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Medical care

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The medical care provided by the different national tennis federations to their players varies enormously

Over 200 national tennis federations are affiliated to the International Tennis Federation, the governing body for tennis. The standard of medical care provided by each national federation to its tennis players varies enormously. The biggest challenge in providing this medical care is that it has to be achieved within a framework that is totally controlled by coaches and the ATP/WTA/ITF tournament schedule.

Another obvious challenge is that, at the elite end, most players are travelling on the ATP or WTA tournament circuits for nine to ten months of the year. The season starts in early January before the Australian Open and ends at the end of November with the Davis Cup final. Each week, tournaments suffer when one or two of the big "marquee" players have to withdraw because of injury. Recently players have voiced their concerns about the effect of the long season and its impact on the development of potentially career threatening injuries.

As a general rule, many of the top tennis nations have developed centralised medical clinics, often at the headquarters of the national federation, to provide year round medical care to both the elite players in the Davis and Fed Cup teams and the developing junior players. There are often regional academies that can provide this care to those not based at the national federation headquarters.

Most of these national federations employ a chief medical advisor (CMA) on a part time basis, typically two to four days a week. The CMA coordinates the overall medical care of each player with close consultation between coaching staff and fitness advisors. The CMA is often responsible for the appointment of other staff involved in player injury management and prevention. For example, the French tennis federation has an on site medical clinic at Roland Garros. There is at least one physiotherapist available every day alongside other specialists including dieticians and osteopaths who visit when required. Players have annual tests and screening

with specialists in cardiology (stress testing and electrocardiogram), ophthalmology, dentistry, nutrition, podiatry, as well as isokinetic testing

(knee and shoulder) and sports psychology. Blood tests are performed up to three times a year as well as other more specific clinical tests—for example, to assess core and scapular stability. Vaccination status is checked annually as well.

The key to the successful operation of this medical care is to have good lines of communication between the players, coaching and strength and conditioning staff, and the medical team (fig 1). This can be particularly challenging when the player is away travelling for many weeks on end and flying home for an assessment is not a simple proposition—for example, for Australian players in Europe and the United States. Most players can access the CMA via email,

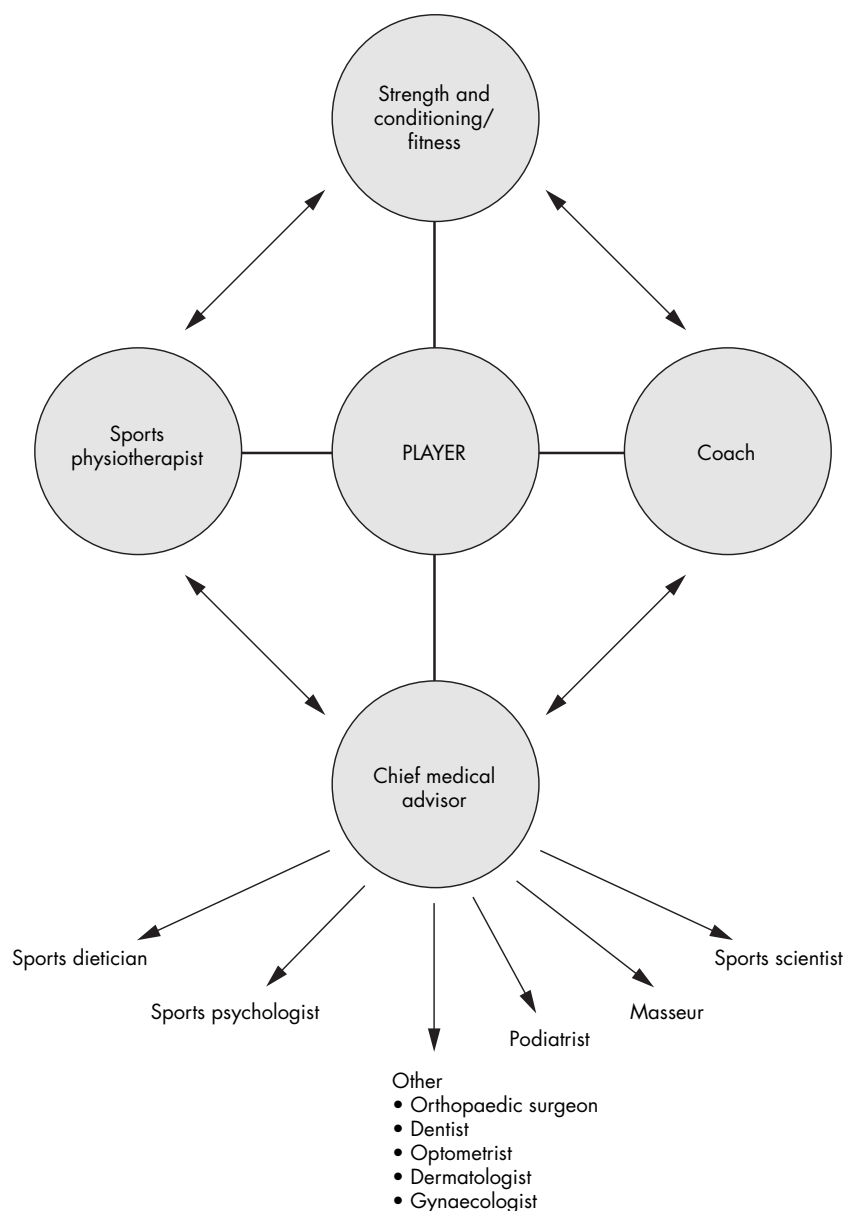


Figure 1 Lines of communication between player, coaching and strength and conditioning staff, and medical team.

text, or phone at any time, but it should be remembered that both the ATP and WTA tours and ITF sanctioned tournaments have a group of full time trainers and primary healthcare providers, most of whom are sports physiotherapy trained and who, in combination with the tournament doctors, provide excellent care during competition.

Some national federations will sometimes send one of their staff, usually a physiotherapist, to the Grand Slams to provide on site support for their players. If a player suffers a serious injury during these tournaments, there can be an immediate coordinated management plan, often with the tournament doctor, with early communication to the CMA back in the player's home country.

Anti-doping education is another key area to ensure all players as well as coaching staff and others involved in the care of the players are kept abreast of the WADA rules and regulations. Players are reminded to ensure that any abbreviated therapeutic use exemptions are renewed each calendar year and any nutritional supplements are thoroughly checked to avoid accidental positive doping results through contamination.

Many national tennis federation CMAs are striving to progress their medical programmes from a reactive to a proactive approach. Setting up computerised database systems to collect injury data can identify potential research projects to reduce injury prevalence.

Education of all staff involved in the medical care of the players is vital to ensure that the players receive optimal and appropriate treatment. The society for tennis medicine and science (STMS) holds an annual conference at which there is a mutual exchange of research relating to tennis medicine and science from all around the world. The STMS is unique in bringing together on such a regular basis those practitioners involved in the care of tennis players and hopefully serves to improve their overall medical care.

In summary, those countries that have been able to provide a centralised comprehensive medical service for their junior and professional players have reaped the rewards of this investment as judged by the number of players from those countries in the top 150—for example, Argentina, Spain, and France.

The ITF through its sports science and medical commission is keen to ensure that all its member national federations can strive to provide this standard of medical care to their players. The ITF sports science and medical commission via the ITF website will soon be launching guidelines on how to set up a sports medicine department as a template for national federations to follow. There will also be a number of articles about the diagnosis and management of a number of tennis specific injuries.

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