

## THE ORGANISATION OF REHABILITATION AT TOP EUROPEAN CLUBS: REAL MADRID CF



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#### Resources

The Real Madrid Club de Fútbol (RMCF) has its rehabilitation facilities for the first team integrated into the general first team training and dressing room area. They include a Physiotherapy Hall, a Functional Testing Hall, Gym & Functional Halls, Football Pitches, and Aquatic areas: Dress Room Hydrotherapy, Med Center Hydrotherapy, and 1st Residence Pool. All areas are completely equipped with the latest technology.

#### Organization

The medical services, in charge with the rehabilitation of the 1st team injured players, are composed by the Club Doctor, the 1st Team Doctor, nine Internal Physiotherapists (PT), a Rehab Trainer & Sports Scientist (RT), a Podiatrist and a Nutritionist.

These medical services are complemented by a worldwide network of external collaborators and advisers: doctors, PTs and RTs, contacted for concrete purposes in selected occasions, and under the coordination of the Club Doctor.

Last, one major hospital in town provides medical central services and care support facilities, and one local university provides an academic and scientific partnership.

Working in a part-time regime, the PTs are responsible of two or three players each. This responsibility covers the recovery and warming-up procedures, the implementation of the individual prevention programs, and the full and intensive dedication in case of injury, both in our facilities or even in the player's home if needed.

#### Rehabilitation Method

Our rehabilitation method calls for a team work between doctor, PT and RT. It starts with the Rehabilitation Plan for the whole injury period, made by the doctor. This plan is criteria-based and staged, and specifies the treatment objectives to achieve in each phase, both for physiotherapy and re-training. Then, the PT and the RT choose the adequate techniques and exercises to meet each objective, and design the daily schedule of physiotherapy and rehab training sessions. Specific rehab nutrition and rest are then added to the schedule, which is set one-two weeks in advance. Orthotic intervention is also advised by our podiatrist.

Each rehabilitation day starts with a meeting between player, doctor, PT and RT. The player is assessed clinically and subjectively, and the planned tasks for the day are modified if needed. Then, the PT and RT work in coordination during the several sessions of the day. The rehabilitation in RMCF is intensive both in terms of work time, as in tasks comprehensiveness.

**Control**

The general progression is discussed in the daily early morning medical meeting with all the medical team. This approach not only takes the most of all the staff knowledge, but also allows for the establishment of a unique clinical message to transmit to the player. The player is evaluated clinically everyday by the rehabilitation team, and frequent imaging studies are programmed along the rehab program. All the physiotherapy and rehab techniques and exercises applied everyday are registered in our on-line Common Information System (SCI) on the player's file, and most of the rehab tasks are video-recorded with action cameras for posterior analysis.

For change of phase criteria evaluation and return to play decision, we use laboratory functional testing, including isokinetic and pleokinetic strength evaluation, kinematic video analysis, kinetic analysis by telemetric insoles, GPS and accelerometry.

**Results**

We evaluate our results with both internal and external information. Internal is provided by the continuous feeding of the player's activity, treatments and interventions into the SCI, for posterior analysis and knowledge building.

External is gently provided by the UEFA Injury Study Group, which feeds independent, high-quality data about injury incidence, burden and players' availability that can be compared with similar level clubs. These results are key for the organization of the rehabilitation care.

**Summary**

RMCF injuries rehabilitation model is criteria-based planned, intensively implemented, team worked, closely controlled, and objectively evaluated. The results obtained during the last two seasons encourage us to keep following this approach in the future.