

2015 UIPM MEDICAL RULES

- 1. Sphere of Application** These Rules apply to each National Federation and each participant in the activity of the UIPM or any of its National Federations by virtue of the participant's membership, accreditation or participation in the UIPM or its National Federation activities or competitions. In case of conflict the UIPM Statutes, Rules on Internal Organisation, Anti-Doping Rules, Anti-Doping Procedures and Code of Ethic shall prevail.
- 2. General principles and confidentiality**
 - 2.1** Athletes shall enjoy the same fundamental rights as all patients in their relationships with physicians and health care providers. The relationship between athletes, their personal physician, the team physician and other health care providers shall be protected and be subject to mutual respect. The health and the welfare of athletes prevail over the sole interest of competition and other economic, legal or political considerations.
 - 2.2** Athletes shall be fully informed, in a clear and appropriate way, about their health status and their diagnosis; preventive measures; proposed medical interventions, together with the risks and benefits of each intervention; alternatives to proposed interventions, including the consequences of non-treatment for their health and for their return to sports practice. The voluntary and informed written consent of the athletes shall be required for any medical intervention.
 - 2.3** Athletes may refuse or interrupt a medical intervention. The consequences of such a decision shall be carefully explained to them.
 - 2.4** Particular care shall be taken to avoid pressures from the entourage (e.g., coach, management, family, etc.) and other athletes, so that athletes can make fully informed decisions, taking into account the risks associated with practising a sport with a diagnosed injury or disease.
 - 2.5** Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity. They may also define in writing the way they wish to be treated and give any other instruction they deem necessary.
 - 2.6** All information about an athlete's health status, diagnosis, prognosis, treatment, rehabilitation measures and all other personal information shall be kept confidential, even after the death of the athlete and all applicable legislation shall be respected. As to whereabouts information, Therapeutic Use Exemptions and other anti-doping related matters the UIPM Anti-Doping Rules and UIPM Anti-Doping Procedures apply.
 - 2.7** Confidential information shall be disclosed only if the athlete gives explicit consent thereto, or if the law or prevailing UIPM Rules expressly provide for this. Consent may be presumed when, to the extent necessary for the athlete's treatment, information is disclosed to other health care providers directly involved in his or her health care.
 - 2.8** Intrusion into the private life of an athlete shall be permissible only if necessary for diagnosis, treatment and care, with the consent of the athlete, or if it is legally required. Such intrusion is also permissible pursuant to the provisions of the World Anti-Doping Code, the UIPM Anti-Doping Rules and UIPM Anti-Doping Procedures.

- 2.9** Athletes shall have the right of access to, and a copy of, their complete medical record. Such access shall normally exclude data concerning or provided by third parties
- 2.10** Athletes shall have the right to demand the rectification of any erroneous medical data in their files.
- 3. Pre-participation and Periodic health evaluation**
- 3.1** Member (National) Federations shall use best efforts to ensure that all athletes under their jurisdiction competing in International Competitions are in a state of physical health that is compatible with elite level competition in athletics, so that risks (eg. sudden cardiac death) can be avoided.
- 3.2** Every Member Federation shall use best efforts to ensure that appropriate and continuous medical monitoring of its athletes with the main purpose of screening for injuries or medical conditions that may place an athlete at risk is undertaken either internally or through an approved external body.
- 3.3** If periodic health evaluation evidence indicates that an athlete is at serious medical risk, it is a duty of the Medical Delegate or other competent physician to intervene avoiding any health risk for the athlete and it has to be guaranteed them the relevant authority.”
- 3.4** Considering that pre- participation or periodic health evaluation can contribute to screening of athletic population and detection of asymptomatic silent diseases, to prevention of acute unexpected health problems or life-threatening events, to appropriate and precocious management of health conditions, to decision on the opportunity to participate in intensive sport activity, to opportunity for athletes to have continuous medical and health education contact and evaluation of medication or nutritional products, to avoidance of unwanted violation of WADA Anti-Doping rules, and to suggestions for applications of Therapeutic Use Exemptions, important aspects not to be missed in periodic health evaluation are :
- 3.4.1. Sudden cardiac death and the detection of risk factors and groups
 - 3.4.2. Non cardiac medical problems
 - 3.4.3. Risk factors for musculoskeletal injuries
 - 3.4.4. Eating disorders.
- 3.5** Based on statistics the physical evaluation shall focus on (but not only) cardiac and pulmonary system of the athlete
- 4. General Medical Care**
- 4.1** A pre-participation medical test is recommended for high level athletes. It shall be performed under the responsibility of a specially trained physician.
- 4.2** Prior to any competition the local Medical Committee established for each competition shall provide information - by means of the team manual: website, or other tools - on particular vaccinations requested by the World Health Organisation (WHO) and/or national or international travel laws, if any.
- 4.3** The mission of the Medical Committee/Team is: to provide primary and emergency care to athletes, staff, officials, judges, volunteers, family members and spectators at all competition, training, and other event sites; to provide other medical support services

needed to ensure the safety and health of the above described persons; and to arrange for referrals, where necessary, to a higher level of health care.

