

# Health Insights Today

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## Olympic Chiropractor Interview with Michael Reed, DC, DACBSP

By Daniel Redwood, DC

**M**ichael Reed is the first chiropractor to serve as Medical Director of the Performance Services Division of the United States Olympic Committee and was one of four chiropractors sent to Beijing to treat American athletes at the 2008 Olympic Games. Reed's ascent to these roles grew organically from two decades of work with champion power lifters and other athletes and his leadership in creating a streamlined, multidisciplinary model of sports medicine.

Dr. Reed grew up in an environment steeped in athletics and chiropractic, with tennis, football and martial arts his sports of choice. From 1983-2004, he was in private practice in Grover Beach, California, specializing in sports chiropractic. He was a team physician at La Habra High School and consultant for women's gymnastics and track and field at California Polytechnic State University, San Luis Obispo. Reed also served the San Luis Obispo County Sheriff's Office Search and Rescue squad as a field training officer, medical quality assurance officer, and commander.

From 2004-2007, Dr. Reed was an Associate Clinical Sciences Professor at the Southern California University of Health Sciences and Director of the Campus Health Center and the Sports Medicine Residency Program. He began full-time work at the USOC in 2007.

*You recently returned from the Beijing Olympic Games, where you served the U.S. team as a treating chiropractor and also as the Medical Director of the Performance Services Division of the United States Olympic Committee. What was your typical day like in Beijing?*

There really weren't any typical days until at least the middle of the Games. As employees of the USOC, the other medical director and I had to go out a couple of weeks early. We were stationed at the High Performance Training Center, which was at Beijing Normal University, and we had to get that set up. Our first day involved setting up our sports medicine facility at the university, which consisted of a recovery center (which was massage and chiropractic), a training room and a physician's office. We worked out of all of them, not just the recovery area.

So we set that up, but then we had to set up everything else. We literally built out the whole track and field venue. We dug out the long jump pits that are a couple of feet deep with sand and sifted all the sand so that it wasn't all gravelly, horrible sand for our athletes to land in. We were pulling weeds. We helped build out the batting cages, set up the boxing ring. It was that kind of stuff, so there wasn't a typical day for the first several weeks.

Once the athletes arrived, our days were spent treating athletes. For me, this was from a chiropractic standpoint and a family practice standpoint, because we weren't just caring for our athletes, we were caring for the USOC. We had about 600 athletes there, but had a full contingent of about a thousand people. So we were caring for our USOC family as well, and quite a few were getting upper respiratory infections and gastrointestinal problems. So between Dr. Reasoner [John Reasoner, MD], who is the other medical director, and myself, we were caring for quite a bit of that.

*What are some of the things you were doing once the Games got underway?*

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Once the Games were underway, it was treating and assessing athletes. I am working very closely with GE [General Electric] Healthcare in doing musculoskeletal ultrasound. We have several studies going on. For instance, we had one of our athletes that pulled a hamstring while they were training. They were getting ready to compete. It was bringing them in, assessing the hamstring with diagnostic ultrasound to determine if they had torn the hamstring, and if they did, to what extent. And then treating that. So there was treatment from that standpoint and there was treatment from a recovery standpoint. The athletes had traveled long distances, so chiropractic was used extensively for travel-related stiffness and soreness. There was a lot of that and a lot of using Graston technique on quite a few of the athletes. Those were typical days.

*While retaining the confidentiality of the individuals involved, was there any particular case or cases where chiropractic care proved very helpful for a particular athlete's performance at their event?*

There were quite a few of those. I can't be specific as to what events they were in, but there was one young athlete that came in with a bursitis at the ischial tuberosity [the part of the pelvis on which a person sits]. They were having a hard time flexing the hip and that was a very important component of what they needed to do. And so a large amount of soft tissue work, manipulation, and stretching were all performed on the athlete, and the athlete did quite well. They were very happy. It was similar to what I said earlier about the hamstring; there was minimal tear to the muscle, and treatment involved getting in and doing the soft tissue work and combining that with manipulation of the pelvis, making sure they were moving correctly. And this athlete did okay after that. We worked on quite a few medalists.

*I assume it took a number of years for you to work your way up to your current position as Medical Director of the Performance Services Division. As far as I know, you are the first chiropractor to hold that position.*

Yes, that's true.

*How did you first become involved with Olympic athletes, either for their training or for the Games themselves? I read that you were at the 1992 Olympics in Barcelona.*

In 1988, I came out to the Olympic Training Center in Colorado Springs and started working with USA Weightlifting and by 1989 I was traveling as a team physician with them. I went to the 1989 World Championships in Greece with USA Weightlifting. I was in private practice at the time, in Grover Beach, California. I would come out here and spend several weeks a year working with USA Weightlifting. In 1992, USA Weightlifting nominated me to be on the International Medical Committee for the International Weightlifting Federation, which I was on until 1996. At that point, I decided not to maintain that position. It was a lot of travel and my daughter was born in '96. I wanted to be at home more.

In '97, I took over as Medical Director for USA Weightlifting and I maintained that position until I came here. I had developed a multidisciplinary setup with USA Weightlifting for their medical team. We had orthopedic surgeons, family practice, chiropractors, physical therapists and athletic trainers, all working very closely together. And the USOC liked that model.

*In your role at the USOC, how is collaboration fostered among members of different health professions?*

It's demanded.

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*If you want to be on the team, you have to be a team player.*

Yes. We don't care if you're an orthopedic surgeon, a chiropractor or a massage therapist. There'd better be collaboration. There'd better be, "This is what I'm feeling," or "This is the positive test I've come up with," or "I think this is a subclinical situation." Everybody needs to be getting along because we're working towards the goal of taking care of the athlete. So egos have to be checked at the door.

*In what ways have you found treating top athletes to be different from working with patients in a general practice?*

Top athletes want to get better, almost too soon. With a good portion of them, if we told them to go over and stand on their head in the corner for half an hour, they would do that if they thought they would get back in the game quicker, or that it would make them run faster or jump higher. It's almost in your treatment plan, kind of developing a 'soft' treatment plan where you recognize that there are people that you have to hold back.

An example would be one of my athletes here, who tore an ulnar collateral ligament in the elbow. We diagnosed that with the ultrasound and sent him out for surgery. He comes back post-surgery and we do the rehab. I'm doing weekly monitoring of that elbow with the ultrasound, stressing the joint, doing a bilateral comparison. I get to the point where I can say, "This is strong enough and I'm going to let you go back and start going through these overhead motions of your sport." I told him, "You can go out and snatch 60 kilos now." So we get all done, we're talking, and two minutes later he says, "Okay, so now I can snatch 90 kilos." And I said, "No, I told you 60." And he says, "80?" So it's that type of thing; they have a goal, they want to go.

*If a chiropractor or chiropractic student reads this and thinks to himself or herself, "I'd love to work with Olympic athletes some day," where would you tell that person to start? What are the necessary steps?*

The first thing they need to do is to get their CCSP [Certified Chiropractic Sports Physician]. Then, if they want to go on to this level, they probably need to become a team doctor and to get their Diplomate in Sports Medicine. And then, if they really want to be involved in the Olympics, they need to find national governing bodies [there are separate ones for each sport] and to become involved with those national governing bodies.

*Were you involved in athletics yourself, from an early age?*

Yes.

*Which sports? What in your background first stimulated your enthusiasm and led you onto this path?*

There are several things. I started playing tennis when I was about seven years old. My father was a tennis player and a chiropractor. He's one of the chiropractors who created the ACA Sports Council and the CCSP program. His name is Robert Reed. My father got me involved in tennis, having been a tennis player himself. I played tennis and I played football. I continue to play tennis to this day. I've also been involved in the martial arts since I was around ten years old. Active lifestyle.

*It's my understanding that chiropractors have been official members of the U.S. sports medicine team for the Olympics since 1980. I know that may be a bit before your time of involvement, but what do you know about the process through which that door opened?*

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I know quite a bit because in 1980 my father was the person invited to be the first chiropractor to go. Because he had five kids and a busy practice, he turned it down and he recommended George Goodheart, who did go. Then, in 1984, Eileen Haworth went, and I'm not sure about the selection process that was followed. Then the USOC opened up the door so that chiropractors could come in and start doing rotations at the Olympic Training Center.

