

FIE Medical Commission Meeting

(First day: June 30, 2017)

Present: Erika Aze (ComEx representative at the Medical Commission), Antonio Fiore (President), Catherine De Foligny-Renault, Clare Halsted, Liza Huzel, Jenó Kamuti, Jeremy Summers, Maha Mustafa Mourad, Sabrina Imene Halaimia.

Absent: Davood Reza Shafaat, Usama Azerjwee

The first day session covered the following points:

1. Plovdiv 2017 Cadet/Junior World Championships Report and t33 rule test.
2. Anti-doping issues and related structure(s) of the Medical Commission concerning this area.
3. Changes to rules t33 and o55 (concerning the minimum age to compete in FIE sanctioned events).

1. Report on Plovdiv 2017 Cadet/Junior World Championship and test of t33 rule.

Dr. Halaimia reported on the Plovdiv Cadet/Junior World Championships. All competitions were run under the modified t33 rule (maximum 5 minutes of medical time-out). No problems were encountered due to the reduced time for injury medical treatment. In terms of data, only 16 injury breaks were called and only two injury withdrawals from competition. Excellent cooperation with the other two medical delegates in Plovdiv (Kamuti and Shafaat). Emphasis on the great importance to have a preliminary meeting with the referees before the start of any world championship to clarify the enforcement of t33 rule.

Proposal 1 by Fiore: In view of the workload and the many daily hours of the medical delegates during world championships, it is proposed to increase the number of medical delegates at the Cadet/Junior Worlds and at the Senior Worlds to three, two in the case of the Veteran Worlds.

Approved unanimously

Proposal 2 by Fiore: To adopt at all Worlds the form for the collection of injury data used at the two test-events in Bourges and Plovdiv.

Approved unanimously

Proposal 3 by De Foligny: To use at all Worlds the lighting signal of the strip where an injury occurs together with the pager to summon the medical delegate.

Approved unanimously

2. Anti-Doping

Pedro Gonçalves and **Sara Geraldo** of **SportAccord** joined the meeting to explain what SportAccord does for the FIE and to answer questions. Sara is taking over from Pedro as the FIE contact.

SportAccord has a contract with the FIE to provide certain Anti-Doping services. They include:

- Whereabouts management on ADAMS for the Registered Testing Pool (RTP) = 24 fencers (top 4 x6) in 2017; Organizing 72 Out of Competition tests on RTP athletes;
- Providing administrative assistance in up to 500 In-Competition tests per year;
- Results management for all FIE tests and AD infringements according to contract;
- Coordinating up to 20 TUE requests that come to the FIE; FIE responsible for International Level Fencers = 192 fencers (top 32 x 6); only 5-10 TUE applications/year;
- Contributing to the FIE Anti-Doping education program by arrangement as outside the contract;
- Providing information and advice about Anti-Doping matters.

Leipzig Senior World Championships July 2017

Report on the experimentation of the medical break at 5 minutes

FIE Medical Delegates: Liza Huzel and Catherine Defoligny

On the occasion of this World Championship, the FIE Medical Delegates wish to make the following remarks regarding the evolution of medical regulations which would reduce the medical break granted to fencers in the event of an injury to 5 minutes.

Generally, it should be noted that the work and decisions made by the delegates on this subject were greatly facilitated for several reasons:

1 ° perfect information for the DT officials, the delegates to the referee commission and all the referees. A preliminary information meeting had made it possible to fix the device in order to avoid medical intervention in the event of a minor incident requiring only an ice spray application.

2) a very quick arrival of the medical delegate and the local team doctor, if requested by the referee, thanks to the use of the Allstar warning system (biper and blue light) on the track repeater. This is an essential point because an average of 30 seconds elapsed between the alert and the arrival on the track of doctors.

The triggering of the 5-minute countdown was always made after the decision of the medical delegate of the FIE.

3 ° availability and responsiveness of the sports physicians of the competition, fencers themselves, who understood perfectly the expectations and the stakes.

The number of medical breaks granted was as follows

1st day 5 (2 bruises, 2 ankle distortions and 1 stroke of the solar plexus).

Note: 5 minutes sufficient except in the case of the solar plexus which caused respiratory strain. An additional minute granted in consultation with the referee.

2nd day 2 (ankle distortions)

Note: 5 minutes sufficient

3rd day 4 (ankles, fall on the back,)

Notes: 5 minutes sufficient.