- 4.4** Medical staff must be available at least 1 hour before the start of the competition, and remain until the competition is over. The medical staff shall include a primary care or emergency room physician with special interest in sports medicine and veterinarian. Other physician staffing can include: orthopedic surgeon; intensive care physicians; nurses; physicians' assistants; EMTs; and paramedics.
- 4.5** Medical staff has to be equipped by communication system in order to be able to communicate between them on-time.
- 4.6** Medical team should be easily recognisable to athletes and spectators, Distinctive identification markers including caps, arm bands, vests, T shirts and/or bibs labelled with individual training level (physician, physiotherapist, nurse, EMT, etc.) shall be used for easy recognition of the medical team .
- 4.7** If more than one physician is present, it is recommended to determine a medical director
- 4.8** The Medical director is responsible to set up communication with local authorities (Police, Fire-station) and health care facilities (hospital, paramedics) and communicate them the address where the venue takes place. It is also recommended to pass together with the authorities through event schedule and all details, places and expected participation of athletes & spectators.
- 4.9** The Medical director shall set a brief meeting with team representatives and instruct them where to find basic health care facilities and about safety features in all venues
- 4.10** Health care providers who care for athletes shall have the necessary education, training and experience in sports medicine, and keep their knowledge up to date. They shall understand the physical and emotional demands placed upon athletes during training and competition, as well as the commitment and necessary capacity to support the extraordinary physical and emotional endurance that sport requires.
- 4.11** Considering that environmental conditions impact the health and safety of all and also the athlete, the scheduling of events and order of events must be made such as to take advantage of the coolness of the morning in the hot climates and the warmth of the midday in the cooler climates if the events are outdoors.
- 4.12** Organising Committees of UIPM competitions must provide adequate fluids and food for breakfast, lunch and snacks at all competitions sites. An estimate of the average calorie intake for a 1.85m, 80kg male athlete is 3000 calories. This may be higher during heavy training periods but for a competition day, this would be a reasonable average.
- 4.13** Fluid intake must average between 3-6 litres per person, depending on the heat and humidity. Sports drinks must be between 6-8% carbohydrate concentrations. All selection of drinks proposed or minimum bottled water has to be reachable to all athletes directly in all venues (warm up area, stadium...) in order to avoid de-hydration of athletes.
- 4.14** Some of the food selection may be limited by the ability to keep certain foods cold. Nutrition guidelines are to be respected (see Annex 1).

4.15 The local Medical Committee (Physician and Veterinarian) shall supervise environmental health, sanitation of food and safety at all venues, including housing facilities, and training and competition sites. The local medical committee will be informed about any possible reports of communicable and food-borne illnesses, and will co-operate with local public health authorities, especially in cases of infectious diseases manifested by a rash and fever (measles, rubella, varicella, dengue fever, etc.), gastro-intestinal illnesses; hepatitis; influenza-like illnesses; and sexually-transmitted diseases.

4.16 The risk of heat illness increases above 21°C (70°F) and 50% relative humidity. The wet bulb globe temperature (WBGT) which measures the combined thermal stress from the wet bulb (WBT), dry bulb (DBT), and black globe (BGT) thermometers has been widely used to assess environmental heat stress.

The WBGT is calculated as $0.7WBT + 0.2BGT + 0.1DBT$, measured outdoors.

A corresponding coloured flag system can be used to visually signal the thermal injury risk of current weather conditions to competitors and spectators.

The WBGT and colour coded flags to indicate the risks of thermal stress are:

- | | | |
|----------------|---------------|------------------------------|
| - BLACK FLAG: | Extreme Risk | - WBGT is above 28°C (82°F), |
| - RED FLAG: | High Risk | - WBGT is 23-28°C (73-82°F), |
| - YELLOW FLAG: | Moderate Risk | - WBGT is 18-23°C (65-73°F), |

4.17 Optimum medical support for events is oriented to organise medical and physiotherapy services, both at the athletes' accommodation site, and in the competition and training venues, according to the number of participating athletes.

4.18 A minimum of one ambulance must be on site at all times.

4.19 Team Doctors from the different countries should be permanently informed whether their athletes required medical assistance in the field, or in the main treatment area. The Medical Director should make the necessary arrangements to ensure that a member of the Medical Committee will liaise with Team Doctors and provide them with any medical information on their athletes.

