



Fédération Internationale de Sport d'Obstacles

Periodic Health Examinations

Periodic Health Examinations for Obstacle Sports Athletes

The Medical Commission of the Obstacle Sports Fédération Internationale de Sport d'Obstacles (FISO) strongly recommends that all obstacle sports athletes complete regular Periodic Health Examinations (PHE) with a qualified physician. Prior to commencing competition in obstacle sports, athletes should also complete a Pre Participation Examination (PPE), again with a qualified physician. All athletes under the age of 18 must complete a PPE prior to participation, and must have valid annual PHEs in order to be eligible for competition.

Overview

There is no doubt that participation in regular physical activity significantly improves health and decreases the risks of premature death, coronary artery disease, hypertension, colon cancer, obesity, and diabetes (IOC, 2009). However, regular sports participation also increases the risk of musculoskeletal injury and may contribute to unmasking an underlying health issue.

Cardiovascular Risk of Competitive Sport Participation

Athletes training and competing in sport are at an increased risk for sudden cardiac death (SCD), with an average relative risk of 2.8 times that of nonathletic counterparts (Corrado et al., 2003). It is not necessarily the sports participation that is the cause of SCD; the vast majority of cardiac deaths occurring in athletes are related to an underlying cardiovascular problem (hypertrophic cardiomyopathy, congenital anomalies, arrhythmias, etc.). These conditions are unmasked by intensive physical activity, and place the athlete at risk for SCD.

The FISO is in agreement with the IOC and other sports governing bodies that suggest that athletes partake in a PPE and regular PHEs. These evaluations should include a cardiovascular examination and a 12-lead ECG. These examinations represent the only strategy capable of identifying asymptomatic athletes with silent cardiac disease, and give the medical team an opportunity to reduce the risk of SCD and disease progression (IOC, 2009). Therapeutic and treatment options are available for many forms of cardiac disease, and timely identification will allow for appropriate management.

Goals of the Obstacle Sport PPE

1. To establish a baseline record of health, pre-participation
2. To screen for underlying cardiac disease and identify athletes that may be at risk for sudden cardiac death
3. To identify potential barriers to performance
4. To develop a relationship with health personnel
5. To provide an educational opportunity for health, nutrition, concussion management, and anti-doping initiatives
6. To determine eligibility to participate

Goals of the Obstacle Sport PHE

1. To assess health status of the athlete throughout participation
2. To identify and initiate possible treatments for conditions that may limit performance
3. To ensure developing health conditions are managed appropriately
4. To build on a relationship with health professionals
5. To provide an educational opportunity for health, nutrition, concussion management, and anti-doping initiatives
6. To determine eligibility to participate

General Requirements of a PHE

Adapted from the IOC Consensus Statement on Periodic Health Evaluations of Elite Athletes

1. The PHE should be based on sound scientific and medical criteria
2. The PHE should be performed in the primary interest of the athlete
3. The PHE should be performed by a physician trained in sports medicine, preferably by the physician providing ongoing medical care for the athlete (e.g. team physician)
4. The PHE should be adapted to take into account individual athlete factors, the sport, the level of competition, age of competitor, and sport-specific factors (geographic region, length of course)
5. The PHE setting should respect the athlete's privacy and optimizes accuracy of the evaluation
6. Must be performed with the athlete's free and informed consent (and/or that of a legal guardian)
7. If issues are identified, the physician should inform the athlete regarding risks of future participation, and strongly discourage participation until necessary treatment measures have been taken
8. It will ultimately be up to the athlete and/or legal guardian to decide whether to continue participation, based on such advice
9. If a physician is requested to issue a medical certificate, he or she must have explained in advance to the athlete the reason for the PHE and its outcome, as well as the nature of information provided to the third parties. In principle, the medical certificate may only indicate the athlete's fitness or unfitness to participate in training or competition and should minimize disclosure of confidential medical information.