



INAPPROPRIATE MEDICAL PRACTICE WITH YOUNG GYMNASTS

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Poor or inappropriate medical practice may be defined very roughly as not focusing as an absolute priority to the health of young athletes to the detriment of any other consideration including, what is relevant in our case, a sports performance.

I'll address only inappropriate, respectively abusive or dangerous medical practices concerning more specifically the **health of young gymnasts** and their physical, psychological, educational and harmonious development.

Such practices are predominantly characterized by the **lack of respect or insufficient respect or by the absence of consideration of potentially health hazardous behaviors on the short, medium or long term with the aim to improve the performance:**

Does it result from a conscious behavior with full knowledge of risks? Or from ignorance? Or from sheer ineptitude?

Such inappropriate medical practice, largely untold, **must be viewed within the much broader framework of the respect of children and teenagers**, childhood and teens, deviations and abuses which can be extremely serious and punished by law. They are moral, physical and psychological abuses committed by those having authority over youngsters.

As a rule, young athletes have a limited access to the decision-making process. The moral, ethical, technical responsibility of a medical team, the entourage, coaches and parents is huge. They decide about everything on their name, including all that relates to their health and possible risks.

They must trust everyone hoping that their expertise and ethics will prevail over their fascination for the performance which would also value them at all costs and, sometimes, to the detriment of health.

This inappropriate medical practices are most often characterized by the:

LACK OF RESPECT TOWARDS

- Physiological, psychological, social and relational limits and needs as well as health practices in relation with the growth process,
- Biomechanical limits of the joints of young gymnasts,
- Fragile growth joint zones and associated diseases,
- Daily physiological recovery time after an accident or a medical pathology,
- Possible toxic effects of repeated treatments,
- Legal medical rules and medical/ethical principles which must rule the protection of health of young gymnasts.

ABUSES and SHORTFALLS of the MEDICAL FOLLOW-UP of young gymnasts

Physical and technical training

Prevention, recovery

« to take the time »

This is about **care and medical treatment** and **health practices** which are being neglected or abusive very often in order to **save time** and reduce physiological recovery time, respectively to make up for a lack of physical training.

To save time in order to get fully focused on the preparation of the technical skill is a wrong decision by the coach. The medical team should not get involved in this strategy by committing inappropriate medical acts.

In practice, this means the intention to make up for shortfalls by:

- The systematic overload of medications such as vitamins, minerals, etc. given empirically without any biological control of a possible deficiency
- The use of « supplements » whose efficiency or non toxicity were never proven
- Insufficient rest or sleep hours
- The quantitative and qualitative lack of food resulting from discordant, non physiological and, most important, inappropriate or even dangerous diets in view of the physical activity needed during the growth period. Loss of weight for sport requirements is subject to restrictions and ruled by principles and it must be controlled by the medical team in charge of the health of athletes.

Treatment of pathologies

Abuses, shortfalls and excesses are the following:

- Uninterrupted training or competition notwithstanding a serious pathology and incomplete healing
- Compensatory overuse of pain medication, non-steroidal anti-inflammatory drug and local corticosteroid injections

Repeated injections are hazardous for the development of the growth joint zones. It is often a bad medical practice meant at saving time without considering the recovery physiological process.

Note: the use of potential health hazardous substances or of inappropriate medical methods in order to improve the performance **is something similar, in mind, to the definition of doping** even though the substance is not on WADA's official list of prohibited products. Whilst such behavior is contrary to the medical and sports ethics, it is not sanctioned under the doping fight but may progressively lead to the use of such prohibited products by contributing to trivializing their use, especially in Women's Artistic Gymnastics with the use of diuretics (furosemide in particular) in order to simply reduce an overweight hardly conducive to acrobatic skills.

This is also an abuse and a poor practice of medicine

This is more the result from the lack of responsibility of the entourage than of the physician

Responsibilities

The challenge: performance and health

A skillful, reasonable and ethical practice of medicine with an independent decision-making process **should not oppose performance and health** but make them compatible or even complementary.

The responsibility for abuses, shortfalls and poor medical or paramedical practices goes largely beyond the sole responsibility of the **medical team**.

Whilst legally and technically speaking the medical field goes beyond the expertise of the **gymnasts' entourage** and the **authorities**, it does concern them nevertheless.

- **Governing institutions :**

International federations, national federations, clubs, governments and sports bodies must preventively adjust their rules but also their ethical rules in line with a healthy practice for young athletes. Stringent sports rules and overloaded calendars incite them to reduce the recovery time and to prefer artificial solutions detrimental to quality health treatments in order to reduce the recovery and healing periods.

- **The entourage: performance versus health or performance and health?**

The behavior of the entourage may drive to abusive, inappropriate or even health hazardous practices.

- **The medical and paramedical team :**

With their expertise in sports medicine and specific nature of growth they must manage the medical follow-up of the young gymnast and make **decisions independently** without any pressure from the institutions or the entourage although based on the information notified by the entourage and particularly be the coaches and the parents and in accordance with strict medical ethics and sports principles.

- **Coaches**

Must be the main informers and collaborators of the medical team because they spend hours in direct contact with the young gymnast. Their knowledge, their educational expertise and their ethics may prevent several pathologies. However, they must avoid prescribing treatments or prescription drugs, i.e. making any medical decisions which are illegal, not under their liability and which can be considered as medically inappropriate.

- **Parents**

It might be tempting for them to take the medical lead over their children with « prescriptions » not always harmless and sometimes even health hazardous. When it comes to health hazards, they sometimes have an excessive attitude, in both ways, and may either accept major risks for the health of their children for the sake of sports performance or show undue protectionism.

- **Young gymnasts**

Can sometimes use self-medication but, most important, can hide a pathology in order to carry on training or excessively complain to reduce the intensity of training. By doing so, they may cause misperceptions and poor practice of medicine.

Abuses and poor, potentially health hazardous medical practices aimed at emphasizing or accelerating the access to performance are not frequent behaviors. Yet, they must be denounced, especially when it is about young athletes who are not entirely able to assess, judge and contest.

Medical teams, coaches, parents, officials refusing to compromise and to deviate do know that the only way to access to a **long-term performance** is to comply with the growth physiological and psychological processes and with the children's dignity.

Children developing and producing long-term performances relate to their good training practices. Health and performance are not incompatible. On the contrary, they are complementary.