4.20 Medical staff has to guarantee medical data recording and reporting.

4.21 All UIPM athletes must have physical evaluations by their medical staff or their National Federation medical doctors. Records shall be kept on file on each of the UIPM Member Federations of the athletes' health and any subsequent injury or illness. In case of a significant lapse in training an update medical evaluation is required that will also become part of a medical record on file with the Member Federation.

4.22 Illnesses are recorded for retrospective evaluation of illness/injury trends. It is recommended that all UIPM Member Federations keep such a record of the injury. When medically indicated, a formal request may be made through the UIPM Headquarters for such records from the Member Federations.

4.23 To prevent any transmission of blood born viral diseases from participants or by pieces of equipment to participants, all athletes with bleeding wounds and blood stained equipment must be removed from the competition and cleaned as well as disinfected before returning to the event. Bandaging of the injured area must be accomplished as to prevent contamination to others.

4.24 Fencing and Riding are more dangerous activities. Therefore, a faster accessibility to medical assistance is necessary. On site medical care with resuscitation capability is recommended. General medical assistance must be available to all participants and spectators as it is generally to the public.

4.25 Sanitary facilities must be provided for athletes and participants at each event site.

5. Injections

5.1 The UIPM feels committed to a “no needle policy”. During UIPM Events (from 24 hours before the start of the Competition), any injection to any site of an athlete’s body of any substance:

5.1.1. Must be medically justified based on latest recognized scientific knowledge and evidence based medicine. Justification includes physical examination by a certified medical doctor (M.D.), diagnosis, medication, route of administration and appropriate documentation;

5.1.2. Must respect the approved indication of the medication (= no off-label treatment) and there must be no non-injectable alternative treatment available;

5.1.3. Must be administered by a certified medical professional;

5.1.4. Must be reported immediately and in writing not later than 24 hours afterwards to the UIPM Medical or if not present to the Technical delegate (except athletes with a valid TUE for this competition). The report must include the diagnosis, medication and route of administration.

5.1.5. In case of a local injection of glucocorticosteroids, the athlete must be put at rest and prevented from competing for 48 hours.

5.1.6. In case of an injection of a prohibited drug, the normal procedure foreseen in the International Standard for Therapeutic Use Exemptions has to be followed.

5.2 The disposal of used needles, syringes and other biomedical material which may affect the security and safety of others, including blood sampling (e.g. lactates...) and other diagnostic equipment shall conform to recognized safety standards.

5.3 Any violation of one of these principles may constitute a violation of the UIPM Rules and may lead to penalties for the team doctor, the athlete or the team manager, including exclusion of the person concerned or, where appropriate, disqualification of the whole team from the Competition.

5.4 The costs of any investigations related to this rule may be charged to the member federation concerned.

- 6. Veterinary Care**
- 6.1** A veterinarian must be available for animal care during the whole duration of the competition.
- 6.2** All horses have to be inspected by a veterinarian 1 day before competition and the result has to be communicated to the UIPM Delegate assigned to the competition.
- 6.3** Horses are not eligible to compete at any time when any limb or part of a limb has been temporarily or permanently desensitised by any means. Hypersensitisation of limbs is considered an abuse of horses.
- 6.4** When treatment of a horse with a Prohibited Substance or the use of alternative treatment or the use of medication not on the list of Prohibited Substances is required, the treating veterinarian must inform the UIPM Medical or Technical Delegate prior to treatment and achieve permission in writing.
- 6.5** The Delegate will decide whether the horse is still fit to compete and whether it may have a possible unfair advantage as a result of treatment. If a horse must be treated with a Prohibited Substance prior to arrival at the competition, the UIPM Medical Delegate or Technical Delegate must be consulted as soon as possible upon arrival at the venue. On such occasions, a statement signed by a veterinarian must be submitted, stating the reason for treatment, the substance, the dose, route, and exact time of administration.
- 6.6** The Delegate will decide whether the horse is fit to compete and whether it may have a possible unfair advantage as a result of treatment. At UIPM competitions where no such Delegate or other person authorised is present the Pentathlon Director is responsible to ensure the application of this rule.

ANNEX 1

NUTRITION AND FLUID REQUIREMENTS FOR MODERN PENTATHLON

Adequate caloric intake and optimal hydration are essential to provide the energy necessary for peak performance and injury prevention. An average 1.85m, 80Kg. male pentathlete will consume approximately 3000 calories during a competition day. This intake may be greater during heavy training days. No supplements are to be provided or offered by the Organising Committee to the athletes.

FLUID INTAKE

Fluid intake should average between 3 and 6 litres per athlete, depending on heat, humidity, and size of athlete. There should be unlimited amounts of fluids available. Water is the best choice for hydration. It may be supplemented with sport drinks with carbohydrate concentrations between 6–8%. Higher carbohydrate concentrations cause a slowing of absorption into the body systems thus slowing hydration. Liquids for hydration must be located close to athletes during competition. Research and experience show that if an athlete must look for or go get fluids during competition, they will not drink properly. Drinks should be available iced as well as at room temperature.

