

Minutes of the FIE Medical Commission Meeting  
September 11, 2010  
Hotel de la Paix, Lausanne, Switzerland  
Submitted by Peter Harmer (AUS), Recording Secretary

Members present: Wilfried Wolfgarten (GER; President), George Ruijsch van Dugteren (NED), Catherine Defoligny-Renault (FRA), Clare Halsted (GBR), Peter Harmer (AUS), Antonio Fiore (ITA), Davood Reza Shafaat (IRI).

Absent: Maha Mustafa Mourad (EGY), Ryszard Szczepanski (POL), Jeno Kamuti (HUN).

Ex-officio: Ana Pascu, MH (Executive Committee liaison) (ROU)

Ex-officio: Stephan Mottaz (Anti-doping coordinator; FIE office liaison)

Meeting called to order at 9:00am on Saturday, September 11, 2010, by Commission President Wolfgarten (GER). Meeting concluded at 7:10pm.

*Summary of decisions and recommendations  
of the 2010 Medical Commission meeting*

(details of discussions related to each item, as well as additional issues, are presented at the end of this section)

***Proposal from the German Federation to delete the obligatory use of the transparent mask (forwarded from COMEX for input from the Medical Commission):***

**Resolution:** The Medical Commission supports the proposal of the German Fencing Federation to remove the obligatory requirement for transparent masks in all weapons, including sabre.

**A) Medical Issues**

**Action item:** FIE is requested to direct all National Federations to set up a mechanism for reporting any death or major traumatic injury in practice or competition in their country to the Medical Commission. Halsted (GBR) will provide a template of a recording form with contact information (i.e., where the form is to be sent). (Submitted from 2009 meeting)

**Action item:** The FIE must develop a death investigation protocol: (i) The Medical Commission president must be informed immediately the FIE is notified of a death or catastrophic injury on the piste and (ii) a Medical Commission delegate must be sent to investigate in a timely manner. (Submitted from 2009 meeting)

**Action item:** The Medical Commission recommends that the FIE provides funding to support the development of a Medical Task Force under the direction of the Medical Commission to provide medical care for all nations at World Championships to ensure a standard level of care.

**Action item:** FIE is to direct all competition software suppliers and developers to include in the competition software commands to indicate in the results when an athlete abandons a competition because of injury. (Submitted from 2009 meeting)

**Action item:** The FIE office is requested to add the following items to Supervisor Reports:  
Section 5 Medical – 5.1 Medical:

- i) Did any athlete withdraw because of injury in this competition (yes/no)
- ii) Name, nationality and email/telephone number of each athlete who withdrew because of injury.  
(Submitted from 2009 meeting).

**Action item:** COMEX is requested to support dissemination of the work of the Medical Commission (investigations, reports and recommendations) by providing a location on the FIE website. (Submitted from 2007, 2009 Medical Commission meetings).

#### ***B) Anti-Doping Issues***

**Action item:** Anti-doping educational outreach program be continued at the 2011 Cadet/Junior World Championships in Jordan via financial support from the FIE. COMEX to coordinate with van Dugteren (NED).

**Action item:** Changes are recommended for the Supervisor Reports related to doping control forms handling and submission to the FIE. New wording in keeping with the 2010 Anti-Doping Rules will be supplied to COMEX by van Dugteren (NED).

#### ***C) Administrative Issues***

**Action item:** The Medical Commission recommends that COMEX modify the substitution rule for team events in the Olympic Games to allow one (1) substitution for any reason (injury or tactical) during the course of the competition (also recommended in 2009 Report).

