



AN INTERVIEW WITH MICHEL d'HOOOGHE

There was a time when football and sports medicine were considered separate entities. Back then, medicine was meant to get players back on the field as soon as possible. Today, we recognise the important connection between sports medicine and football, thanks largely to Michel d'Hooghe, a man who has dedicated his life to the health of football players. His enthusiasm for the sport has taken him from club doctor to President of the FIFA and UEFA Medical Commissions where his influence is felt around the world in the form of programmes and initiatives that have helped to shape the beautiful game.

How difficult is the job of Chairman of the FIFA Medical Commission?

I wouldn't say it is difficult, yet it's also not easy. It is something that you need passion for. For this job, you need passion for two things: medicine and sport. If you have these two passions, then a difficult job becomes easy.

How has your role developed over the years?

First of all, times have changed. When I began to specialise in sports medicine after university, I immediately declared that I was particularly interested in working in football. That was quite unusual at the time as there was absolutely no inclination towards football in the medical world.

When I began working as a young team doctor, there was only one question asked of me every single week: "can he play next Sunday?" It didn't matter what state the athlete was in – if he could play, I was a good doctor, if he couldn't, I was a bad doctor. That was the attitude at the time and we have seen that change now. I have been president of the FIFA Medical Commission for 25 years and I have seen how interest in sports medicine has grown.

This is perhaps the greatest evolution in these 25 years. When I started at FIFA, no one really took medicine seriously. Now, it is completely different and medicine is considered the most serious item on the agenda of the executive committee. Everybody is interested in it.

How did you become Chairman?

I would say probably because of my two passions that I mentioned earlier. But I also think perhaps there is an element of fate or



coincidence involved. I do believe that, at the age of 20, you don't design your destiny; your destiny is designed for you. The best advice I can give to young colleagues is that when it comes to the job that you have today, do it as well as you can, then you will have a good future. Don't say 'I want to be there in 5 years or in 10 years', because destiny decides for all of us. Some say that success is created by doing ordinary things extraordinarily well. I think that is true, and this is the best advice I can give to anyone.

According to the last FIFA Big Count, there are around 300 million registered players worldwide. How do you look after the health of these players?

Well, I must confess I have not examined the 300 million players in the world! This is not my job, but we do have to take care of them. FIFA has created a very strong medical programme which is

supported by FMARC, the FIFA Medical Assessment and Research Centre. This research is converted into medical advice that we use to serve the 209 national football associations.

So many people playing around the world must mean that there are people playing in a wide variety of conditions. What is the best type of football pitch, in your opinion?

I always say that the best ground to play on is the 'natural' grass field. The second best is the synthetic ground that meets the high FIFA standards. I know that for many countries, the future of football is in artificial turf, especially in countries where it is too dry to have a grass field or in countries where there is too much humidity and you can't keep a natural field in perfect condition.

However, from a medical viewpoint we want to know if more injuries occur on a grass or artificial field. We have examined this at

Football is more than just a sport – it's a part of society and helps shape the lives and attitudes of young people all over the world.

FIFA competitions as well as in the European confederations and we have found that, in fact, there is not a higher rate of injury in either one. Players don't always like to play on the artificial field because they are used to grass, but in terms of injury there is no difference. The only question that is still unresolved is whether there is a risk of increased injury if you change between the two field types. So you play 1 week on the natural turf and then 1 week on artificial turf, or you train on artificial turf but then play on natural turf etc. This issue came up recently with the 2013 Women's World Cup in Canada. It was proposed that the athletes train on artificial turf and play on natural turf but because we don't definitively know about whether this could affect injury rates, the medical committee gave the advice not to do that but rather to play and train on the same turf.

How has football influenced sports medicine and vice versa?

Well, football is a wonderful instrument for reaching the youth of the world. In the beginning of my career at FIFA, we used to focus on medicine for football. We would put all our collective medical knowledge into the service of football and this resulted in changes to the regulations such as protective equipment like shin guards, allowing time for hydration during a game etc. Now, we say football for health. We have changed from football for medicine to football for health. That means that now, in 20 countries all over the world, we have programmes within the schools and governments aimed at educating people on the subject of health using football as the tool. In one programme, top players like Messi and Ronaldo visit schools and give simple advice about healthy habits such as hand washing to children. They are able to deliver that advice because they are football stars. So, football becomes more than just a sport – it becomes a part of the society and helps shape the lives and attitudes of young people all over the world.

What does it take for a facility to become a FIFA Medical and Research Centre?

To become a medical centre of excellence, you have to respond to a certain number of criteria. First of all you must have a great sports medicine programme – that is logical. Secondly you must have an education element to your programme, meaning that you must present training opportunities for young sports medicine

professionals such as physiotherapists and doctors etc. Third, you must accept to conduct scientific research which aims to promote sports health all over the world. Fourth, you must work within the strategy of the medical vision of FIFA and its 30 medical centres all over the world. For instance, you might collaborate on data collection, or provide subjects for a study.

What do you think the FIFA medical commission will focus on in the coming years?

There are, of course, many fields where we are making progress. Our primary concern at the moment is the prevention of injury. Contact injuries are a matter for the referee. I always call the referee the first doctor on the field, even if he has no medical qualifications, because if he has a strict application of the rules he can foresee a lot of possible contact injuries.

In regards to the non-contact injuries, we have prepared a fantastic programme call the 11+. This is becoming popular all over the world and we have a lot of statistics to support that this is working. This is a fantastic success, but prevention is about more than just preventing injuries. Prevention is also important for things such as sudden cardiac death. That is why we have developed a pre-competition medical assessment, which involves a complete medical, orthopaedic and cardiology exam that is compulsory for all players who participate to our 13 World Championships. Of course, we can't screen all 300 million football players worldwide, but if we can begin at World Championship level and then cascade down to the national associations and then to the professional clubs etc, I think we will have done a good job.

There are also other matters of prevention where we are developing in areas such as hydration, nutrition and doping. We have zero tolerance to doping for three reasons. First of all because doping is against the ethics of sport, secondly because doping is against the integrity of our competitions and thirdly, for us doctors by far the most important thing is that doping puts our players' health at risk. All doctors know the side-effects and that many young athletes have suffered very seriously or even died because of doping. So prevention, medical support at all our competitions and zero tolerance towards doping are our three main points of focus for the future. ■