

# The Periodic Health Evaluation of Elite Athletes: A Consensus Statement From the International Olympic Committee

Christopher D. Ingersoll, PhD, ATC, FNATA, FACSM

The *Journal of Athletic Training* is pleased to publish the International Olympic Committee's consensus statement on periodic health evaluation of elite athletes (along with the *American Journal of Sports Medicine*, the *British Journal of Sports Medicine*, the *Clinical Journal of Sport Medicine*, the *International Sports Medicine Journal*, the *Journal of Science and Medicine in Sports*, the *Scandinavian Journal of Medicine and Science in Sports*, and the *South African Journal of Sports Medicine*). The publication of a sports medicine–related consensus statement prepared for a worldwide audience presents an unprecedented opportunity for a global perspective on a topic of interest among athletic trainers: the periodic health evaluation.

This world view of the necessary elements of a periodic health evaluation for elite athletes was prepared by sports medicine experts from across the globe. Because this consensus statement regarding elite athletes was prepared from the physician's perspective, athletic trainers should keep a few salient points in mind.

First, the term *elite athlete* is not defined. Therefore, the generalizability of these recommendations is somewhat fuzzy. Certainly, many Olympic and professional athletes would fit the description of elite athletes. Many high school and collegiate student-athletes, however, may not necessarily be defined as *elite*. As such, not all elements presented in this statement may be relevant or feasible in a high school or collegiate population (unless, of course, these athletes are otherwise defined as *elite*).

Second, some recommended testing procedures might be more important for athletes from some nationalities than for

others. An example is the 12-lead electrocardiogram (ECG). People of certain nationalities have higher incidences of cardiac abnormalities than do others. Thus, 12-lead ECG testing may be more valuable in populations with a high incidence of such abnormalities than in those with a very low incidence. This is certainly an area of ongoing debate.

Finally, these recommendations do not specifically identify the role of the athletic trainer in the periodic health evaluation. Certainly, the purpose of the consensus statement was not to identify who should and should not be involved in the periodic health evaluation. However, it is important to keep in mind that having the athletic trainer work in conjunction with the physician allows for enhanced quality of the periodic health evaluation. Nevertheless, we must also remember that not all countries have athletic trainers, so such services are not universally available.

Yet these identified concerns do not detract from the quality of the work in this statement. I simply offer suggestions for contextualization of these excellent recommendations. It is important for athletic trainers to work with team physicians to identify the optimal periodic health evaluation for their patients. This consensus statement will undoubtedly be a valuable means to that end.

The statement ends with a plea for research in the area of periodic health evaluation. This is an area in which athletic trainers have considerable expertise. I hope that in working together, national Olympic committees, athletic trainers, and other sports medicine professionals will be able to find ways to engage in high-quality research to further our knowledge in this area.