



## HEALTH PROTECTION IN TRAINING AND COMPETITION

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ORIGINAL TEXT IN ENGLISH

The vision of the International Paralympic Committee (IPC) is “to enable Paralympic athletes to achieve sporting excellence and inspire and excite the world”. Each word in the vision has a clear meaning in defining the ultimate aim of the IPC:

- **to enable:** this is the primary role of the IPC as an organisation – to create the conditions for athlete empowerment through self-determination;
- **Paralympic athletes:** the primary focus of the IPC’s activities – the development of all athletes from initiation to elite level;
- **to achieve sporting excellence:** the goal of a sports-centred organisation;
- **to inspire and excite the world:** the external result is our contribution to a better world for all people with a perceived disability. To achieve this, relations with external organisations and the promotion of the Paralympic Movement as a whole are of prime importance.

This vision is complemented with an IPC Mission, which provides the broad goals for the IPC for a long-term strategy. Within the mission are strategies:

- “to ensure that in sport practised within the Paralympic Movement the spirit of fair play prevails, violence is banned, the health risks of the athletes are managed, and fundamental ethical principles are upheld”; and
- “to contribute to the creation of a drug-free sport environment for all Paralympic athletes in conjunction with the World Anti-Doping Agency”.

Both the IPC vision and the IPC mission are closely linked with the theme of Health Protection in Training and Competition.

I would now like to speak to you all about four ethical standards that we have deemed crucial in continuing the growth of the Paralympic Movement and Paralympic sport: Classification; Anti-Doping; Health and Medical Care; and Equipment.

## 1. PARALYMPIC CLASSIFICATION

Fair play in classification is what makes Paralympic sport so unique. Classification provides a structure for competition.

Classification is undertaken to ensure that an athlete’s impairment is relevant to sport performance, and to ensure that the athlete competes equitably with other athletes.

With regard to an evaluation, athletes are subject to sanctioning, ranging from disqualification from a particular competition, being ineligible to compete for specific periods, to a complete ban from the Paralympic Games and major competitions, if they:

- fail to attend;
- do not cooperate;
- intentionally misrepresent their skills;
- intentionally misrepresent their abilities.

Traditionally, athletes in the Paralympic Movement belong to six different impairment groups:

- cerebral palsy
- spinal injuries
- amputees
- visually impaired
- intellectual disability
- “les autres” (includes all athletes with a mobility impairment not included in the groups above)

The early classification systems were based on medical diagnoses, such as the location of a spinal cord injury or amputation. From the early 1990s onwards, classification in some sports changed to a more sport-specific approach based on an athlete’s ability to perform basic movements and sport specific tasks.

In 2003, the IPC developed a Classification Strategy with the overall objective of supporting and coordinating the ongoing development of accurate, reliable, consistent and credible classification systems on the basis of a sport-specific approach. Such an approach should guarantee accountability and principles of fair play and further protect the rights of all athletes to ensure fairness of competition.

A direct result of the recommendations made in this strategy was the development of the IPC Classification Code (the Code), which was approved by the IPC General Assembly in 2007. The Code is supplemented by international standards, which provide the technical and operational requirements for classification. The Code establishes a consistent policy on classification, common to all sports, specifically as it relates to the evaluation of athletes from a sport-specific perspective, the allocation of sport classes and sport class status, protest and appeal procedures, and classifier training and certification.

An efficient classification system must:

- enable fair and equitable competition;
- give each athlete an equal opportunity to compete at all levels;
- measure only activity limitations caused by the impairment;
- be as simple as possible so that it can be used in a consistent way in every participating country;
- be sport specific.



Consequently, the following should NOT under any circumstances affect an athlete's class in any sport:

- sporting skills or natural talent;
- genetic superiority or inferiority;
- body size or type, i.e. height, strength, length of arms, etc.;
- gender;
- training effect.

