

No time to rest in Rio

Dr. Margo Mountjoy is a Guelph sports doctor, but she'll be doing more than treating patients at the Olympics. She also has responsibilities with the International Olympic Committee and the International Aquatics Federation

BY ART KILGOUR

PHOTOGRAPHY • DEAN PALMER

Margo Mountjoy may no longer be an elite athlete, but the Guelph doctor might end up being the busiest Canadian this summer at the Olympic Games in Rio de Janeiro.

Mountjoy will wear about six hats in her various roles with the International Olympic Committee and the International Aquatics Federation (FINA), which governs aquatic sports worldwide.

When she came to the photo shoot for this story, she had just returned from attending a pre-Games inspection of the aquatic facilities in Rio de Janeiro, Brazil as a FINA executive member.

Her responsibilities at the upcoming Games will include:

- overseeing medical services provided to athletes on the field.
- being involved in quality oversight of

antidoping control at Olympic venues.

- monitoring injuries to elite athletes, as part of an academic study.
- acting as an athlete welfare officer, reporting and managing harassment and abuse issues.
- attending all aquatics competitions (swimming, diving, synchronized swimming and water polo) on behalf of FINA.
- and, finally, keeping a watchful eye on several runners, triathletes and a swimmer who will likely be competing in Rio, since they are her regular patients.

Mountjoy has been practising for almost 30 years in Guelph and Rockwood as a sports medicine specialist.

Her research and policy work at the top levels of international sport include sitting on the International Olympic Committee's Medical Commission (Games Group) and the World Anti-Doping Agency's Health, Medical and Research Committee. And with FINA, she is a bureau member and liaison



to the Sports Medicine Committee.

Locally, she was appointed late last year as the clinical and academic lead at the University of Guelph's Health and Performance Centre, which means overseeing the clinical care offered at the centre and also directing its research in sports medicine and science.

She's a globetrotting whirlwind, with her finger in many pies, all related to elite athletics. You would think she probably spends most of her time on policy work and international travel. In fact, she's still a front-line Guelph sports doctor, who sees patients regularly in her office at the Health and Performance Centre.

"Just this morning, I saw both a young Olympian and a 70-year-old woman," she says on the day she has carved out a bit of time to be interviewed.

Mountjoy is an expert, both theoretically and practically, in how elite athletes can prevent injury through good nutrition and proper fuelling. She helped the International Olympic Committee's Medical Commis-

sion come up with a new framework for a problem that's now termed "Relative Energy Deficiency in Sport."

In short, it often means athletes have to eat more, especially calorie-rich foods, which endurance athletes sometimes shy away from in an effort to keep their weight down.

"Appetite isn't always a good indicator of energy needs," Mountjoy has found. She often has to persuade athletes that being a little heavier will benefit their health long-term.

How does she know if an athlete under her care is undereating or suffering from Relative Energy Deficiency in Sport? "It's both an art and a science," she replies. The science involves testing athletes regularly, by taking blood and examining it for obvious markers like low iron but also testing more deeply for hormone levels and immune status.

For female athletes, it also means checking that they have regular menstrual

periods, the lack of which is called amenorrhea and is a classic marker of overtraining and undereating.

The "art" of monitoring an athlete's health comes from hunch and experience. Dave Scott-Thomas, who coaches the elite runners on the University of Guelph varsity teams as well as post-varsity runners — and Olympians — with the Speed River Track and Field Club, says he can "hear" when a runner is labouring in training, beyond what he would normally expect.

He describes the system Mountjoy has come up with over the last two years as "a more complex assessment of our athletes at a deeper level" than ever before. The two of them consult often about the health of the athletes under their supervision and decide together "when we have a medical lead on a decision regarding an athlete and when we have the coach lead."

In fact, Mountjoy has long studied the health problems that female athletes face. Last year, she edited a new handbook

called "The Female Athlete" by the Olympic committee's Medical Commission. But she notes all athletes can suffer from the effects of low hormone levels. Top United States distance runner Ryan Hall, a two-time Olympic marathoner, recently retired from the sport at age 33.

His retirement announcement included the revelation that he has suffered from low testosterone levels since he was a teenager.

Mountjoy's realization that overtraining and underfueling was hurting both female and male athletes led to the redefinition of a syndrome that used to be applied to females only — the female athlete triad — which is now termed Relative Energy Deficiency in Sport to include both sexes.

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Katrina Allison is a University of Guelph athlete, a cross-country runner in the fall and a 10,000-metre track racer in the spring and summer. She is coached by Scott-Thomas and also sees Mountjoy on a regular basis. The 22-year-old is in her

fourth year at university in biomedical sciences and has applied to medical school. She has been a varsity runner for four years and a member of four national championship Gryphons teams.

"I've seen our care evolve over the time I've been in Guelph," says Allison. Initially, Mountjoy discovered she had low levels of ferritin, an iron molecule whose absence in the blood eventually leads to anemia and low energy. Eventually, by taking supplements, Allison brought her ferritin up to a consistent acceptable level.

