ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I was fortunate enough to spend time with Watford Academy, which coupled my love for football and medicine. I absolutely loved every single moment of being amongst professional athletes. The objectives I set out prior to the elective I felt were answered during my time with the team. I learnt so much during the 6 weeks, with different members of the team, and it was eye opening to observe how crucial everyone is to ensuring training and match days run smoothly. I researched a lot of the objectives and compared my answers and observations to the way different football academies work, and there was definitely a general consensus that both the physical and mental health are a priority to the team.

As a professional athlete there is a huge responsibility on the club to ensure these talented individuals remain physically and mentally healthy. I attended the 8.30am MDTS every Tuesday and I witnessed the team consisting of; physiotherapist, sports scientists and doctors all discussing individuals, their training abilities currently and any recent injuries or illnesses. A study I recently read on understanding the difference between 'skeletal age' and 'chronological age' (Johnson 2009) on the Manchester United Academy illustrated that injuries were much higher to pick up on match days than in training. I was fortunate enough when shadowing the doctors on match day to not witness any severe injuries. When spending time with the academy, I observed a variety of different training methods from all year groups; the under 23s, under 16s and even saw the early years. I saw that different training methods were employed to address each category's developmental status , which in turn would have a positive impact in injury avoidance. Interestingly the study mentioned early demonstrated that each individual ,irrespective of age, has a different skeletal age and therefore it may not always be beneficial to categorise training under age groups, as the 'window of opportunity' may be different (Johnson 2009). I saw this firsthand as one particular player, who was under 16, who had experienced mature development and rapid progression in height and weight; was sometimes called to under 23 training - possibly indicating this flexibility and the club's emphasis on 'skeletal age' (Johnson 2009). A study discussing the injuries that occur in academy players concluded that over the age 14 injuries sustained by players tended to be similar to that of first team players. Knowing this information helps with discussing preventive measures to ensure injuries do not occur, and thus it would make sense that the preventative measures were similar to that of the adult players. In most studies the injury prevention programmes were a success, and those that failed were as a result of 'poor compliance' (Steffen 2008). When watching the players in training they always underwent adequate drills prior to their actual session, including but not limited to activating hamstrings, glutes, and increasing their heart rate. When researching different preventative programmes, one approach discussed that the risk of fractures can be minimised by decreasing the chance of fall, and therefore focus should be tailored to ensuring correct coordination and good core stability to aid with balance (Hewett 1997). The most important factor that I saw that helped minimise injuries was the art of collaboration within the different fields of expertise and the importance of those MDT meetings.

In MDT meetings each individual played a vital role in ensuring all players were at their optimum health. I was fortunate enough to spend time with each member of the team individually and shadow them for a day.

From the nutritionists standpoint, I saw her speak to all the players about the importance of taking their Vitamin D twice weekly. Vitamin D especially in athletes is proven to be exceptionally beneficial in immunity and muscle development. As learnt during my studies vitamin D is crucial in sustaining bone mineral density, and in an article by Graeme Close (2018) he mentioned awareness in those who are prone to stress fractures when looking at their Vitamin D status. He also discusses that for those who do sustain an injury Vitamin D was crucial in 'muscle remodelling' and increasing chances of 'hypertrophy' post injury (Close 2018). It was interesting to note that although all the benefits mentioned above would make one

believe a professional athlete would want to take them, the nutritionist discussed her struggle and the players inconsistency and lack of compliance; thus her resilience and persistence was key.

The physiotherapists were present all the time, from pre training, to post training- anything the players needed from strapping their ankle, stretching their hamstrings , or even massages because of muscle tightness; they were at their beck and call. I felt they were the backbone of the club. They each had an incredible professional relationship with the players, and the environment in the physio room was positive. During my time at Watford, I saw that the physios have the most important job in maintaining the physical health of the players; if a player is injured on the pitch it is the physio that runs on, not the doctor. Upon reflection, because of their constant presence, I sometimes felt that any knock or slight twinge in a player's muscles resulted in their dependence and reliance on the physio to fix it, rather than them taking the time to try and endure the pain and fix the injury themselves.

