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Background and Purpose

Care and management of athletes' medical issues are key tasks for the people in charge of sports competitions. Management recommendations for prevention, treatment, care, and rehabilitation of sports related medical conditions are well documented and have been under constant review:

- Medical care team for athletes headed by a team physician coordinates assessment and management of injuries and medical problems. Established chain of command for injury and illness management (ACSM, 2013).
- Integrated Performance Health Management and Coaching Model where the Medical and Coaching Teams are managed by qualified and experienced individuals operating in synergy towards a common performance goal, accountable to a Performance Director and ultimately to the Board of Directors (Dijkstra et al., 2014).
- Well equipped and managed First Aid and medical kits (Koester, 2007; FIMS, 2006).

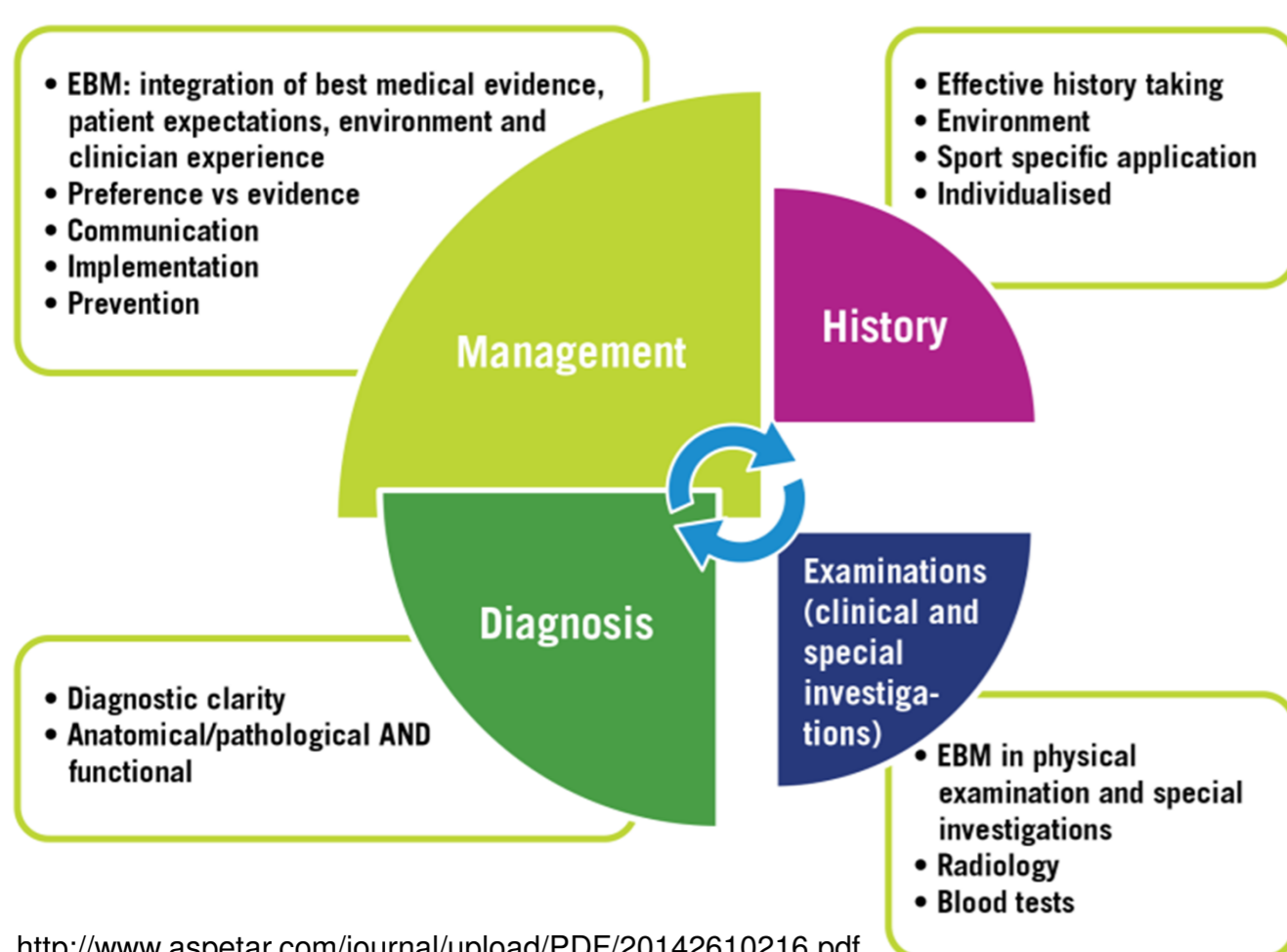


Figure 1; Evidence-based medicine (EBM) Clinical Circle of Competency Model showing competencies recommended for injury management and athletes' medical care (Dijkstra et al., 2014b)

However there is paucity of information on how various levels of sports managers comply with these guidelines. This work sheds light on extent to which East African Universities (EAU) meet athletes medical issues care and management guidelines, highlights the areas that require improvement.

The **purpose** was to assess extent to which East African Universities meet guidelines for athletes medical issues care and management.

Methods

Questionnaires, interviews and observation schedules were used to collect information related to team medical care during East African universities sports competitions. Team officials from 16 universities were asked in confidence to give details on the qualifications and competencies of the person/s in charge of athletes' medical care in their delegations. The data coded and subjected to descriptive analyses.

Results

Institutions sports delegations had had the following as in-charge of athletes' medical care; Physician; 0%, Certified Athletics trainer; 0%, Physiotherapist; 6.25%, Nurse; 12.5%, Certified First Aider, 50%, Not certified; 31.25%, None; 6.25%. Only 12.5% of institutions had a certified person in charge of athletes' medical care for every of their sports discipline team.

