

Travelling with football teams

The doctor travelling with a football team is presented with unique challenges.

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Football fans will always converge at a stadium on the day of the match to watch their favourite team play against a visiting team. The atmosphere at these matches is almost always electric with fans cheering their favourite teams on. The focus for everybody is ultimately on the performance of the teams on the playing field and not so much on the visiting teams' behind-the-scenes travel issues.

However, travelling with a football team presents the team physician with unique challenges of ensuring that ultimately the team performs optimally on match day.^{1,2}

The team physician has the enormous task of ensuring that he/she anticipates, avoids and/or overcomes all obstacles (travel-related medical conditions) that can adversely affect performance on the playing field. The most important aspect of this task is meticulous planning and preparation.¹⁻⁶

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Preparation

Success of an away match will rely heavily on adequate preparation. There are many aspects of preparation that need to be considered, the most important of which is a study of the destination.

Studying the destination

It is necessary for the team physician to study and be well versed with conditions at the destination. This is often made easier if he/she is part of the pre-inspection team that visits the destination country/site before the match or tournament.

Alternatively, the team physician should provide the pre-inspection team with a check list of issues to be investigated during the pre-inspection visit. Examples of issues that are normally investigated are as follows:

- Health risk profile of the country – what diseases are prevalent in the country? Are there any special precautions the team must take to avoid contracting any of the prevalent diseases?
- The availability and status of medical facilities, e.g. proximity to hospitals, availability of X-ray or other specialised facilities such as MRI scans, etc. Contact details of liaison person for medical-related issues.

- Weather conditions predicted for the intended period of stay.
- Any regulations affecting importation of scheduled medication and the application or clearance procedures required, including permission to practise medicine in a different country (or state in the case of the USA).
- Status of the hotel reserved for the team – impression of dining facilities, food type (menus) and quality, availability of bottled water and energy drinks, air-conditioned rooms, etc.
- Political climate and general security issues around the hotel and training fields.
- Proximity of practice fields and match venue to the hotel, and mode of transport.

Information can also be gathered from other resource centres such as the Centres for Disease Control and Prevention website, and travel clinics.^{3,7} Where a pre-inspection visit is not possible, it may also be helpful to consult and get a perspective from people who have recently visited the destination country.

The health risk profile of the country will determine which vaccines and/or prophylaxis is necessary for the team. For example, travel to a yellow fever endemic country (e.g. Ghana) requires mandatory vaccination against the disease. Such vaccination would need to be administered at least 10 days before departure.^{2,3,8,9}

Other vaccines such as those against meningitis and hepatitis would be recommended for travel to high-risk countries (e.g. the 'meningitis belt' made up of countries in sub-Saharan Africa, stretching from Ethiopia in the East to Senegal in the West).^{2,3,7,9}

Travel to any malaria-endemic country will require appropriate prophylaxis, especially if the team will be staying in the high-risk area for more than 3 days.

Malaria is the second biggest killer in sub-Saharan Africa. Travel to any malaria-endemic country will require appropriate prophylaxis, especially if the team will be staying in the high-risk area for more than 3 days. The decision to use chemoprophylaxis may be complex and will be dependent on the risk of contracting the disease v. the development of side-effects related to chemoprophylaxis. Factors

that may minimise the risk of contracting malaria include the following:^{4,7-9}

- shorter stays of less than 3 days
- stay in a high altitude area (>1 200 m above sea level) with cool climatic conditions
- air-conditioned rooms
- insecticide-impregnated bed nets in the rooms
- 24-hour insecticide presence in the room
- windows and doors protected by mosquito-proof screens when open
- practices and matches held during the day (avoid playing after dusk)
- staying indoors between dusk and dawn
- availability of mosquito repellents for use (on exposed skin surface) when outdoors, irrespective of time of day.

