation is key to making this meeting run efficiently.

Prior to the meeting:

ATCs: Meet with Head Coaches

All support staff:

communicate **HIGH RISK** athletes to the moderator

Moderator: Creates a schedule based on acuity

ORGANIZATION

Following the schedule of the moderator, each ATC has time to discuss each high risk athlete on their roster. An action plan & intervention is implemented immediately. As soon as the ATC is done with their team, they are excused from the meeting.

Athlete	Issue	Action Plan	Staff Member Assigned	Deadline
Joe Bruin	Overtraining, Stress fx	Nutrition Education	Sports RD	Weekly
		Rest & Bone Stim	ATC	Daily
		Injury Counseling	Sports Psych	Monthly

PROS AND CONS

- Communication between departments is consistent.
- Athletes individual needs are addressed
- If the moderator takes the committee seriously, athletes don't fall through the cracks.
- Communication between departments is only once/month
- Department wide issues may be overlooked because of time constraints.
- It takes a strong leader to keep the committee on track



SPORTS PERFORMANCE TEAM

Established as a result of feedback to the AD who oversees Sports Med, Strength & Conditioning and Sports Nutrition that communication was not consistent.

Weekly Meeting to bring all arms of the athletes performance team together to discuss innovation, efficiency and outcomes of all things related to improving the performance of the athlete.

OVERVIEW:

- 60 minute Meeting
 - 30 minutes ongoing issues & progress since the last meeting.
 - Notes are taken and Action plans created
 - 30 minute presentation
 - New technology
 - Need for new protocol
 - Areas currently underutilized

RULES OF ENGAGEMENT: Everyone **MUST** have thick skin, understand constructive criticism & remain humble at all times. What is said in the meeting **STAYS** in the meeting.

MANDATORY ATTENDANCE!

Meeting is lead by Senior Associate AD

- All other administration is invited.

Directors of Sports Medicine, Sports Nutrition and Strength of Conditioning & Sports Psych.

- Members of their staff are invited based on topic of discussion.

Administrative Assistant is present for note taking and follow up.

PROS AND CONS

- Communication between departments is consistent.
- Department wide needs are assessed constantly.
- With all the decision makers in the room, small issues can be resolved quickly.
- Communication requires a strong commitment to attendance.
- Department wide issues are slow to resolve which can be frustrating.
- It takes a strong leader to keep the committee on track



IMPORTANT TO REMEMBER

Fostering good relationships is what makes a team strong.

No one model is going to work at every institution.

For real work to get done, everyone needs to know their strengths
AND their weaknesses.

Stay **HUMBLE** and always look for ways to get better.



QUESTIONS?



Thank you to Bridget Melton and Human Kinetics for this opportunity

Thank you to all of my colleagues, past & present, who have taught me so much about what it means to be a team.



THANK YOU FOR ATTENDING!

- Thanks to Becci and CPSDA for sharing their expertise today. For more applied education and cutting edge science attend the CPSDA Annual Conference in Point Clear, Alabama, May 18-21, 2015.
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