Withdrawal of a shooter upon decision of the FIE delegate in agreement with the coach (after radio diagnosis of fracture of the pérone)

4th day 2 (ankle, severe knee sprain)

Notes; 5 minutes sufficient

A withdrawal for the rupture of the anterior cross ligament .

5 th day 1 (fall on the side with respiratory sideration)

Note: 5 minutes not sufficient, same case as 1 st day

6 th day 4 (ankle, testes cuff, tendonitis wrist, back pain)

Notes: 5 minutes sufficient

Replacement in two cases by the reserve fencer of the team.

7th day 2 (fall on back and head, penetrating wound per broken blade)

Notes: 5 minutes sufficient.

In both cases, replacement by the reserve fencer of the team.

8th day 1 (ankle)

Note: 5 minutes sufficient

A total of 21 cases were granted for medical reasons, all of which were in accordance with the regulations and justified.

In individual events, out of 14 judgments granted, 2 were followed in a withdrawal from the fencer for serious injury.

During the team events, out of 7 judgments granted, 4 gave rise to the replacement of the fencer by the fencer reserve of the team.

In conclusion, it is possible, **if the physical conditions of alert and rapid intervention of the medical team are present**, to limit to five minutes the medical break for almost all the injuries found.

Indeed, either the pathology allows a rapid treatment, or the pathology is more severe and in fact causes the withdrawal of the fencer .

However, in two specific and similar cases (straining of the respiratory muscles following a blow or fall), it was noted that there was a need for a small margin for maneuver of one at two minutes more for the fencer to fully recover his capacity.

FIE Anti-Doping requires three responsible structures:

- A. **Anti-Doping Commission:** This is a sub-commission inside the FIE Medical Commission. It does not have a specified number of members. Its primary role is educational, primarily during cadet/junior world championships;
- B. **TUEC:** It doesn't have a specified number of members, but requires assistance and collaboration from SportAccord in administration responsibilities, especially in the running of ADAMS and the checking and monitoring outside competition of athletes in the International list (the top 4 in each weapon, i.e., 24 in total) and decide who and when should be tested. TUEC manages the clinical and administrative protocols related to TUE. If needed in specific situations, it shall appoint outside (paid) experts.
- C. **Anti-Doping Hearing Panel:** The structure to decide on disciplinary sanctions of an athlete testing positive. It shall include one or two lawyers, a Medical Commission member, plus a possible outside expert.

Governance:

Dr. Kamuti announced his withdrawal as President of the AD Commission but declared that he wanted to remain a member of the AD Commission.

The following members of the AD Commission were named and approved: Fiore, Halsted, Kamuti. In addition, Halaimia and Summers with the charge to support Halsted in the realization of the AD Education Program.

New president of the AD sub-commission:

Dr. Halsted, as the only candidate, was named Chair of the AD sub-commission.

Fiore stressed the necessity of the entire Medical Commission to be kept informed, within obvious considerations for privacy issues related to specific cases.

Proposal 4 by Mourad: The AD sub-commission to be in charge for one year, renewable in 2018.

Approved unanimously

TUEC

Composition was discussed; many International Federations have one member from the sport + a panel of external experts to call upon. If necessary an expert can be coopted.

SportAccord can deal with TUEs—there is a cost of about 100 EU per case to be paid to the panel. An FIE representative can be on the TUEC but this is not compulsory.

For simple cases the TUEC could come from the Medical Commission but more complex cases would be managed on a case by case basis with appropriate in house and/or outside expertise.

The Medical Commission voted as TUEC members Halsted and Huzel, who shall liaise and operate with the support of SportAccord.

Anti-Doping Hearing Panel

To be formed and seated when needed, depending on potential conflict of interest in each case.

Halsted discussed the **Independent Testing Authority (ITA)**. She read out the IOC Declaration of March 2017 – 12 principles for a more robust and independent global Anti-Doping system to protect clean athletes. This includes the creation of an ITA which will develop an *International Test Distribution Plan* for each International Federation. The ITA is planned for early 2018.

Related matters:

- **Testing of fencers:**
 - In Competition Tests: 450 tests/year. Very few results go missing; electronic submission now used by some countries.

- Out Of Competition Tests: 8% unable to locate athlete—same as most sports; fencers tend to be good with IT.
- **Comments on education initiative:**
 - needs to be more widespread;
 - aim is to prevent positive tests due to ignorance (fencing is not a high-risk sport for doping);
 - Summers described the *Safe Sport Program* in USA which includes Anti-Doping advice; all young American fencers have to complete the program before competing abroad;
 - the *Real Winner Online Program* is very good but costly. WADA has new resources for this so worth looking at again;
 - make better use of the FIE website
- **Biological passports**: the FIE has already implemented the *steroidal module* (urine tests) but not yet the *haematological module*.

3. Changes to rules t33 and o55 (minimum age to compete in FIE sanctioned events)

t33 rule

Proposition n° 1 of the changed t33 was approved unanimously by the Medical Commission with the following wording:

t.33

1. For an injury or cramp or other acute medical incident which occurs in the course of a bout and which is properly attested by the delegate of the FIE Medical ~~Committee~~ **Commission** or, in his absence, by the doctor on duty, the Referee will allow a break in the fight lasting no longer than ~~40~~ 5 minutes. This break should be timed from the point when the delegate of the FIE Medical Commission or, in his absence, the doctor gave his opinion and be strictly reserved for the medical treatment ~~of the injury or cramp which brought it about.~~

If the delegate of the FIE Medical Commission or, in his absence, the doctor on duty considers, before or at the end of the ~~40~~ 5 minute break, that the fencer is incapable of continuing the fight, he will decide that the fencer should retire (individual events) and/or be replaced, if possible (team events) (cf. o.44.11.a/b).

2. During the remainder of the same day, a fencer cannot be allowed a further break unless as a result of a different injury or cramp or acute medical incident.

3. Should a fencer demand a break which is deemed by the delegate of the Medical ~~Committee~~ **Commission** or, in his absence, by the doctor on duty to be unjustified, the Referee will penalise that fencer as specified in Articles t.114, t.117, t.120.

4. In team events a fencer judged unable to continue the bout by the delegate of the FIE Medical Commission or, in his absence, by the doctor on duty may, nevertheless, on the advice of the same delegate of the FIE Medical Commission/doctor, fight in subsequent matches on the same day.

De Foligny objected to '*officiel médical*' in the French version, recommending instead '*Responsable médical*'.

o55 Rule

After a discussion whether more medical research should be investigated on the minimum age limitation, the Medical Commission approved by majority to accept Proposition n° 2 to consider the date of an athlete's 13th birthday and thereafter as determinant to participate in FIE sanctioned competitions.

FIE Medical Commission Meeting

(Second day: July 1, 2017)

Present: Erika Aze (ComEx representative at the Medical Commission), Antonio Fiore (President), Catherine De Foligny-Renault, Clare Halsted, Liza Huzel, Jenő Kamuti, Jeremy Summers, Maha Mustafa Mourad, Sabrina Imene Halaimia.

Absent: Davood Reza Shafaat, Usama Azerjwee

Note: in the morning session Mr. Evgeny Tsoukhlo, FIE Deputy Chief Executive Officer, was present.

The second day session covered the following points:

4. Analysis and discussion of critical organizational issues during the World Championships pertaining to the correct application and enforcement of t33 and the Medical Delegates work and responsibilities. Proposal to increase the number of medical delegates to three for cadet, junior, and senior world championships, and to two for veteran world championships.
5. Medical delegates assignments for the new competitive season.
6. A brief report by Jeremy Summers on some clinical and semiological aspects of cramps and dehydration.
7. Material safety issues with reference to the mask.
8. Presentation of the IMTF (International Medical Task Force) Pilot Project scheduled for 2018 Verona Cadet & Junior World Championships.
9. Others.

4. Analysis and discussion of critical organizational issues during the World Championships pertaining to the correct application and enforcement of t33 and the Medical Delegates work and responsibilities.

Fiore thanked Mr. Tsoukhlo for his request to participate in the working session of the Medical Commission. Full collaboration with the Directoire technique is of fundamental importance for an optimal medical assistance provided to the athletes during competitions.

Mr. Tsoukhlo was informed on the positive outcome of two events, Bourges (2016) and Plovdiv (2017), where the proposed changes in t33 were applied and tested.

Mr. Tsoukhlo was made aware also of the challenges and problems related to the work and responsibilities of the medical delegates, namely:

- a. Problems of organization caused by the number and location of halls where the competitions take place and the difficulty to quickly reach a strip when summoned to attend an injured athlete;
- b. the very long working hours during each day without rest or substitution;
- c. total workload and responsibilities: athletes' health and well being, and anti-doping.