It is the responsibility of each International Federation (IF) within the Paralympic Movement to set criteria for the classification of athletes participating in the sports under their governance in accordance with the IPC Classification Code. As a consequence, an athlete may meet the criteria to compete for one sport, but may not be eligible to compete in another sport.

Coaches and National Paralympic Committees (NPCs) are likely to be the first contact point that an athlete has with classification. Therefore, an NPC should take an active role in the development of an understanding in classification. Without this, NPCs may waste resources (both human and financial) in supporting an athlete who is ultimately not competitive. This is also unfair to the athlete who believes he or she is competitive, but after being classified finds out that he or she is not.

## 2. ANTI-DOPING EDUCATION

The IPC has established the IPC Anti-Doping Code, in compliance with the World Anti-Doping Code (WADA Code), expecting it will, in the spirit of sport, lead the fight against doping in sport of athletes with a disability.

The IPC is and wants to be a key stakeholder in the fight against doping and the promotion of drug-free sport. Athletes who break the rules as outlined in the IPC Anti-Doping Code will be subject to an initial review, expedited hearing and/or sanctioning in accordance with the principles, rules and regulations outlined in the IPC Anti-Doping Code.

Doping is prohibited because its presence undermines the fundamental spirit of sport, and our collective pursuit of human and sporting excellence. Doping is also prohibited to protect the athletes from the possible harmful side effects that some substances or methods can produce, and the unfair advantage that may be gained by athletes who use these prohibited substances or methods to enhance performance.

The IPC strongly adheres to the following principles, which have been applied to making regulations on medical and pharmacological-enhanced performances:

- **Athlete Welfare.** The first principle is the welfare of the athlete. A ban on use is considered justified if the effect of using a drug or a method seriously impairs the health or physique of an athlete (i.e. by causing disease, increasing the risk of disease or even distorting normal growth and development).
- **Equity.** The second principle is that of equity. If certain sophisticated scientific methods or substances do enhance performance, they obviously give an advantage to those who have access to them and penalise those who do not. This principle has resulted in the banning of certain medical methods, even those which are not known to cause any negative health consequences if properly carried out, such as auto-transfusion of one's own blood (blood doping).

- **The Games are for the Athletes.** The third principle follows up on the second. The use of some methods and some drugs could and does lead to a situation in which athletes cannot succeed however hard they try or train or however skilful they have become, unless they use the method or substance.

Here also, coaches and NPCs are likely to be the first contact point an athlete has on this matter.

Coaches and NPCs therefore have to promote doping-free sport through:

- The development of a rationale for doping-free sport with all stakeholders concerned. The intention is to build grass-roots and practitioner support for the positive messages about sport, which are at the heart of the doping-free programme.
- The production of an anti-doping programme, which is relevant to those who are most affected. The sport community's promotion of an ethical rationale for doping-free sport will pave the way for information tailored to particular needs. For instance, include athlete education, lesson plans for school use and so on in coaching handbooks.
- The reinforcement of the positive side of sport in doping-free promotional messages. The task is to promote both an appreciation of the values of sport (what has likely motivated young athletes in practising a sport in the first place) and its place in life.
- The promotion of clear supportive doping-free statements from sports leaders. Athletes need to know that, in their rejection of doping, they have the wholehearted support of those who care about sport.

## 3. ATHLETE HEALTH & MEDICAL CARE

Fitness and good health are terms that are readily associated with sport. Recreational sport can contribute to good health and fitness, and the association between sport, health and fitness can do much to persuade governments to provide sport facilities.

For the top-level and competitive sportsmen and women, it is vital that the body is healthy and in peak working order despite the extra work and stress which is placed upon it. Therefore, the involvement of the medical profession in the preparation for competition is of vital importance.

The medical programme for Paralympic athlete care should be consistent with that which is provided to Olympic athletes.

The conditions that are most often observed in Paralympic athletes are cerebral palsy, paralysis, amputations, visual impairments, and certain intellectual disabilities. It is important for a medical team to understand that treating elite athletes with these impairments can be very different from providing treatment to patients in typical physical medicine and rehabilitation or physiatrist practices. The athletes are often experts on their own minds and bodies and on how they manage their health, so they should be active participants in determining treatment options.

