Infographics: Winning road cycle races: a Team Sky perspective.


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WINNING ROAD CYCLE RACES
A SPORT MEDICINE PERSPECTIVE

TEAM PHILOSOPHY: MARGINAL GAINS = CYCLE OF CONTINUOUS IMPROVEMENT AND SURROUNDING YOURSELF WITH THE BEST TEAM

MEDITERRANEAN AND WELL-BALANCED DIET

60mins

HYDRATION
Monitor the colour of your urine to assess your hydration, aiming for a light yellow colour.

CROSS TRAINING
Do at least one non-bike training session per week. Strength and conditioning work has been shown to improve bike speed and endurance capacity (3), without causing weight gain.

POST-EXERCISE RECOVERY STRATEGIES
a. Compression garments
b. Ice-baths
c. Post-race massage and stretching
d. Good quality sleep, aiming for at least 8 hours sleep per night.
e. Good personal hygiene.
f. Appropriate stress management.

PLAN AND MONITOR YOUR TRAINING
Generally, week-to-week increases in training volume should be no more than 10%. A 'hard' session should be followed by a lighter session, with at least one rest day per week.

MULTI-DISCIPLINARY SUPPORT TEAM
includes doctors, psychologists, sport scientists, nutritionists, sport scientists and ‘carers’.

REDUCING EFFECTS OF TRAVEL
a. Chewing gum with xylitol e.g. pre-flights, to reduce risk of infections when flying.
b. Stay well-hydrated during the flight, avoiding alcohol, and keep mobile in-flight.
c. Start adjusting to the new time zone before you leave.
d. Compression stockings.

e. Ideally arrive at least one week before the race, to allow your body to adapt to the new time zone and environment, including heat exposure.
f. Consider flight times in relation to training, and racing plans to minimise infection risk to athlete.
g. Review risks of travel in multi-disciplinary team and if any precautions, e.g. travel vaccines, food, water, etc, need to be planned.

HEALTH SCREENING
a. Pre-season medical
b. Regular blood screen
c. Vaccinations – influenza; hepatitis A and B; traveller’s diarrhoea.
d. Regular ‘wellbeing’ monitoring via an app.

ON-RACE HEALTH MONITORING
a. First pass urine osmolality and early morning weight checks to assess hydration.
b. Early morning health screen to detect infections early.

EXPERT MANAGEMENT OF COMMON CYCLING MEDICAL ISSUES
a. Infection – commonest reason for being ‘off bike’. For example, for common cold viral infections use zinc lozenges at a dose of 80mg/day started within 24 hours of symptoms and continued for up to 2 weeks.

b. Trauma. Road rash, with associated wound management, and fractures from falls, especially management of clavicular fractures.
c. Overuse injuries, especially common around the knee (e.g. patellofemoral pain) and low back pain.

d. Pre-season

TEAM PROTOCOLS
a. Infection prevention and antibiotic protocol.
b. Hand hygiene.
c. Exercise in the heat guidelines
d. Altitude camp protocol. Generally ‘live high, train low’.

DIETARY SUPPLEMENTATION
Generally not needed if you have a well-balanced diet but ones to consider with appropriate review:
a. Vitamin D, particularly in winter months.
b. Probiotics.
c. Iron, particularly if considering altitude training.

REFERENCES