In recent years, she has been part of the newer hormonal testing that Mountjoy does with the Guelph athletes several times per season. Allison finds that her energy fluctuates with training. "I'll be feeling good, training hard, but that is followed by lower energy if we don't stay on top of it."

She has learned that if she's having a poor training day, "maybe it's a bit smarter option to back off because it will benefit you in the long run."

She had hoped to be competing in some top-level outdoor U.S. track meets earlier this year in an effort to qualify for the Olympics in the 10,000 metres. However, she developed a pain in her foot in late March.

After seeing Mountjoy, and having an MRI, it was diagnosed as a stress fracture, which derailed her training and race plans. Looking back over her tests, she thinks the injury is rooted in a dip in her hormone levels last year, something they caught and corrected but which might have led to the overuse injury in her foot.

"It's a bit heartbreaking for sure," she says, but her ultimate plans are to qualify for the Olympics in a much longer distance, the marathon. That's an event where athletes mature a little later, typically in their late 20s, so Allison is taking a long view.

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The conversation with Mountjoy eventually turns to performance-enhancing drugs in sport, an area she is uniquely positioned to comment on. The Russian



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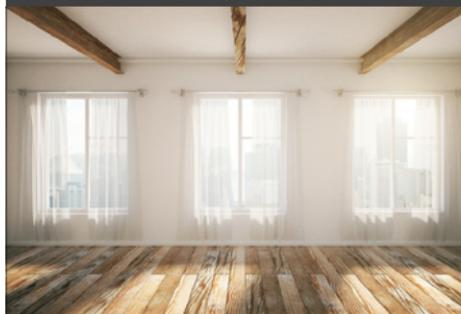
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track federation and an alleged coverup by international track officials is a current hot topic. She finds the scandal “disturbing and disconcerting,” but she refrains from commenting further.

Later, she explains her position on drug use in general terms: “We have to protect the athletes’ health and also uphold the integrity of their competition.” She also expresses a lot of faith in the current drug-testing system. “We can find a needle in a haystack now.”

Scott-Thomas speaks forcefully on the subject. “I was pissed off as I watched the semi-finals of the women’s 1,500 metres in London (at the 2012 Olympics), because I knew there were loads of cheaters in that race.”

Ultimately, Scott-Thomas’s athlete, Hilary Stellingwerff, failed to qualify for the Olympic 1,500 metre final, finishing just one-tenth of a second out of contention. Since then, six athletes who made the final have been linked to doping, confirming Scott-Thomas’s suspicions. “Hilary would have been in the final and probably finished in the top six to eight in the world,” he says.

It will be fine with him if Russian athletes are banned from competing in Rio. Yet he also shows optimism. “I do believe there are people competing at the highest level who are clean.” His athlete, Stellingwerff, now 34 and mother of a two-year-old boy, is trying one last time to make it to an Olympic final in Rio, again in the 1,500 metres.

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Mountjoy was an international-level synchronized swimmer in the late 1970s, a sport that used to place a lot of emphasis on an idealized body image for the women who compete in it.

“Travelling the world competing for Canada was very cool,” she remembers. Synchro swimming wasn’t part of the Olympics until 1984, at which point Mountjoy had stopped competing to go to medical school. Within months of getting her medical licence in 1987, she joined the

national synchronized team as a doctor. She travelled with the team for years and has attended seven Olympic Games since then, in various roles. Rio will be number eight.

Mountjoy, born in 1961, practises what she preaches to her athlete and non-athlete patients, which is a physically active lifestyle with healthy food choices.

“I run for fitness and do Pilates for strength,” she says matter-of-factly.

“What will you eat for lunch today?” I ask.

She laughs at the interrogation and answers, “I brought a salad with leftover steak, whole-grain crackers and an apple.”

“What did you eat for breakfast?”

“Special K, the whole-wheat version, with fresh fruit,” she replies.

In addition to her appointment to lead the Health and Performance Centre last year, she has also completed her PhD in sports medicine, so she has no problems with low energy. She earned the degree at a distance from VU Amsterdam, where her supervisor was located. Her thesis was on the role of sports federations in promoting health in athletes and the wider society.

“You hardly see any obesity in Amsterdam,” she observes. “Everyone rides their bikes everywhere. Fitness is embedded in their everyday lives.” She’d like to see more of that in Canada, with kids walking to school and playing outdoors as much as possible.

Although she still clearly gets a competitive charge from working every day with elite athletes, the mother of three children, aged 19 to 25, who recently marked 30 years of marriage to Rockwood family doctor Kevin Samson, seems to be motivated ultimately by a broader public conception of health.

“I wanted to save the world as a doctor,” she says of her decision to go into medicine more than three decades ago. Now she’s content to tell her patients, “Let’s start with a 15-minute walk, every day” — because that too will make the world a better place. ☺

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