NUTRITIONAL INTAKE

BREAKFAST

Ideally the pre-competition meal should be taken approximately 3 hours prior to competition. A variety of foods should be available to accommodate athletes from all countries.

SUGGESTED BREAKFAST FOODS

Bagels, rolls, muffins	Fruits – bananas, apples, oranges, other fruits.
Yoghurt, low-fat and fat-free	Bread with, cream cheese, jam, and butter
Whole grain cereals with low-fat and skim milk	Eggs (boiled or scrambled)
Fruit juices, water, sport drinks	Coffee, tea

LUNCH

The lunch meal may provide the most problems for the event organisers. Not all athletes will want or need to eat at the same time during the competition. Some may want to eat following fencing, prior to swimming others following swimming, prior to the riding event. It is very important that all athletes have the opportunity to eat lunch when necessary. This may require the availability of lunch foods at more than one venue. Transportation and refrigeration of cold foods may present problems that must be planned for. Areas should be set up in close proximity of the competition for provide easy access for the athletes. Also access needs to be restricted to athletes and their coach. LOC staff and volunteers should have a separate area for their lunch.

LUNCH SUGGESTIONS

Sandwiches – turkey, chicken, cheese	Yoghurt, low-fat and fat-free
Pasta salad using Italian type dressing, no mayonnaise	Fruit – bananas, apples, oranges, other fruit
Raw vegetables – carrot sticks, broccoli, tomatoes,	Water and sport drinks

SNACKS

Snacks should be available to the athletes throughout the competition day. Like the supply of fluids, snacks should be easily assessable to the athletes but not to the general public and others in attendance. If the needs of the athlete are not taken care of, performance may be affected.

SUGGESTED SNACKS

Cookies, oatmeal and other low-fat varieties	Granola bars
Fruit – bananas, apples, oranges, etc	Water and sport drinks

It may be a good practice to start each athlete with a package containing various snack foods and drinks at the beginning of the competition day with supplies to replenish throughout the day.



SCAT2

Sport Concussion Assessment Tool 2



Name _____

Sport/team _____

Date/time of Injury _____

Date/time of assessment _____

Age _____ Gender M F

Years of education completed _____

Examiner _____

What is the SCAT2?¹

This tool represents a standardized method of evaluating injured athletes for concussion and can be used in athletes aged from 10 years and older. It supersedes the original SCAT published in 2005². This tool also enables the calculation of the Standardized Assessment of Concussion (SAC)^{3,4} score and the Maddocks questions⁵ for sideline concussion assessment.

Instructions for using the SCAT2

The SCAT2 is designed for the use of medical and health professionals. Preseason baseline testing with the SCAT2 can be helpful for interpreting post-injury test scores. Words in *italics* throughout the SCAT2 are the instructions given to the athlete by the tester.

This tool may be freely copied for distribution to individuals, teams, groups and organizations.

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific symptoms (like those listed below) and often does not involve loss of consciousness. Concussion should be suspected in the presence of **any one or more** of the following:

- Symptoms (such as headache), or
- Physical signs (such as unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour.

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle.

Symptom Evaluation

How do you feel?

You should score yourself on the following symptoms, based on how you feel now.

	none	mild	moderate	severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6

Total number of symptoms (Maximum possible 22)

Symptom severity score

(Add all scores in table, maximum possible: 22 x 6 = 132)

Do the symptoms get worse with physical activity? Y N

Do the symptoms get worse with mental activity? Y N

Overall rating

If you know the athlete well prior to the injury, how different is the athlete acting compared to his / her usual self? Please circle one response.

no different very different unsure



UIPM MD REPORT ON ATHLETE INJURIES IN COMPETITION

Competition:

Venue:

Date:

Athlete Name:

Nationality:

Gender:

Date of Birth:

Discipline:	Fencing	Swimming	Riding	Combined
Injury Type				
Muscle Strain/Contracture				
Articular Sprain				
Abrasion/Blisters				
Laceration (Cut)				
Contusion				
Concussion				
Headache				
Dizziness/Nausea				
Lipothymy				
Convulsion				
Collapse				
Weather related				
Other:				

Injury Location	Fencing	Swimming	Riding	Combined
Face (eye/nose/mouth)				
Head/Neck				
Shoulder				
Arm/Elbow				
Wrist/Hand/Fingers				
Thorax/Abdomen				
Hip				
Leg				
Knee				
Ankle				
Foot/Toes				
Other:				

Type of Care	Fencing	Swimming	Riding	Combined
Clean/Bandage/Medication				
Imobilisation/Stretcher				
Removal to Hospital				

UIPM Medical Delegate: