

# Considerations for Osteopathic Sports Care

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# Osteopathic Sports Care Association – Japan (OSCA-J)

## 日本オステオパシースポーツケア協会

THE OSTEOPATHIC SPORTS CARE ASSOCIATION JAPAN



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## セミナーテキスト

投稿日時: [2015年9月26日](#)

新着情報

# Agenda

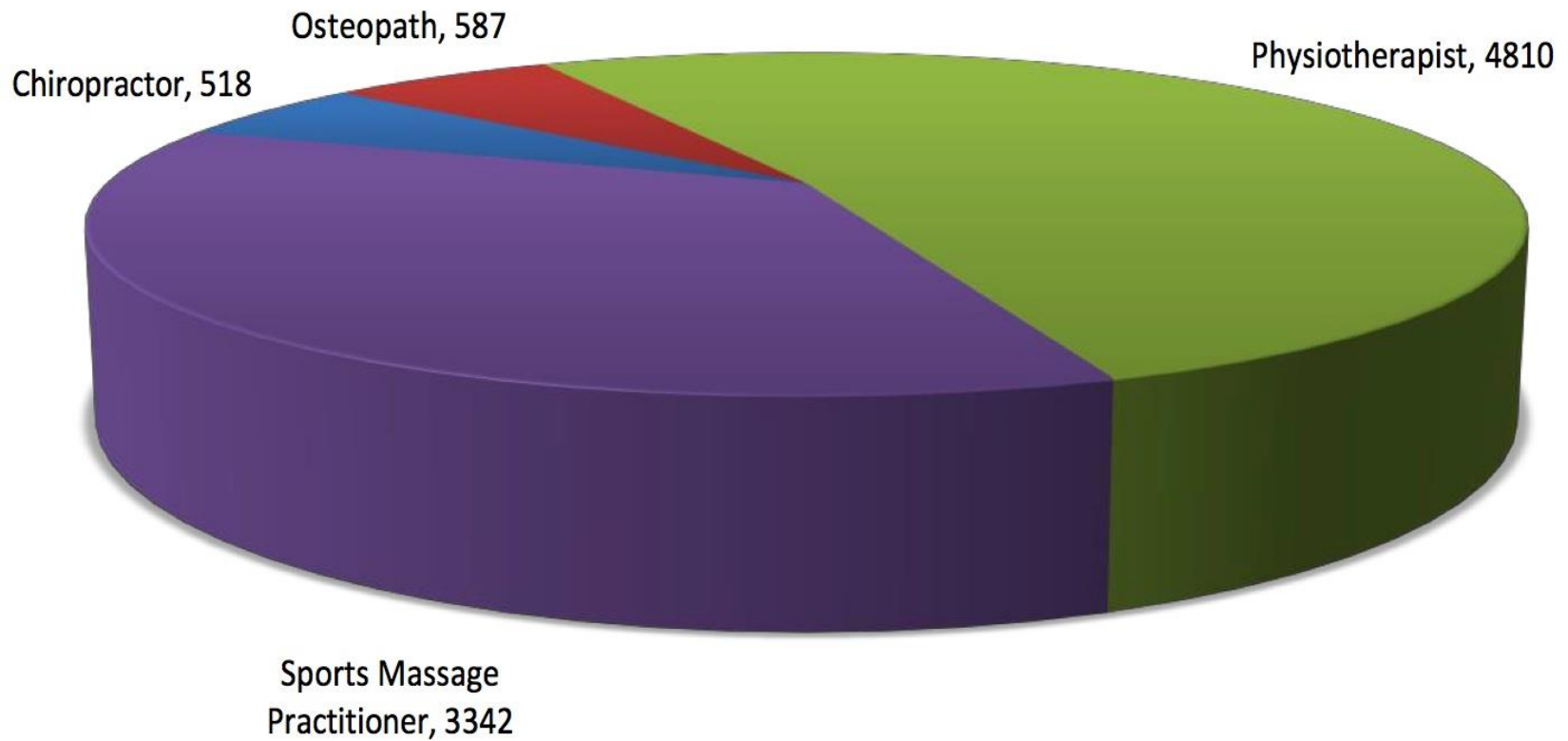
1. Review of London Olympic and Paralympic
2. Present situation of osteopathic participation of Rio and Tokyo Olympic and Paralympic
3. Founding standards for osteopathic sports care
4. Founding standard education pathway for osteopathic sports care