**Action Item:** The following delegate assignments are recommended to COMEX:

- i) 2011 Cadet & Junior World Championships – (JOR): Wolfgarten (GER), Harmer (AUS)
- ii) 2011 World Championships – (ITA): van Dugteren (NED), Defoligney-Renault (FRA)
- iii) 2011 Veterans World Championships – (TBA): Shaafat (IRI)
- iv) 2012 Cadet & Junior World Championships – (TBA): Kamuti (HUN), Szczepanski (POL)
- v) 2012 Team World Championships (Men's epee & women's sabre)– (GBR): Mourad (EGY)
- vi) 2012 Olympic Games – London: Wolfgarten (GER), Halsted (GBR). 1st reserve: Harmer (AUS); 2<sup>nd</sup> reserve: Fiore (ITA)
- vii) 2012 Veterans World Championships – (TBA): van Dugteren (NED)

#### ***D) Additional Recommendations and Action items not addressed by COMEX from previous (2007, 2009) Medical Commission meetings***

**Action item:** Request for COMEX to assign an additional Medical Commission delegate (for a total of 3) to Senior and Junior/Cadet World Championships (reasoning presented in Minutes of 2007 meeting).

**Action item:** Request for COMEX to establish a Medical Commission budget for educational activities (annual medical symposium, educational outreach at competitions, etc) (reasoning presented in Minutes of previous meeting).

**Action item:** Request to COMEX and Arbitrage Commission to indicate to referees that priority of medical care of athletes on the piste should be given to the medical personnel of the athlete's team (when available), rather than the medical team of the organizers, provided this does not unduly disrupt rapid resolution of the problem or the smooth running of the competition (reasoning presented in Minutes of 2007, 2009 meeting).

### ***Point-by-point report on discussions within the Medical Commission***

#### **1. Review of activities since the last meeting June 23-24, 2009**

##### ***1.1 COMEX aspects (Pascu (ROU))***

FIE vice-president Pascu (ROU) reported on the FIE office declining to support the Medical Commission medical symposium at the 2010 World Championships in Paris. The members expressed to Pascu their dismay at this situation as the symposium had already been arranged based on preliminary assurances that there was support. The need for financial support for medical symposia from the FIE is an issue that needs further discussion for the Medical Commission to meet one of its obligations. Additional discussion on why COMEX had not addressed Medical Commission recommendations from previous reports and how to bring important recommendations to the COMEX agenda.

##### ***1.2 General aspects (Wolfgarten (GER))***

Discussion of the need for improved communication within the Commission. Wolfgarten noted that applications for medical issues to be on the agenda for the Congress in Palermo were declined.

##### ***1.3 Congress Palermo Nov. 21-22, 2009 (Wolfgarten (GER))***

No issues of importance to the Medical Commission were on the agenda at the Congress in Palermo.

##### ***1.4 International meetings***

###### ***1.4.1 IF Medical Commission Chairpersons meeting Lausanne Oct. 31, 2009 (Wolfgarten (GER))***

28 sports federations were represented. Major issues for IF medical commissions to work with are injury epidemiology and prevention and nutrition for athletes. Following discussion among our members, it was decided that 3-D analysis of hip structures in fencers should be forwarded to the IOC Medical Commission for research as the long-term negative effects of the asymmetrical aspects of fencing seem to be becoming more evident.

###### ***1.4.2 WADA TUEC Symposium Dec. 2009 Lausanne (Halsted (GBR))***

Declaration of Use (DoU) protocol needs to be better understood, especially for asthma. The FIE Anti-Doping Commission must expand its educational efforts to help athletes to understand when a TUE is required or a DoU.

###### ***1.4.3 FIMS Puerto Rico April 2010 (van Dugteren (NED))***

Major issue was discussion of the Olympic Medical Code. In particular, consideration of protection of physicians and medical staff at competitions, including their emotional

and physical wellbeing and liability.

### *1.5 International competitions*

#### *1.5.1 World Championships 2009 Antalya (Harmer (AUS), Mourad (EGY))*

There were considerable problems with pre-event communication with the organizers regarding medical preparation for the competition. Overall, the major problem was lack of local medical support personnel who spoke languages other than Turkish, and lack of local medical staff with specific sports medicine experience. Inadequate medical signage; difficulty of adequately monitoring the multiple areas within the venue because of the lay-out. The Turkish medical staff, however, were commended on the excellent job they did related to a serious injury to an official. The rapid stabilization of the injury, transportation to hospital and surgical treatment contributed significantly to the patient's recovery.

#### *1.5.2 Cadet/Junior World Championships Baku 2010 (Defoligny Renault (FRA), Shafaat (IRI))*

Pre-event communication was lacking, local medical support staff were inadequately equipped and lacked specific sports medicine experience. There was no supervising physician, only nursing staff. The communication within the venue was very difficult. Inadequate medical signage; difficulty of adequately monitoring the multiple areas within the venue because of the lay-out. There was a significant problem with doping control coordination and the DCO has failed to meet her responsibilities by not supplying the Doping Control Forms to the FIE. This matter is referred for appropriate resolution. Recommendation that a member of the Medical Commission accompany the FIE Technical Director to pre-event evaluation of the venue and medical support services to avoid such problems in the future.

#### *1.5.3 Youth Olympic Games Singapore (Fiore (ITA))*

Well-organized event and the small number of competitors contributed to the smooth running of the competition. However, the local medical staff was young and inexperienced and the organization of doping control was very poor – too many athletes to be tested at the same time (8 sports were reporting to the same testing center) and too few DCOs and female chaperones. The directive by the organizers/charter of the Games for officials to be “young” to fit the theme of the Games needs to be re-evaluated to ensure that the appointed officials have appropriate experience.

Based on the continuing problems of organizers of World Championships failing to follow the medical *cahier des charges* without penalty and to the detriment of the athletes in the competitions, Fiore (ITA) recommended that the FIE support the Medical Commission establish a cadre of physicians and therapists to travel to these competitions to provide a consistent level of care.

### *1.6 Anti-Doping Education - Athletes Outreach Program Baku 2010 (Mottaz (FIE), van Dugteren (NED))*

The Outreach Program conducted at the World Junior and Cadet Championships in Baku was successful with approximately 33% of fencers reached and 1/3 of countries, coaches and medical staff. The administration cost was low on a per person reached basis and the education program was considered effective.

Additional work needs to be carried out to enhance the reach and impact of the program: a) better visibility in the venue (promotional banners, information in the program, etc), b) better booth appeal, c) better communication with key stakeholders, e.g., national coaches.

The Outreach will have a presence at the Senior World Championships in Paris (3 sessions covering New Rules, ADAMS, and General Anti-Doping information). 100 USB keys with all of the FIE Anti-Doping regulations and the Quiz will be distributed to national coaches and medical staff.

Recommendation that an Outreach Program be scheduled for the 2011 Jr/Cadet World Championships in Jordan.

## **2. Review of Items 2009 Medical Commission Meeting - Lausanne (June 23-24)**

No report from Messmer (GER) regarding testing of glove materials. Reviewed discussions on injury reporting. As noted in the Minutes of the 2009 meeting, the FIE needs to develop an injury surveillance system for FIE competitions. Recommend changes to competition software to indicate abandonment due to injury, and changes to Supervisor reports to gather details of such abandonment. Discussions with competition software providers have indicated this is easy to do.

Catastrophic injury and deaths in fencing – the FIE must incorporate a death investigation protocol. The Medical Commission president must be informed immediately the FIE is notified of a death on the piste and a Medical Commission delegate must be sent to investigate in a timely manner. Action item: Information and investigations related to medical issues, especially those related to death or catastrophic injury must involve the Medical Commission.

## **3. Safety Aspects**

### *3.1 Broken visor on transparent mask at the European Junior Championships in Odense (01.11.09)*

Further discussion on this issue, independently and in consultation with the SEMI Commission. Information emerged that FIE standards were not being met in the manufacture of transparent masks and that there had been additional penetrations not previously reported. In light of the information of lack of oversight of standards by some manufacturers, and the inability to assure accurate evaluation of the integrity of transparent masks in use, the Medical Commission voted to support the proposal of the German Federation that use of the mask no longer be obligatory for any weapon (including sabre). SEMI indicated there is no evidence to indicate that sabre should be treated differently from the point weapons (that is, if the mask is not safe for foil or epee, it is not safe for sabre)

### *3.2 Penetration of gloves by unbroken sabres*

Harmer (AUS) reports additional cases of penetrating injuries in the hand caused by unbroken saber blades continue to accumulate. This issue has been introduced by the Medical Commission to SEMI Commission twice. As yet no studies have been conducted by SEMI. The suggestion by SEMI for prevention is to develop standards for the integrity of gloves. Harmer (AUS) suggests that investigation of changing the shape of the sabre tip is required. Further research and discussion is warranted but a resolution must be found soon.

## **4. Injuries**

### *4.1 Review of injuries in FIE competitions*

No progress has been reported on the recommendations of the Medical Commission to

COMEX from the 2009 meeting related to improved injury surveillance and reporting. These recommendations will again be passed on to COMEX or the FIE administration offices for action.

#### *4.2 Review of cramp rules*

Discussion of impact of the modification t.33 related to cramps. An article on the issue by Harmer (AUS) was published in *Escrime* to explain the rule for all FIE members. Reports indicate that as referees, fencers, and coaches have had more experience with the limitations of the application of the rule, there have been fewer problems with inappropriate appeals for time. Recommendations from the Medical Commission is for medical staff at competitions, including Medical Commission delegates at World Championships, to meet with referees prior to the beginning of competitions to clarify the application of the rule.

### **5. Anti-Doping activities (van Dugteren (NED))**

#### *5.1 New anti-doping coordinator*

Stephane Mottaz was introduced as the new FIE Anti-Doping Co-ordinator

#### *5.2 Atypical findings*

Once again, there were very few atypical findings for fencing, supporting the view that it is a low risk activity. However, this may be a reflection of the efficient testing program. WADA survey indicates FIE Anti-doping Program is Code-compliant. In-competition testing was conducted at all FIE events during the last year. Only 2 Anti-Doping Rule Violations were reported since January 2009: 1 for cannabis (sanction 3 months), 1 for cocaine (sanction 2 years).

#### *5.3 ADAMS system/RTP pool*

Extensive discussions on the problem with missed out-of-competition testing by fencers in the Registered Testing Pool. Athletes must be familiar with the requirements, register on ADAMS and keep their whereabouts current. Any combination of three whereabouts violations in 18 months (missed test or filing failure) will result in sanctions. Currently some athletes, coaches and NFs do not seem to understand the implications despite extensive efforts by the FIE Anti-Doping Commission to contact and inform them.

#### *5.4 Anti-doping rules 2010 - FIE compliance with WADA Code*

As noted above, the FIE is currently WADA-compliant. A summary of changes to the FIE Anti-Doping Rules for 2010 was presented by van Dugteren (NED), will be forwarded to Commission members and added to the anti-doping section on the FIE website. Important features include:

Art 5.2.5: Emphasizes need for an FIE Anti-Doping Officer at every competition.

Art 5.7: Fencers notified for In-Competition Tests are required to **report** to the Doping Control Station **immediately** they are notified but may request permission for a delay in actually completing the test (the automatic 60 minutes to report is no longer allowed).

Art 5.9: Doping Control Form – fencer must declare any medication taken in the last 7 days.

#### *5.5 TUE / DoU new aspects*

Few TUEs have been processed during 2010 as the new FIE rules require non-RTP TUE applications to be processed by NADOs. Discussion of the new provisions that Declarations of Use (DoU) for inhaled Salbutamol & Salmeterol as well as

Glucocorticosteroids must be made on Doping Control Forms when fencers are tested.

## **6. Education program**

### *6.1 IOC consensus statement for children (Halsted (GBR))*

The IOC has emphasized the well-being of children in sport. The implications of the consensus statement include the need for the FIE to develop an injury surveillance system for children. This would fit with the Medical Commission's previous recommendations (2009) that changes in competition software and supervisor reports be made to begin collecting injury information from all FIE-sanctioned events,

Additionally, the need to ensure that coaches are adequately screened and qualified was emphasized. Discussion of supporting continuing development of coaching seminars and classes on a continental basis. Thus, the Medical Commission encourages this program of the FIE.

### *6.2 FIE education program (van Dugteren (NED))*

Anti-Doping education: the annual "Outreach" program in Baku was successful due to: (a) education of fencers and coaches via anti-doping Quiz, and (b) personal interaction with National Federation officials responsible for anti-doping. Plans are being made to provide access to the "Real Winner" education program for RTP fencers, and to run a modified Outreach during the Paris World Championships.

#### *6.2.1 FIE website*

No progress has been made in securing space on the FIE website for provision of Medical Commission work, including a repository for scientific papers on fencing and medical articles printed in *Escrime*. Further discussions with the FIE administration to acquire this access is recommended.

## **7. Proposition for Congress 2010**

### *7.1 German Fencing Federation transparent masks*

Following significant discussion of the extant cases of failed masks and the implications, and following discussion and additional information from the SEMI Commission, the Medical Commission voted to support the proposal of the German Fencing Federation that transparent masks are not obligatory for any weapon, including sabre. The information of some manufacturers not following manufacturing guidelines, inability of technical staff to adequately determine the integrity of masks being used and the lack of mitigating evidence to indicate that sabre should be exempt for this proposal, led the Medical Commission to its conclusion.

### *7.2 Miscellaneous*

#### *7.2.1 Library of scientific papers on fencing*

Following the decision of the Medical Commission in our previous meeting to develop a library of scientific papers on fencing that would be housed on the FIE website, no progress had been made in securing space for Medical Commission work on the FIE website. As an alternative, the project will be moved to *Schermaonline* (hosted by Fiore (ITA)). The Commission will continue to apply to the FIE webmaster for at least a link on the FIE site to this library of fencing research, including medical articles printed in *Escrime*.

## **8. Medical meeting/seminar during World Championships Paris**

### *8.1 Meeting Medical Commissions FIE -EFC during the 2010 World Championships in Paris*

Following the failure of funding from the FIE for a Medical Symposium at the World Championships in Paris, Medical Commission members attending the competition will meet with members of the EFC Medical Commission informally to discuss issues of mutual interest in protecting the health and safety of competitors.

## **9. Member assignments for 2011/2012.**

The Medical Commission elected to recommend the following appointments to COMEX:

- i) 2011 Cadet & Junior World Championships – (JOR): Wolfgarten (GER), Harmer (AUS)
- ii) 2011 World Championships – (ITA): van Dugteren (NED), Defoligny-Renault (FRA)
- iii) 2011 Veterans World Championships – (TBA): Shaafat (IRI)
- iv) 2012 Cadet & Junior World Championships – (TBA): Kamuti (HUN), Szczepanski (POL)
- v) 2012 Team World Championships (Men's epee & women's sabre)– (GBR): Mourad (EGY)
- vi) 2012 Olympic Games – London: Wolfgarten (GER), Halsted (GBR). 1st reserve: Harmer (AUS); 2<sup>nd</sup> reserve: Fiore (ITA)
- vii) 2012 Veterans World Championships – (TBA): van Dugteren (NED)

## **10. Various topics**

Extensive discussion on the need to modify the substitution rule for team events in the Olympic Games. The current rule is an incentive for teams to manipulate the rule regarding injury to the detriment of the sport, their own integrity and unfairly brings into question the professional behavior of the FIE Medical delegates. The Medical Commission recommends that the rule be changed to allow one (1) substitution for any reason (injury or tactical) during the course of the competition (also recommended in 2009 Report).

The question of the conditions under which the medical delegate can require an athlete to withdraw from competition was debated. The consensus was reached that there is no foundation for this with an adult but the situation is less clear with children. The possibility appears to vary across countries. Consultation with an adult with the authority to act for the child is recommended. The Commission concluded that more direction from the Legal Commission is needed.

Recommendation that medical articles submitted to *Escrime* for publication be reviewed by a member of the Medical Commission to ensure the work is of appropriate quality.