

Group Working to Standardize Medical Care at Athletic Events

by Jeff Venables

A new group of doctors and health care professionals known as the American Road Race Medical Society (ARRMS) is busy bringing together medical workers from road races nationwide and working toward standardized medical recommendations at events. With more people than ever signing up for distance races such as marathons, the call for streamlined health and safety guidelines for race personnel is at an all time high.

The organization, which is chaired by Bill Roberts, M.D., medical director of the Twin Cities Marathon, held its inaugural meeting on Saturday, October 11, just prior to the LaSalle Bank Chicago Marathon this year. It was hosted by that race's medical director, Greg Ewert, M.D.. Over 40 event personnel attended, including representatives from AIMS and USATF, with regrets from approximately 30 other event organizers who plan to participate in the future.

Roberts and Dave Watt, executive director of the American Running Association, which formed the group, hope to over time develop a participant death and injury registry, enabling medical response teams to better establish a course of action for a given distance under various race conditions. ARRMS sees annual or semi-annual meetings at races around the country as the most effective means for consolidating and disseminating the wealth of health and safety information it will no doubt amass.

Roberts says such a registry would contain profiles of runners more at risk, a log of adverse occurrences, current statistics including rates of occurrence, plus information on race temperatures and humidity. "The key to making solid recommendations is lots of data," adds Ewert, "so that's a big focus right now."

The need for an organization such as ARRMS was made especially clear during this year's marathon when a woman collapsed after finishing and died shortly thereafter. Rachael Townsend's death was the fourth the Chicago Marathon has seen since 1998. *The cause of death of the 29-year-old veteran marathoner was still being determined as of press time. It was hotter than usual in Chicago, and her 3:40 finish may have in some way imposed undue stress on her heart, which was revealed in the autopsy to have a prolapsed mitral valve.* For Roberts, this latest fatality underscores the point that a vast database is needed. "It reinforces my belief that we need to track the deaths to protect the sport and the runners," he says.

Roberts would like to see the organization educate runners and the larger medical communities that host these events. He believes runners should know their individual risks, and that all would benefit from more outreach efforts on behalf of ARRMS. He says, "We want to address all aspects of medical care and race safety."

The ARRMS organizers all agree that the objective is not to curtail the influx of first-time marathoners the sport has seen in recent years. But, as Roberts acknowledges, "There needs to be a stronger educational effort on the part of the races to make sure that runners enter and start the race prepared and well."

Quite contrary to discouraging people from running, Ewert recommends that people run marathons in pairs. "That's an easy way to fight something like heat illness," he offers. Ewert believes that a buddy system similar to the one commonly taught in

conjunction with swimming would allow runners to observe whether their partner is deteriorating along the course, and help them get medical attention right when they need it.

ARRMS also envisions itself as a vital networking resource for race directors and their medical counterparts, who are always in need of up-to-the-minute information on safety issues, as well as a staff of capable volunteers. "This is an exciting time for those of us who have been working to put this together," said Roberts. "We hope to use a Web site to communicate to the various audiences—from runners to race administrators to medical providers—and embed in the site a secure area for members to correspond with questions and ideas."

Though the group discussed expansion into triathlons, cycling competitions, and skiing events, Roberts said the emphasis for now would be on road racing. Medical representatives from the nation's marathons made up over half of those in attendance, with personnel from shorter distance road races comprising the rest.

The next ARRMS meeting is planned to coincide with the Houston Marathon in January. That race's medical director, John Cianca, M.D., has been collecting data on marathoners' fluid replacement patterns for several years. Some of his team's findings were published this year in the *Clinical Journal of Sports Medicine*.

ARRMS calls for more research and race data in its effort to establish standard medical care recommendations. As far as event planning, it's clear already that marathons in warm climates like Houston should begin as early in the morning as is feasible and scheduled for the coolest time of year. A combination of setting agreeable conditions to the extent they are controllable, educating runners on the varying levels of individual risk, and providing medical staff with current, precise recommendations ensures the best—that is, the safest—environment in which long distance running may occur.