Concerning these points Mr. Tsoukhlo was informed of the decision by the Medical Commission to propose to the FIE ComEx to increase the number of medical delegates to three for cadet/junior, and senior world championships, and to two for veteran world championships.

Mr. Tsoukhlo took note of the need for change in the organizational structure to alleviate challenges and problems raised by the medical commission, agreeing in principle with the recommended proposals.

Mr. Tsoukhlo stressed the importance that from the operational point of view it is important that medical delegates be capable to make rapid and clear decisions regarding the application and enforcement of rule t33 and in sanctioning the duration of medical time-out for the injured athlete.

5. Medical delegates assignments for the new competitive season

Medical Delegates proposed assignments for the 2018 season:

- **Verona 2018 Cadet/Junior World Championships:** De Foligny, Kamuti, Summers. For the Anti-Doping Education Program: Halsted and Halaimia
- **Wuxi 2018 Senior World Championships:** Halsted, Huzel, Mourad
- **Livorno 2018 Veteran World Championships:** De Foligny, Kamuti

6. A brief report by Jeremy Summers on some clinical and semiological aspects of cramps and dehydration.

N/A

7. Material safety issues with reference to the mask.

Halsted circulated a brief report of the joint meeting with SEMI in Plovdiv to examine this problem.

- Manufacturers are being asked to submit proposals to decrease the risk of a mask falling off.
- New designs will be tested.

Halsted had stressed at the meeting that, as the incidence is extremely low, testing over a few months would be for comfort and ease of use only as much longer would be needed to gain enough data to compare risks.

However, while incidence is very low, potential consequences are catastrophic.

Suggestions for action:

- Protocol is needed for all incidents of a mask falling off during a bout to be implemented at all FIE events;
 - Action: determine who is responsible for setting up and implementing such protocol?
- Incident reporting procedure is needed to be collated by MedCom and included in FIE supervisors' report for all World Cups; a form on FIE website would be helpful;
 - Action: Summers to be in charge of drafting the form for the incident reporting process
- At World Championships, SEMI and MedCom delegates to decide if mask is or can be made safe and continue to be used;
 - Action: proposal to be forwarded to ComEx for approval and implementation
- Establish and maintain communication with the Referees and Athlete Commissions on this issue is essential;
 - Action: proposal to be forwarded to ComEx for approval and implementation
- All officials at FIE events should be encouraged to feel responsible for helping to prevent these incidents e.g., **anyone** who notices a mask that looks unsafe on a fencer should intervene.
 - Action: proposal to be forwarded to ComEx for approval and implementation.

8. Presentation of the IMTF (International Medical Task Force) Pilot Project proposed for 2018 Verona Cadet & Junior World Championships.

Fiore presented the **IMTF Pilot Project**, underscoring that opportunity to realize it during the 2018 Verona Cadet & Junior World Championships. On the costs involved, he has already lined up financial contributions from Italian sponsors who have already express great interest in this project. Furthermore, the possibility to utilize in Italy Italian technical personnel gets around the obstacle of international licensing and qualification for physicians and physiotherapists.

Fiore also outlined to the Commission that the primary difficulty for the realization of this project is with the insurance liability/coverage and related cost the FIE should assume if IMTF professionals are operating as FIE (temporary) personnel.

Fiore will reevaluate all critical issues for this project, searching for acceptable solutions to legal and insurance liabilities.

A majority of the Medical Commission agreed on the benefits and merits of the IMTF project.

Others

Veteran Council request

Huzel referred that Veteran Council wanted to be bring two issues to the Medical Commission's attention:

- **Elevated strip safety risk:** A fencer fell off the raised piste during the European Veterans Championships; they questioned whether the required width of an elevated piste should be increased to make it safer;
 - Action: the Medical Commission decided that this concern should be forwarded to the SEMI Commission
- **Non-musculoskeletal issues (such as cardiac):** The medical delegate/tournament doctors need to be comfortable assessing/managing non-musculoskeletal issues (such as cardiac) that could affect athletes in the Veteran age group.
 - Action: the Medical Commission decided that the Medical Delegate should communicate and discuss this with the member(s) of the tournament Organizing Committee.

Respectfully submitted,

Antonio Fiore, M.D.

President, FIE Medical Commission