Travel diarrhoea is the commonest travel related disease worldwide.^{6,7,10,11} It is important, therefore, to clearly establish the quality of food and water at the destination country. Should there be any doubt about the quality, it may be advisable for the team physician to arrange to travel with their own sterile pre-packed food, bottled water and a chef. This would ensure that chances of any member of the team contracting diarrhoeal disease are minimised, while simultaneously meeting the nutritional requirements of the team. Where no such considerations are necessary, it is still imperative for the team physician to determine the nutritional and fluid requirements of the entire team during the intended period of stay at the destination. Menus and exact amounts of fluids to be ordered for the team should then be sent to the hotel and/or host football team or association to ensure that the team's nutritional requirements will be met throughout their stay.

Planning the trip

Being armed with all the necessary information about the destination makes the rest of the preparation a relatively easy task.

The team physician should play a role in determining the route to be travelled. Where possible, any long travel with multiple change-over points should be discouraged as these result in travel fatigue and extreme frustration on the part of the players.^{5,12} Psychological stress on the players is likely to have a negative influence on their performance and should thus be avoided at all costs. Although more expensive, it may be necessary to

charter a private aircraft when travelling to a destination where there are no direct commercial flights, and/or where the trip would involve flying more than one airline with several stop-overs before reaching the final destination.

Travelling for long distances in cramped positions, irrespective of mode of travel, may also result in travel fatigue. If such a long trip is envisaged, it will be necessary to add a stop-over or two, to allow players to recover. In order to ensure comfort, professional players should ideally travel business class, especially on long-haul flights. This is especially important for taller players who may be cramped up and uncomfortable in economy class.^{2,5,12}

There are other non-medical issues that the team physician needs to be aware of and avoid if possible. These are issues that result in long waiting periods at the airport, further contributing to travel fatigue. For example, all passports need to be checked well ahead of time to ensure that they are still valid and that all necessary visa requirements have been met.^{5,12} Luggage needs to be sent and checked in well ahead of arrival of the players to ensure that there is minimal unnecessary waiting.

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It is very helpful to arrange for people to receive the team at the destination to ensure that players get to their hotel rooms as soon after arrival as possible.

It may also be necessary to have some input into the time of arrival, especially if conditions may not be favourable and potentially have a negative effect on the players' performance. For example, where there are a number of time zones to be crossed during the journey, it will be advisable to arrive at the destination a day earlier for each time zone crossed. Rapid travel across several time zones induces jet lag. This is caused by a mismatch between own body clock time and the new local time. Jet lag will have a negative effect on performance and players will need a day for every time zone crossed to acclimatise, i.e. allowing the body clock time to gradually adapt to the local time.^{5,12}

Information on the availability of medical support services at the destination country, the size and health profile of the travelling team, and the envisaged length of stay will determine the type and amount of medical equipment and medicines to travel with.¹

The team physician needs to ensure that he/she is as self-sufficient as possible. However, this may be complicated by the fact that the entire team may be limited in the amount of luggage they can carry, which may, in turn, put a limit on the amount of 'medical luggage' that can be carried. It will be important at this stage to apply for limited practice of medicine in a foreign country, where this may be a requirement. There may also be a requirement by some countries to send a list of scheduled medication to be imported into the destination country. These matters are best dealt with at this stage so as to avoid being involved in protracted negotiations, explanations and long waits at the destination's customs officials.

Where possible, the team physician should also prepare menus for the team during the flight and these should be sent directly or via the travel agent to the airline. This is to ensure that players' nutritional requirements are not compromised especially during long haul flights. It may also be necessary to have pre-packed meals and snacks prepared for bus trips.

The pre-departure camp

One of the most important aspects of preparation for travel is assessment of the travelling team. While focus is usually on the players, all members of the travelling team, including the technical staff, administrators, and kit and security personnel must have a pre-travel medical assessment.^{1-3,8,9}

This assessment should ideally be conducted about 6 weeks, or a reasonable time, before departure so that the team physician can have a fairly good idea of the health profile of the entire team and initiate any necessary intervention. This will help in avoiding unexpected medical emergencies for which there may not be contingency plans. These pre-travel assessments are usually carried out at the team's pre-departure camp. An interim health status report of the entire team would then be generated so that appropriate action can be taken.