The psychologist came in once a week, and I spoke to him about a particular player who had come on leaps and bounds last season and then suffered a small injury, which resulted in a scan that illustrated an incidental finding meaning he could no longer play. I asked and discussed with the psychologist how he mentally overcame that battle and persevered with training , whilst seeing all his teammates play the sport he loved. This player was always the loudest of the group and took it upon himself to cheer the team on, and I wondered how he reacted to his own battles and whether his mood changed. I remember him saying a lot of players and this individual in particular, struggle to open up and he wanted to create an ethos where they would talk as friends , with no judgement and not in an office environment. An article on sky sports discussed Ruiz de Ona, the former Athetlico psychologist, on how ' we cannot separate the development of the player from the development of the person' (Bate 2020). I think those words are poignant to me because I believe them to be true. Players are human, and they feel and experience the same things as anyone does; loss, disappointment and sadness, and sometimes there may be stigma attached to those feelings creating an environment where players bottle their emotions. There is a huge correlation between mind and body, and having a psychologist present at the Academy I felt only served to further enhance the players' ability and therefore the results of the club.

The role of doctor was unlike any other doctor patient relationship I had seen. There was no formal clinical room, but a much more open, collaborative environment and I thoroughly enjoyed it. The job ranged from speaking to players who possibly had psychosomatic symptoms preventing them from playing, to taking bloods from a patient to rule out a queried infection, to musculoskeletal assessments on injuries. A lot of the Academy players did not live at home but with host families, so relied quite heavily on the doctors and the team at Watford to get them through any struggles they had; most of which were passed down to the doctor to review. The variety I was not expecting, but loved. I was also privileged enough to observe the cardiac echoes and ECG screenings on the academy players. It was eye-opening, because if I had seen some of those ECGS in A and E I would definitely called for help or senior, however in this environment that was the normal for the athlete; which goes to further emphasise how you need to tailor medicine to the individual you are treating , as opposed to just go by what you read in a textbook. One of the skills I observed Shai utilise during my time was how to take an accurate sports injury history.

I was fortunate enough to witness any new injuries take place during my time at Watford, however I did watch pre-existing injuries being examined and treated during my elective. A lot of the history was tailored on whether the athlete themself felt the pain and whether they believed they could play, whilst the examinations were on whether the extent of the injury mirrored what the athlete was conveying to them. Naturally, in an intense environment there is always a desire to be selected to play 'x amount of minutes' during a game. Therefore, the majority of the players would reduce the severity of their incidence, in the hope that this would expedite their recovery , which in turn they hoped would increase their chances of being selected for the game that weekend. However, there was a particular situation which reminded me that professional athletes also experience performance anxiety, and that the academy players are still very young. An individual had not been selected for a previous game and in training the following week had complained of chest pain during a simple core workout, before the technical training had worked. Both the

doctor and physiotherapist felt the chest pain was as a result of his fear to participate in training and not be selected for the next game. Therefore, by removing himself from training he was removing himself from the fear of rejection and the anxiety accompanying it. Following extensive examinations, the medical team felt he was fit to train, if he felt up to it. It is actually a completely normal reaction, when I fail to take blood from a patient, I avoid going to the next patient because I am scared to fail again. Whilst the situations are not the same, they are similar and I did feel I could relate to his emotion. All it needed was for the doctor to provide some gentle encouragement and for the team to recognise his lack of confidence for him to feel comfortable to play again. That episode highlighted to me the power the entire team, but especially the doctor, had on impacting not only the motivation of a player. Sometimes, doctors don't have to prescribe medication to fulfil their role, sometimes they need to empathise and listen to what that individual needs and react- and I think I saw this firsthand.

In conclusion, Sports Medicine is definitely a career I can see myself pursuing . I have always enjoyed studying about anatomy and musculoskeletal pathophysiologies , and I am super passionate about sports and football. The job requirements and the environment was something I was drawn to and I look forward to exploring more avenues to consolidate my desire to work in Sports Medicine in the future. I would like to take this opportunity to thank everyone at Watford for being so welcoming, accommodating - I had the most incredible experience

Bibliography

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