# **Osteopathic contribution in 2012 London**

# LONDON 2012 OLYMPIC GAMES

## Physical Therapies

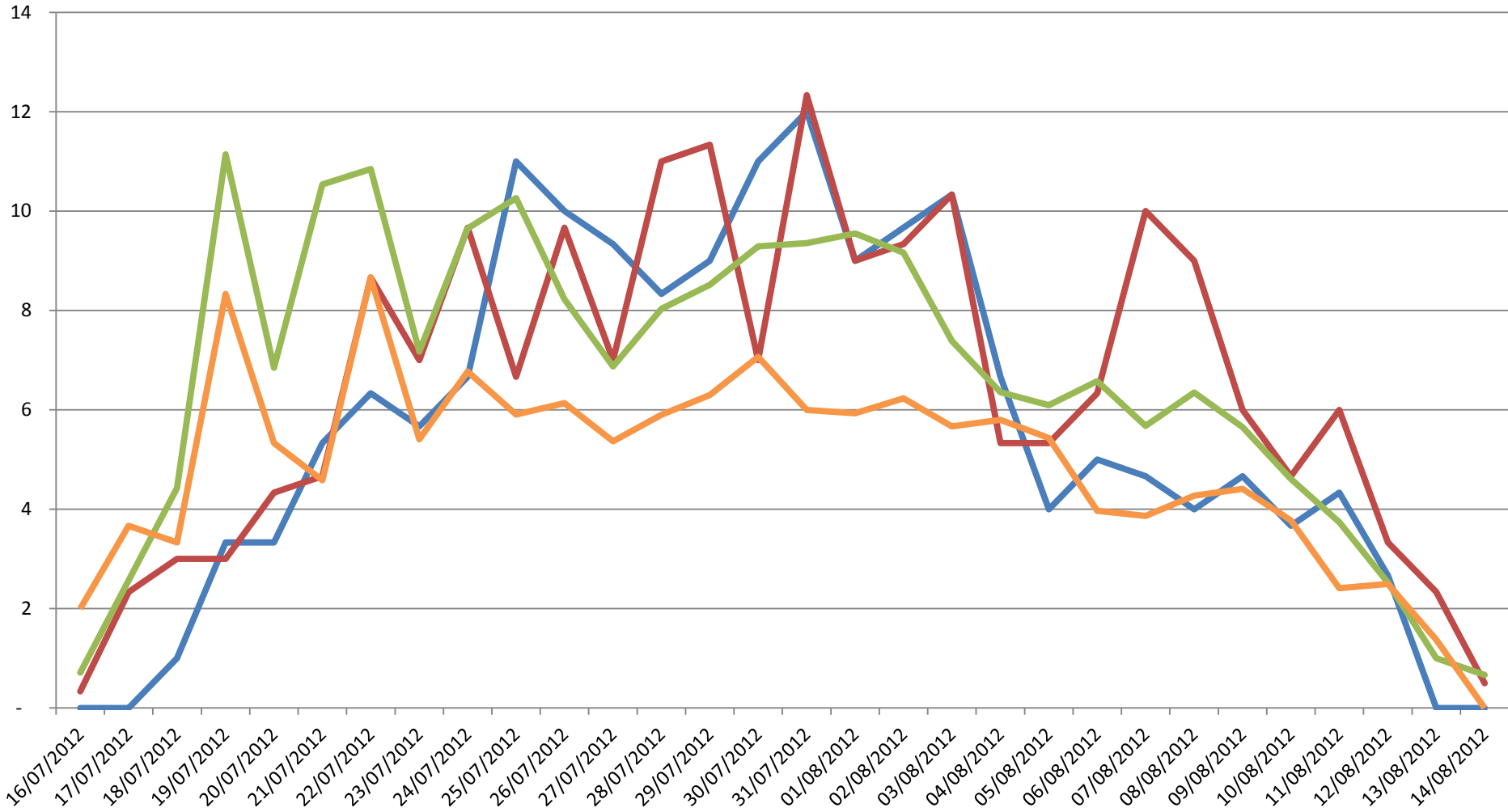
■ Chiropractor   ■ Osteopath   ■ Physiotherapist   ■ Sports Massage Practitioner  
**(C.O.P.S.)**



# LONDON 2012 OLYMPIC GAMES

## number of encounters per therapist in Athletes' Village Polyclinic

— Chiropractors — Osteopaths — Physiotherapist — Sports Massage



# Major Injuries and Conditions Seen by Chiropractors and Osteopaths

Athletic Village	Chiro	Osteo
Joint injury	218	139
Muscle injury	41	87
Tendinopathy	2	30
Fasciitis	5	7
Refractive anomalies	0	8
Eye	0	8
Nerve root/spinal cord	3	20
Other	45	78
<b>Total</b>	<b>314</b>	<b>377</b>

<b>Rowing</b>	<b>Chiro</b>	<b>Osteo</b>
Joint injury	26	38
Muscle injury	2	10
Tendinopathy	4	2
Fasciitis	0	2
Nerve root/spinal cord	2	0
Other	104	24
<b>Total</b>	<b>138</b>	<b>76</b>

<b>Sailing</b>	<b>Chiro</b>	<b>Osteo</b>
Joint injury	28	24
Muscle injury	30	25
Tendinopathy	8	5
Nerve root/spinal cord	0	2
Other	87	94
<b>Total</b>	<b>153</b>	<b>150</b>



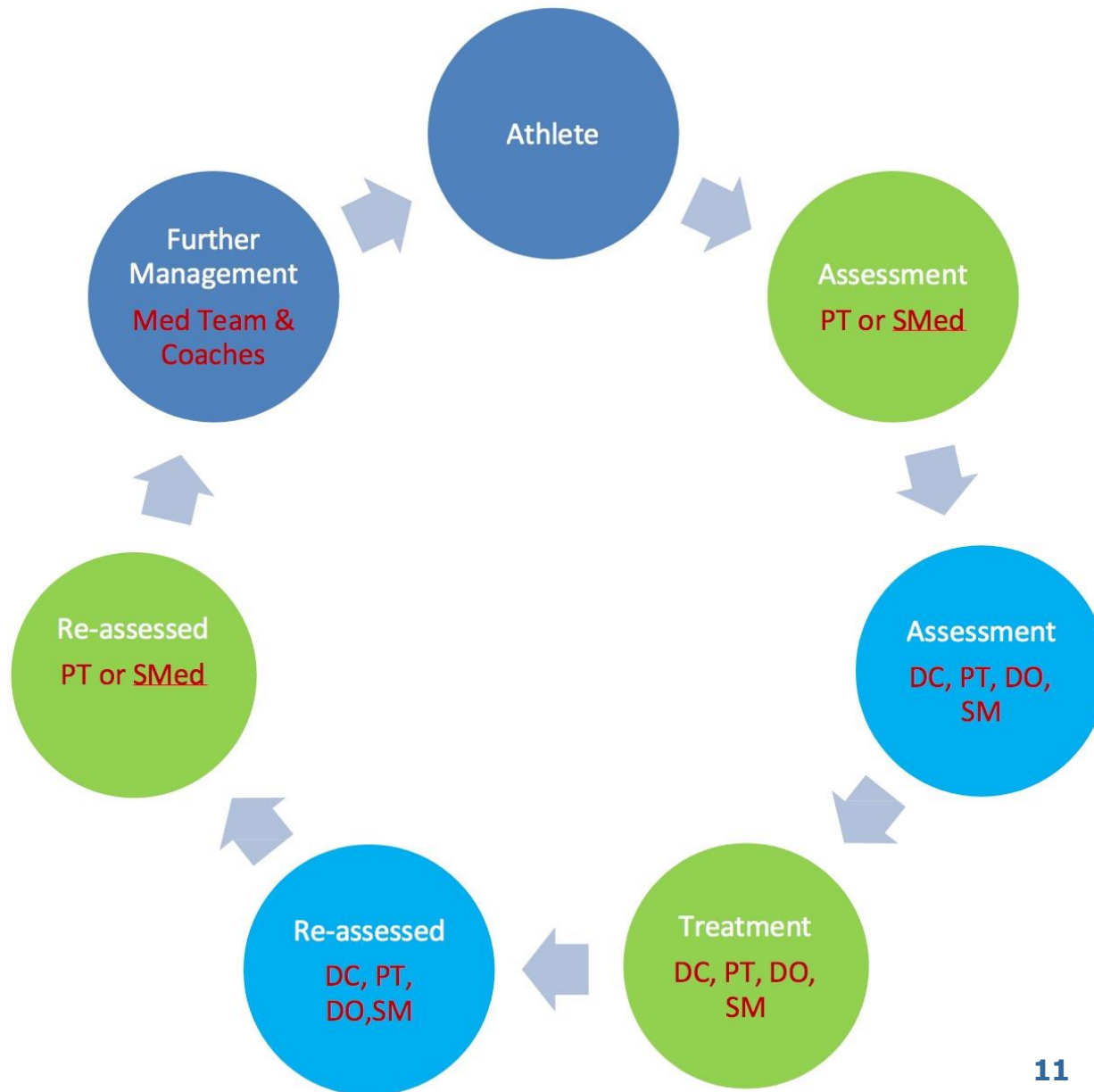
# Breakdown of the conditions seen by Chiro & Osteoin Polyclinic in Athletic Village

Olympic Athletic Village	Chiro	Osteo
Bursitis	1	0
Fasciitis	5	7
Head Injury	1	1
Joint Injury	218	139
Laceration/abrasion	1	0
Muscle Injury	41	87
Nerve root or spinal cord injury	3	20
Arthritis – inflammatory	0	8
Contusion/haematoma	0	3
Dislocation/subluxation	0	2
Fracture – stress	0	1
Muscle rupture	0	2
Musculoskeletal – other	38	56
Bone Injuries – other	2	4
Tendinopathy	2	30
Tenosynovitis	1	2
Tendon – rupture	0	1
Eye – refractive anomalies	0	8
Neurological – other	0	1
Peripheral nervous injury	0	2
Other	1	3
<b>Total</b>	<b>314</b>	<b>377</b>

# Tokyo Olympic and Paralympic Organizing Committee

- No Central Medical Team founded yet
- Should be founded before preparation for Rio Games starts

# Assessing Athletes prior to osteopathic or chiropractic care in the Polyclinic



# Comparison of Trainings

- Athletic Trainer (ATC) (US)
- Athletic Trainer (Japan)
- Chiropractic
- Osteopathy

# Athletic Trainer (ATC) (US)

- Given responsibilities for athletes safety. Closer to paramedic position.
- Athletic Training Education Competencies [http://www.nata.org/sites/default/files/5th\\_Edition\\_Competencies.pdf](http://www.nata.org/sites/default/files/5th_Edition_Competencies.pdf)
- Standards for the Accreditation of Professional Athletic Training Program by Commission on Accreditation of Athletic Training Education (CAATE) <http://caate.net/wp-content/uploads/2014/07/2012-Professional-Standards.pdf>
- Certified Athletic Trainer has title of ATC

# **AT (US) Overview**

- Evidence-Based Practice
- Prevention and Health Promotion
- Clinical Examination and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Interventions
- Psychosocial Strategies and Referral
- Healthcare Administration
- Professional Development and Responsibility

# Japan Sports Association (JASA)

- Athletic Trainers are not regulated by government but regulated by JASA. Level of practice seems varies but getting license from the association takes 600 academic hrs and 180 practical hrs, in total of 780 hrs.

# JASA Training Program Overview

- Duty of Athletic Trainer 30h
- Sports Science 120h
- Anatomy and functions of Locomotorium 60h
- Basic Knowledge of Sports Injury, Dysfunction 60h
- Health care and Sports Medicine 30h
- Examinations, Measurements and Evaluations 60h
- Prevention and Conditioning 90h
- Athletic Rehabilitation 90h
- First Aid 30h
- Sports and Nutrition 30h
  
- Practicals 180h



# **Federation of International Chiropractic in Sports care (FICS)**

- Need to be registered with US state
- Internationally Certified Chiropractic Sports Practitioner (ICCSPP) program
- 7 3~4days courses required