The pre-travel assessment will also give the team physician the opportunity to counsel the team on the details of the travel plans. This is done either individually (one-on-one) with players or in a group format.

For example, players may be counselled individually on matters relating to

nutrition, training and fitness, nutritional supplements, clearance of medication and/or application for exemptions on prohibited substances.

Group talks would be on general topics such as:

- Travel plans and destination details. This is important for players' psychological preparedness, especially in instances where long periods of travel are anticipated.^{1,2,5,12}
- Nutrition and hydration strategy, especially where weather conditions at the destination are anticipated to be very hot and humid.
- Hygiene principles at destination countries where the quality of food and water may be suspect. For example, using only bottled water and avoiding tap water, washing hands with soap before meals and after using the toilet, avoiding consuming any food item other than that reserved for the team in the hotel dining facility, washing and peeling fruit, etc.^{3,6,10,11}
- Doping and prohibited substances in sport – players need to be constantly reminded of the dangers of doping and the importance of clearing any (self-prescribed) medication with the team physician before they take it.
- How to counteract the effects of jet lag (where relevant).
- Responsible behaviour at the destination country. For example, safety issues and protection against sexually transmitted infections such as HIV.^{1-3,7-9}

Where travel across several time zones is anticipated, it may be helpful, a few days before departure, to time training sessions, nap/relaxation and meal times according to the destination time. It is advisable a few hours before departure to also set watches according to destination time. This may help in lessening the impact of jet lag.^{1,2,5,12}

The travel phase

The most important task for the team physician on travel day is to ensure that all the necessary medical and related

equipment is appropriately packed and transported to the airport (if travelling by air). It is ideal to pack into as few luggage pieces as possible as it may not be easy to get extra hands to help with carrying many pieces of luggage. A small bag containing only emergency medication should be carried on board while the rest of the equipment is checked in. Players should also be encouraged to take items to keep them busy on board, avoiding boredom, especially on long-haul flights. These may include books, magazines, video games, movie DVDs.^{1,2,12}

During the flight, players need to be encouraged to have regular (about every 2 hours) exercise and stretching sessions to avoid muscle stiffness. The exercises include isometric muscle exercises, feet and lower leg movements in the seated position, walking up and down the aisles and stretching.^{1,2,5,12}

Dry cabin air may lead to some dehydration. Players should therefore be encouraged to drink adequate amounts of fluids and avoid those drinks that might exacerbate dehydration such as caffeine-containing drinks and alcohol.^{1,2,5,12}

The players' food intake during the flight should be carefully monitored. Players should also be discouraged from over-eating on the flight and should be advised to only eat pre-ordered and familiar foods, including fruit.

Sleeping and taking naps during the flight should coincide with night time at the destination.^{1,2,5,12} This may be made easier by closing window shutters and using eye shades. When absolutely necessary, some players may benefit from short-acting hypnotics to help them fall asleep.

At the destination

The team physician should familiarise him/herself with the closest local hospitals, radiology, pathology and specialist services. It is also advisable to have insurance available for medical repatriation if necessary.

Upon arrival it is always advisable for the team physician to be as close as possible and available to the players to attend to

any medical issues. Just being available at this time to the players may go a long way in alleviating any feelings of anxiety, especially in those players who may be travelling for the first time or those who need constant reassurance about their safety, health and wellbeing at unfamiliar destinations. It is equally important to ensure that medical luggage is loaded and transported to the team hotel.

The team physician should also ensure that he/she reaches the hotel as soon as possible to confirm that arrangements are as expected. This will entail meeting with both the general and the food-and-beverages managers to attend to, among others, the following matters:

- All players should be accommodated in one block, preferably on the same floor.
- A medical room should be reserved and be located in close proximity to the players' rooms, and, if possible an additional treatment room/physiotherapy room and quarantine room.
- A rooming list should be available to all team members, indicating the medical room number.
- Food menus and meal times for the entire stay should be re-confirmed and any changes discussed and agreed upon.
- There should be bottled water in each of the players' rooms.

