IOC Medical Commission was created in 1967 and has been chaired since March 2003 by Prof Arne Ljungqvist (SWE). The IOC Medical and Scientific department is the administrative support of the Commission.
Terms of reference

Its goals are based on the following principles:

- protect the health of the athletes
- defend both medical and sport ethics
- give each athlete the same chance at the moment of the competition

The IOC Medical Commission wishes also to provide efficient help and support to the athletes and their medical entourage
Main goals

- Since its creation until 1999, the role of the IOC Medical Commission was mainly dedicated to the fight against doping.
- However, despite the fact this fight has to be repressive, the work of the IOC Medical Commission has always been turned towards positive aspects to provide athletes with advice on how to increase their performances without jeopardising their health.
- Since 1999, when the IOC has decided to create the World Doping Agency, the role of the IOC Medical has slightly changed and its involvement in the field of the protection of Athlete’s health is even more important than in the past.

Composition of the IOC Medical Commission

Organisation chart of the IOC Medical Commission

IOC Medical Commission
08 Members

Women and sports

Ad Hoc Working groups
Nutrition, BChP, SHA,
Children, adolescent and sports

Games Group
12 Members

Medical & Science Group
17 Members
Composition of the IOC Medical Commission

- one president (IOC Member)
- 5 additional members of the IOC
- the coordinators of the following working groups:
  - Games
  - Medical & Scientific

Games Group

- Meet at the time of the Games
- the IOC Medical Commission members
  - OCOG Representatives
  - 3 laboratory experts
  - One dentist
  - One physiotherapist
  - One specialist in Sport Medicine
  - 1 representative of ASOIF and AWOIF
Games Group role

• implement at the time of the Games IOC anti-doping rules
• monitor the process of the doping control conducted by the OCOG and in compliance with the standards of the World Anti-Doping.
• liaise with NOCs physicians and discuss medical issues with them. IOC MC has office hours at the Polyclinic of the Olympic Village
• implement an injury and disease prevention programme in collaboration with OCOG physicians, NOC team physicians and IF representatives

Games Group role

• monitor medical files in connection with TUE (Therapeutic Use Exemption) through its ad-hoc TUEC

• Monitor Whereabouts in collaboration with NADOs and Ifs (major role of RTPs)
Medical & Scientific Group

The IOC MC will develop the IOC’s scientific activities in the field of sports sciences so as to position the IOC as THE REFERENCE in sports medicine and bio-medicine.

This group is composed of scientists and specialists covering different fields of the sciences related to sport:

• biomechanics
• physiology
• study of allergies
• traumatology
• sports for the disabled represented by IPC

Medical & Scientific Group

The group is the initiator of the following consensus

• Nutrition in Sports
• Sudden Cardiovascular Death in Sport
• Sex reassignment and sports
• Female Athlete Heart
• The Female Athlete Triad
• Sexual harassment and abuse in sport
• Training of the Elite Child Athlete
• Molecular basis of injuries
• Fasting and sports
• Pre Health Examination (PHE)
• Non-contact ACL injury in female athlete
• Age determination
• Asthma in Elite Athletes
Why we are here?
Prevention of Injuries and diseases in sport

- Prevention of injuries and security and safety in sport is one of the main tasks in which the IOC is involved.
- IOC Medical and Scientific Department is working in close collaboration with IOC Sports Department and IFs on this issue.
- The IOC Medical Commission is working in close collaboration with the Academic community.
Evolution of the IOC injury and illness surveillance in the Olympic Games

- Injuries
  - In single sports from 1998 (mostly done by FIFA, IRB, IAAF, FIVB)
  - Athens 2004: All team sports
  - Beijing Olympics 2008: All summer sports

- Injuries & illnesses
  - Swimming WC 2009, Athletics WC 2009: pilot projects for the Vancouver Olympics
  - Vancouver 2010 Olympics: all winter sports

Injury & Illness surveillance in Vancouver 2010

- Included: 2567 athletes from 82 NOCs
- 287 injuries and 185 illnesses
- Incidences: 111.8 injuries and 72.1 illnesses per 1000 registered athletes
- High risk sports: bobsleigh, ice hockey, short track, alpine freestyle and snowboard cross (15–35% of registered athletes were affected in each sport)
- Most common locations: Head/cervical spine and knee
- In 113 illnesses (62.8%), the respiratory system was affected
Publication in the British Journal of Sports Medicine

Future directions – planning for Sochii and beyond
Courses on Sport Medicine

With the close collaboration and funding of the Olympic Solidarity, the IOC Medical and Scientific Department is implementing courses on 5 continents. These courses are:

- National
- Regional
- Continental

A strict monitoring of these courses both on finance and scientific quality is done by the department.

As far as possible, IF are involved in these courses.

Publications

IOC Medical and Scientific department is working in close collaboration with editors in order to publish:

- Encyclopaedia in Sport Medicine (16 volumes)
- Handbooks in Sport Medicine (13) which are mainly sport related done in direct relation with each IF

These books are provided free of charge to all NOCs and IFs.
Specific relations with IFs

IF is the one which knows the best its own sport
Therefore, there is a constant osmosis between
IOC medical commission and IFs during the year through:
• annual meeting with chairperson of IF medical commission
• Participation on case per case basis to IF medical commission meetings at the time of a WC or a major events
• Presence of IF representatives at all our consensus meetings
• IF representatives in the Games Group

conclusion

The Medical and Scientific Department of the IOC is more than happy to collaborate with Ifs, NOCs and all other Sport Bodies and their Medical Commission.
Any proposal from your own Medical Commission will be more than welcomed,
Thank you in advance for this collaboration!
Look forward to seeing you in London

Thank You!