The requirements of sports medicine by high-level Paralympic sport can be summarised as follows:



- **The monitoring of general health.** As with Olympic athletes, Paralympic athletes should be “cleared” for sport and checked that they do not have medical complications, which may limit or prohibit involvement in (competitive) sport. Team physicians should have a medical history report on all athletes with them at all times. Athletes themselves have the responsibility to pass on appropriate medical (and technical) information to coaches, event organisers, etc. upon request. Fortunately, more and more frequently, top-level Paralympic athletes have access to designated and trained sport medicine physicians, who provide regular monitoring, and who get to know the athlete and the requirements of his or her sport.
- **Services following an injury.** Inevitably, competitors and sports people become injured either through traumatic incidents, or through stress placed on the body due to the intensity and frequency of the training or competition. It is vital for the competitor, after being injured, to be properly rehabilitated in the shortest possible time. Thanks to sustained data collection, particularly during the Paralympic Winter Games, the IPC continues to gain knowledge of different injuries that occur in Paralympic athletes, which will allow for a careful revisit of care and rehabilitation programmes, as well as sport and equipment rules.
- **Educational and information services.** It is important that in the process of training and fine-tuning of a competitor that the coach and the competitor develop healthy habits. Frequently, the doctor, physiotherapist and other medical personnel play a vital role in safeguarding against injury and poor health.
- **Scientific approaches to training.** Sports science is playing an increasing role in the proper preparation of the elite competitor.

Coaches and NPCs should give particular attention to health and medical care when travelling with Paralympic teams.

Each team travelling abroad should consult a physician to assist with the planning of the trip, even if an accompanying physician is not scheduled. The physician should be able to give advice on adapting to the climate, the frequency and timing of Games, the time required for acclimatisation to altitude and different time zones, the required immunisations, the health precautions, and the medical services and facilities in the country to be visited.

Furthermore, it is important to address the particularities of travelling with Paralympic athletes, such as medical care/supervision during extended travelling, including looking after such things as pressure sores, dehydration, toilet use, etc., and travel logistics, such as transfers in and out of cars, planes, buses and the accessibility of facilities.

#### 4. TECHNOLOGY AND EQUIPMENT

Sports equipment refers to all the agents and apparatuses used by athletes during competition on the field of play to facilitate participation and/or to achieve results. As such, the important role of sport equipment in enabling Paralympic competition is acknowledged, and should be committed to a sport environment where there are fair and clear rules governing the use of sport equipment for each sport.

The following principles should guide sports equipment use in the Paralympic Movement:

- **Safety.** Sports equipment should not pose an unreasonable risk to the athletes who use it, to others on the field of play, or to spectators. Both short and long-term impacts should be considered.
- **Fairness.** The use of equipment should not allow an undue advantage to a competitor or team. This may call for standardisation of equipment.
- **Universality.** Athletes throughout the world should have the ability to obtain sport equipment appropriate for fair competition.

The potential of sport equipment is not yet fully explored. Products such as “osseo-integrated” prostheses (based on a threaded titanium implant inserted in the existing skeletal bones so that once fully “osseo-integrated” it would act as an attachment site for an external prosthesis) will find their way in Paralympic sport.

It is obvious that from a biomechanical viewpoint, this kind of interface is performance-beneficial compared to the classical technique relying on a prosthetic limb that interfaces with the residual stump via a good fitting socket. However, equipment use in Paralympic sport is not only a question of ergonomics, but primarily a sport ethics and economical question. The economical and ethical issue resides in the differential availability of these products in developing countries versus wealthy industrialised countries.

#### CONCLUSION

Referring back to the IPC Vision and Mission:

Health protection in training and competition calls for the Paralympic Movement including IFs to be pivotal catalysts in providing extensive educational programmes and support mechanisms for each and every Paralympic athlete.