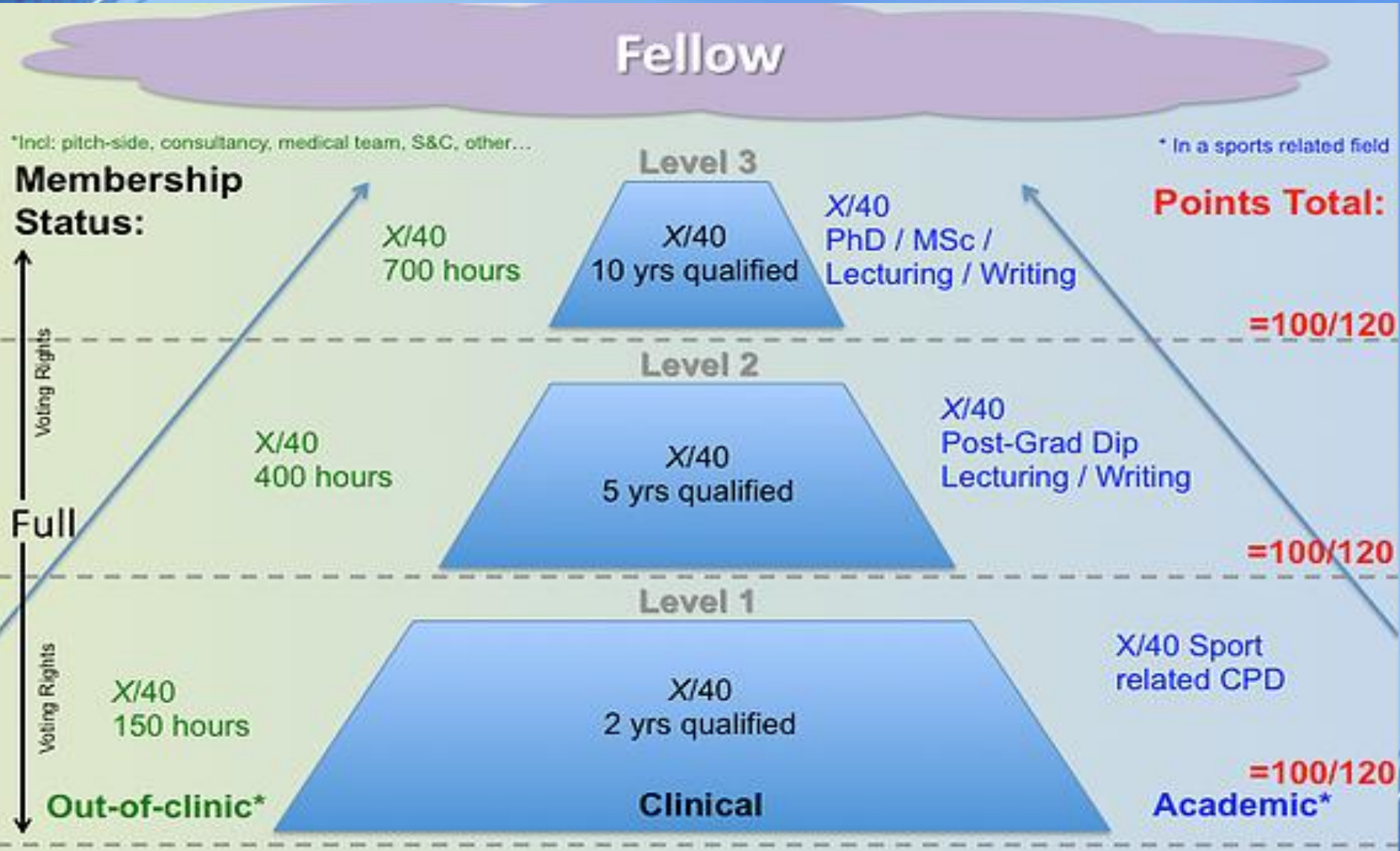
# FICS Course Overview

- International Sports Medicine and sports medicine team
- Head, Spine, Upper Extremities, Lower Extremities, Thorax and Abdomen
- X-ray study
- First aid
- Sports Psychology
- Concepts of Exercise and Sports Rehabilitation
- Sports Nutrition
- Environment Related Dysfunction
- Youth and Elderly and Sports
- Taping
- Sports Medicine and Law

# **OSCA – CPD so far**

- Masterclass 1 - Lessons learned from the 2012 Games
- Masterclass 2 - The Running Athlete
- Masterclass 3 - The Overhead Athlete
- Masterclass 4 - The Seated Athlete
- Masterclass 5 - The Footballer
- Masterclass 5 - The Rugby Player
- Rocktape Seminar
- First Aid for Sport
- Ultrasound with Professor Tim Watson
- Biomechanics Seminar

# Fellow of OSCA pathway (2014 Dec.)



**Associate** Osteo's = voting rights

**Student** non-Osteo's = no voting rights

} Discounts, Newsletter, Forum / Social Media:  
Courses / Conferences / Products / Journals / Affiliated Courses

# **OSCA-J**

## **Osteopathic Sports Care Course**

- 1<sup>st</sup> Course held on November 21<sup>st</sup> to 23<sup>rd</sup>
- Aimed to be involved in sports care
- Team play (duties, position, etc.)
- Looked from timing and what necessary for the time:
  - Week Pre-Event
  - The Day Pre-Event
  - During the Event
  - After the Event
- first aid/sports trauma qualification







# Difficulties with OSCA

- UK originated – Need to be registered with General Osteopathic Council.
- No education program set
- No Certification pathway other than FOSCA

