Pot use not condoned, sports ethics centre maintains

Becoming an apologist for an athlete’s inadvertent ingestion of a prohibited substance was never Dr. Andrew Pipe’s intent, but readers would never have garnered that impression from a quick review of media accounts of the 48-year-old Ottawa physician’s involvement in the Winter Olympics. During intense media coverage of the Canadian Olympic Association’s eventually successful attempt to restore snowboarder Ross Rebagliati’s gold medal after minuscule traces of marijuana were found in his urine, Pipe was portrayed as the Canadian snowboarder’s “great defender.” That’s nowhere close to being true, says Pipe, who serves as volunteer chair of the Canadian Centre for Ethics in Sports.

“Unfortunately there has been a misperception that our organization, which is committed to drug-free sport, has somehow been attempting to condone and defend the use of marijuana,” says Pipe. “That would be a most inappropriate and illogical conclusion.”

The centre, which has a 9-member Board of Directors, was formed following a recommendation from the Dubin commission that looked into doping in sports following the 1988 Ben Johnson steroid scandal at the Summer Games in Seoul. Pipe, who holds a cross-appointment in the departments of Family Medicine and

An entrepreneurial attack on snowboard injuries

Legend has it that an apple that fell on Sir Isaac Newton’s head inspired the English mathematician’s 17th-century discovery of the law of gravity. More than 300 years later, gravity played a leading role in Dr. Mark Borzecki’s own more specialized discovery. Two winters ago the 38-year-old family physician was snowboarding on Mont Tremblant, a ski hill near Ottawa. A fourth-level ski instructor, he took a nasty spill and injured his right hand. As the ski patrol helped him down the mountain, Borzecki realized that a protective wrist guard could have prevented his injury. That evening he contacted a friend, fellow snowboarder Dave Nielen, and asked him to produce such a device.

Nielen, a prosthetist and orthotist, emerged 5 days later with a high-density polyethylene plastic prototype. That initial version covered only the dorsal surface of the forearm and the hand, encasing the thumb to prevent hyperextension. After trying several more versions, the duo settled on their final product by adding a slab to cover the volar surface of the forearm. It is joined to the other slab by 2 adjustable Velcro straps. An extra nonadjustable strap was added for the thumb.

Although that digit is a likely candidate to sustain injury, the wrist is even more vulnerable: one-third of all snowboarding accidents cause some damage to that part of the body, says Borzecki. He treats about 100 injured snowboarders a year in the emergency rooms in Arnprior and Carleton Place, 2 Ottawa Valley communities.

“When you stumble skiing, you split your feet wide and regain your balance,” he explains. “When you’re snowboarding, your feet are in a fixed position so when you pitch, what takes the impact? Your hands.”

With an estimated 1.4 million snowboarding visits paid to Canadian ski hills in 1996-97, Borzecki thinks the protective device can help keep winter jocks away from hospital emergency rooms. In fact, that wish became part of the invention’s name: No Gomer, based on the 3-decade-old medical slang acronym for Get Out of My Emergency Room.

In addition to receiving orders for 2000 No Gomers, priced at $44.95, Borzecki hopes the name will become part of snowboarding lexicon and lead to some brand-name identification in the process. The equipment went on sale last month. “Maybe snowboarders will start saying they did a ‘gomer’ when they break their wrists,” he says. — © Christopher Guly