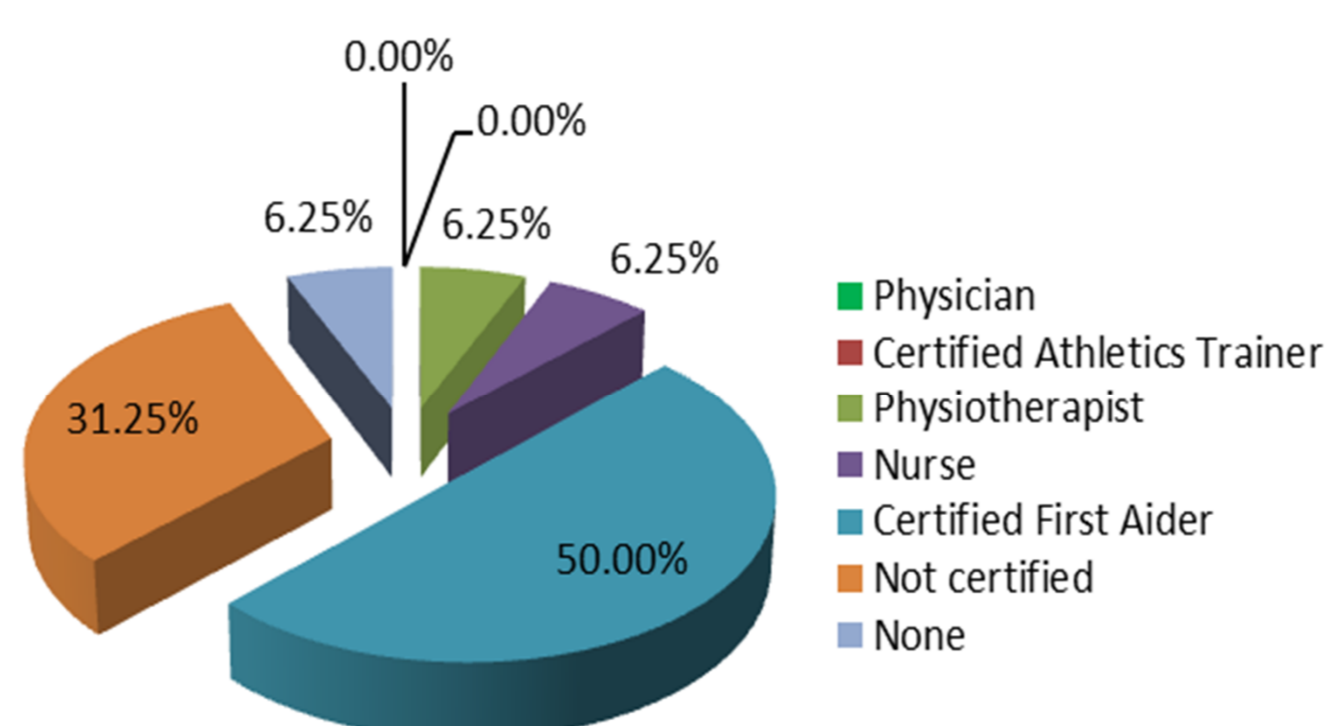
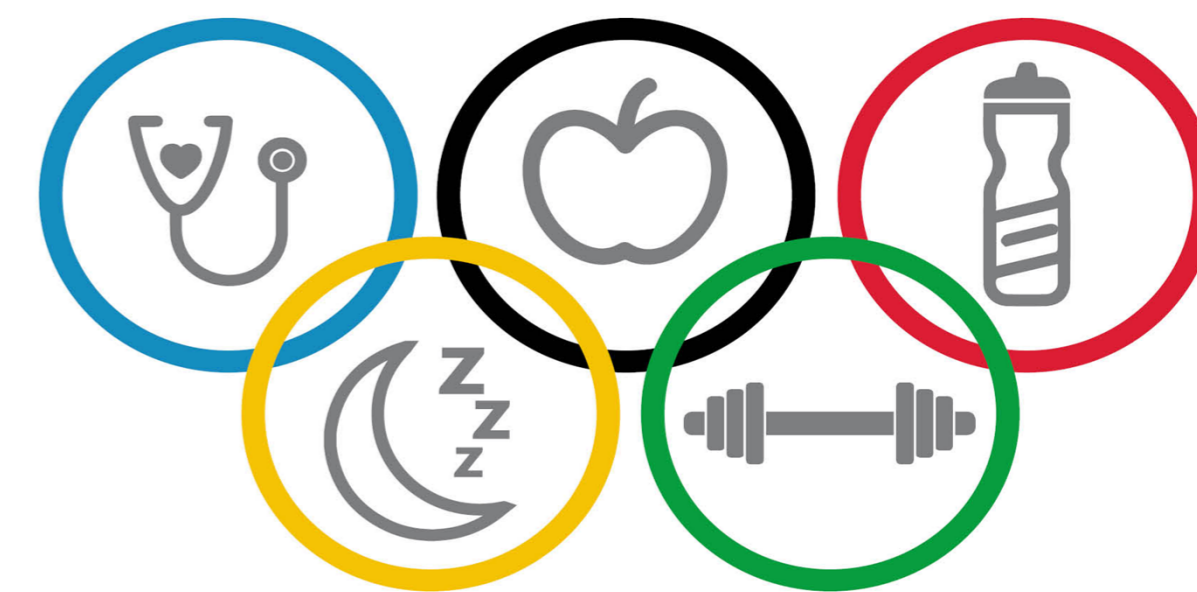


Figure 2; Percentage of EAU sports delegations versus qualifications of the person in-charge of medical care

Most of the institutions delegations (75%) had at least one First Aid kit in form of a lockable box/bag for storing medications and materials. However, most of them contained topical preparations (mainly antiseptics), and local anesthetics and topical agents for minor pain. Other related materials in the team medical package included bandages, accessories (scissors, razor, safety pins). Hardly there were any records of each time medication was dispensed or any confidential lockable file/folder for the same as recommended.

The team managers were not in a position to tell whether there were any of the active ingredients of the medications in their medical package which is in the WADA's list of banned substances.



<http://www.myidealdoc.com/img/blog/Image%201.jpg>



<http://images.collegexpress.com/article/health-and-medicine.jpg>

Figure 3; Athletes medical issues are diverse, requiring synergistic approach by all stakeholders

Conclusions

There is under-investment in the area of team care and management of medical issues in East African universities sports. This calls for policy development and implementation of the recommended guidelines in training and professional practice, as well as regulation of the area of athletes' medical care and management in the study population.

Literature cited

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