*Which is where?*

In Colorado Springs. We have three training centers. Lake Placid [New York] and Chula Vista [California] are the other two. Then we have an Olympic Education Center in Marquette, Michigan, at Northern Michigan University. At this point in time, most of the chiropractors rotate through Colorado Springs.

*Is there now an official process under which chiropractors train, develop their credentials, and are evaluated for their qualifications to serve? What's the process through which you arrived at a decision to choose these four chiropractors to go to Beijing?*

In the past, there has been one chiropractor chosen for the Games. Then, in 2004, there were two. This year, it was supposed to have been two, as well. But some new things occurred. One was that I came in. It would have been kind of hard not to take me. The second is that Dr. Farrell was extremely involved with beach volleyball and they demanded that he be their provider. Historically, it had always been an athletic trainer.

*So it was driven by the athletes themselves.*

Chiropractic *is here* because it was driven by the athletes. And with Dr. Farrell, it was driven very hard by the athletes. Normally, there wouldn't have been four chiropractors going. So this was really a pilot study, and we're still sitting back and assessing how that worked out. But that may be part of the future for chiropractic.

*Is there anything else that you want to mention, to readers who are chiropractors, chiropractic students, or interested others? Anything that I haven't touched upon that you think would be worthwhile for them to know about this whole adventure.*

Yes, a couple of things. There's a large portion of my job here which is now coming to fruition. One of the reasons I was brought in was to create a new sports medicine model for the USOC. We're pretty close to having that model completed and releasing it in a couple of weeks [October 2008]. That new model is going to affect chiropractic selection. So it will be best, if chiropractors want to be involved with this, if they keep an eye on the USOC website, which is [www.usolympicteam.com](http://www.usolympicteam.com).

Also, in April 2009, I will be speaking at the American Chiropractic Board of Sports Physicians Conference in San Diego, along with the other USOC medical director, directly speaking to chiropractors about what the new medical model is and what role chiropractic will play.

*I realize you have not yet released the model, so this is not the time to speak in detail about it. But is this something that will be applicable more broadly, beyond the Olympics?*

Very much so.

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*One thing more. You mentioned the relationship with GE Healthcare with regard to the utilization of diagnostic ultrasound. What's your sense of its value? Are you, or others, going to be publishing research on this as a result of your work at the Olympics and at the Olympic Training Center?*

Yes. On the research, we have several programs going on. Prior to leaving for the Games, we had a decent number of athletes where we did a baseline analysis on the joints that are most commonly injured in their sports. And if there was an injury at the Games, then we were able to follow up with that. There was one specific case of a shoulder injury, where we had a baseline going in, and we could see a torn supraspinatus from an ultrasound in Beijing that wasn't torn in the baseline. So we were able to measure that and determine the treatment plan.

*So it's a quick, on-the-spot, relatively noninvasive method of evaluation.*

Yes. It shows us a lot. I can't tell you how excited I am about this. It was one of the reasons I wanted to come here. We started the program in 2005, and GE gave us all brand new units in May. The technology is just amazing. I have several papers in the hopper right now for what we're planning on doing with it. It could be a real boon to chiropractic from the standpoint of assessing injuries, for determining the extent of an injury. When we were training our athletic trainers on the unit, the radiologist was here and we were gapping an ulnar collateral joint, and the radiologist was saying, "No, you need about 20 more pounds of pressure to gap that joint." As you realize from working at a chiropractic college, there are people who are not putting enough effort into gapping the joint because they're afraid of injuring the patient. Now, with the help of the diagnostic ultrasound, you can have real feedback. You can put an ultrasound unit on a knee, or on an elbow, and know that *this* is the amount of force that it takes to gap this joint so that you have an accurate diagnosis. The feedback from an educational standpoint and from a diagnostic standpoint, is incredible.

For current information about the United States Olympic Committee, visit [www.usolympicteam.com](http://www.usolympicteam.com).

**Daniel Redwood, DC, the interviewer, is Editor-in-Chief of *Health Insights Today*.**