# Required non-osteopathic skills

- There are certain minimum standards required in Sports Care modalities which could be shared:
  - First aid,
  - Sports injuries and conditions (e.g. Sports Concussion Assessment Tool - SCAT3)
  - Tapings,
  - Nutrition,
  - Drugs
  - Etc.
- Need to clarify osteopathic minimum standards for sport

Downloaded from <http://bjsm.bmj.com/> on August 21, 2015 - Published by group.bmj.com

**Sport Concussion Assessment Tool – 3rd Edition**  
For use by medical professionals only

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Name: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Date of Assessment: \_\_\_\_\_

**What is the SCAT3?**  
The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively<sup>1</sup>. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool<sup>2</sup>. Pre-season baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

**NOTE:** The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

**What is a concussion?**  
A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of **any one or more** of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

**SIDELINE ASSESSMENT**  
**Indications for Emergency Management**

**NOTE:** A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

**Potential signs of concussion?**  
If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and **should not be permitted to return to sport the same day** if a concussion is suspected.

Any loss of consciousness?  Y  N  
"If so, how long?" \_\_\_\_\_

Balance or motor incoordination (stumbles, slow/laboured movements, etc.)?  Y  N  
Disorientation or confusion (inability to respond appropriately to questions)?  Y  N  
Loss of memory:  Y  N  
"If so, how long?" \_\_\_\_\_

"Before or after the injury?" \_\_\_\_\_

Blank or vacant look:  Y  N  
Visible facial injury in combination with any of the above:  Y  N

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**1 Glasgow coma scale (GCS)**

**Best eye response (E)**

No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4

**Best verbal response (V)**

No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5

**Best motor response (M)**

No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion/Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6

**Glasgow Coma score (E + V + M)** \_\_\_\_\_ of 15

GCS should be recorded for all athletes in case of subsequent deterioration.

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**2 Maddocks Score<sup>3</sup>**  
"I am going to ask you a few questions, please listen carefully and give your best effort."  
Modified Maddocks questions (1 point for each correct answer)

What venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1

**Maddocks score** \_\_\_\_\_ of 5

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

**Notes:** Mechanism of Injury ("tell me what happened?"): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation the day of Injury.**

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SCAT3 SPORT CONCUSSION ASSESSMENT TOOL 3 | PAGE 1

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# International Osteopathic Sports Care by OIA

## International Osteopathic Sports Care

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For more information about INOSC, [click here](#).

### International Osteopathic Sports Care

has been set up as organisation to provide support to osteopaths working in sports care, and to organisations who wish to involve osteopaths in their multi-disciplinary medical teams. The organisation supports and registers osteopaths from any country, as long as you meet the qualification criteria. Although our emphasis is on providing support to osteopaths in elite sport, we also support osteopaths from grass routes level who wish to progress their career. We hold a list of suitably qualified osteopaths who can provide osteopathic sports care at major international events and games.



#### Rio 2016

■ Olympics

The INOSC are committed to trying to continue Osteopathic involvement in all future world wide multi-sport events. &...

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#### Lord Sebastian Coe, CH KBE

■ Olympics

A message from Lord Sebastian Coe, CH KBE, Chairman of the London Organising Committee of the Olympic and Paralympic Ga...

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#### London 2012

■ Olympics

The International Olympic Committee (IOC) with the help of Jonathon Betser and Lynn Booth agreed to allow osteopaths to...

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#### Paralympic Games

■ Olympics

London 2012 saw the Osteopathic team continue their work at the 3 Polyclinics in the Athlete Villages. The Osteopath...

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# Usage of INOSC

## Advantage

- Can act beyond the countries' boundaries
- Can provide direction of development
- Connection to advanced sports care osteopaths

## Disadvantage

- Each countries have their own qualification → Difficult to standardize
- Running cost & human resource

# OSCA-J Experience

- Starting training from scratch -
- Keen to share the experience pathway we tried and develop internationally usable curriculum

# Websites

- OSCA <http://www.osca.org.uk>
- OSCA-J <http://oscaj.org/wp/>
- INOSC <http://www.inosc.org>
- Tokyo Olympic and Paralympic Committee <https://tokyo2020.jp/en/>
- NATA (US) <http://www.nata.org>
- CAATE (US) <http://caate.net>
- JASA (Japan) <http://www.japan-sports.or.jp/english/tabid/104/Default.aspx>
- FICS <https://www.fics-sport.org/portal/index.php/en/>
- ICCSP <https://www.fics-sport.org/portal/index.php/en/education>
- SCAT3 <http://bjsm.bmj.com/content/47/5/259.full.pdf>
- JOF - <http://www.inosc.org>