Players should be encouraged to adopt local eating and sleeping times. They should be encouraged to stay awake during daytime and only attempt to sleep at night. When arrival is in the afternoon, attempts to have afternoon naps should be avoided at all costs. Players should rather be exposed to the sun as much as possible and can go for a walk or do very light exercises and only be encouraged to sleep at local night time.^{1,5,12}

It may be necessary, especially in the first day or two of a long stay after crossing several time zones, to prescribe short-acting hypnotics to those players (usually one or two players) who battle falling asleep at local night time.

Table I. Recommendations for the use of bright light to adjust the body clock after time-zone transitions (modified from Reilly *et al.*¹³)

No. of zones crossed (hours) and direction of travel	Bad times for exposure to sunlight (local time)	Good times for exposure to sunlight (local time)
3 hours westwards	02h00 - 08h00	18h00 - 24h00
6 hours westwards	23h00 - 05h00	15h00 - 21h00
3 hours eastwards	24h00 - 06h00	08h00 - 14h00
6 hours eastwards	03h00 - 09h00	11h00 - 17h00

Jet lag

- The severity of jet lag depends on the number of time zones crossed, the direction of travel, the fitness status and age of the traveller.¹²
- Symptoms are felt more acutely when travelling in an easterly than a westerly direction.¹²
- Arriving one day early for each time zone crossed seems to be effective for most people irrespective of the direction of travel.¹²
- Younger and more physically fit individuals recover far more easily from jet lag than older and less fit individuals.¹²
- There is little scientific evidence to support the notion that meal plans that promote more protein intake in the morning and mainly carbohydrate in the evening will hasten adjustment to local time. In fact it appears more beneficial to have more carbohydrate intake in the morning than in the evening.¹²
- Exposure to natural sunlight acts as a potent natural *Zeitgeber* (agents that synchronise the body clock rhythm). However, success of effect of exposure to sunlight depends on the direction of travel, the number of time zones crossed and time of exposure.¹² Table I illustrates recommendations for exposure times.

The team physician should ensure that the players' nutritional and fluid requirements are met throughout the stay and that the quality of food remains good, with minimal chances of contamination. The quantity and type of food and fluids will be determined by the amount of training, recovery strategy, match day and weather conditions. Players may need to be continuously reminded of and monitored for good hygiene practices and responsible behaviour, especially after the match.

Back home

The only challenges for the team physician in this phase are to ensure that:

- where relevant, players are reminded to continue with malaria prophylaxis for the prescribed period after the trip

- players monitor development of symptoms such as diarrhoea, vomiting, fever or flu-like symptoms and skin rashes
- players report these immediately so that conditions such as malaria and diarrhoeal diseases are diagnosed and treated as early as possible before development of complications.

Some symptoms of travel-related illnesses may only manifest days after arrival back home. Players should therefore be encouraged to monitor these for at least 6 weeks.^{1,2,6,10}

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In a nutshell

- While it may appear glamorous to travel with a football team to an away game (at a foreign destination), the team physician is usually faced with very unique behind-the-scenes challenges of ensuring that the players' health and well-being are closely protected, with the aim of having optimum performance on the field of play.
- Most of the crucial work is done before the journey and this involves meticulous planning and preparation. The most important aspect of the planning phase is a careful study of the destination to get a clear idea of what conditions to expect and, therefore, how to prepare for the challenge.
- There are many factors that can adversely affect performance of players; they range from medical issues such as possible illnesses or diseases at the destination country to non-medical issues such as luggage and passport or visa issues.
- The challenge for the team physician is to ensure that there are clear plans in place to firstly avoid and secondly overcome any of the obstacles to optimum performance on the field of play. Close monitoring of players' health and well-being does not end at the final whistle at the away match, but continues even after arrival back home.



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