GUIDELINES FOR COACHES WITH PARA ATHLETES

Addendum to the Medical Guidelines for the
International Team Coach

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WS Medical Commission

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Guidelines for Coaches with Para Athletes
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World Sailing (WS) is the world governing body for the sport of sailing recognized by the International Olympic Committee and the International Paralympic Committee (IPC). The creation of the International Yacht Racing Union (IYRU) began in 1904, This group went on to adopt a formal Constitution after a meeting at the Yacht Club de France in Paris on 14 October 1907 which is seen as the formation date of the International Yacht Racing Union. On 5 August 1996, the IYRU changed its name to the International Sailing Federation (ISAF). On 14 November 2015, ISAF changed its name to World Sailing.

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INTRODUCTION

Sailing is a unique sport in its ability to allow athletes with a wide variety of impairments to compete on an equal level, including persons with various limb deficiencies, vision impairment, as well as paraplegics and quadriplegics or other impairments. Each of these individuals is subject to the same sport and travel risks as able-bodied athletes but may have added challenges related to their personal specificities. Certain incidents that would cause little consequences to an able-bodied sailor may be more severe in a sailor with pre-existing difficulties.

Coaches may be understandably intimidated by the idea of travelling with impaired athletes, but most of the difficulties can be alleviated by good planning. The first and most reliable guide for the coach is the sailor himself, who knows his condition, knows how he copes daily, and has already experienced and overcome numerous difficulties related to his impairment. Para athletes will always appreciate a coach asking for advice, knowing that each athlete has very specific needs and difficulties.

These guidelines are addendum to *WS Medical Guidelines for the International Team Coach,* available at:
https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer5.22021-[27400].pdf

These guidelines must be interpreted and used in conjunction with the guidance provided in the main document.

I. PRE-TRAVEL PLANNING

For many para-athletes, international travel may be a new experience, with its list of added challenges. This is particularly the case for wheelchair users. Special care must be taken in choosing lodgings, transport, dietary needs, and availability of medical care. International hotel chains are equipped with accessible rooms, however smaller hotels, or private lodgings may have an insufficient perception of accessibility. The coach must inquire if the lodging is wheelchair accessible, including the toilets and bathroom. A nice, inclined slope to access the lobby does not guarantee full accessibility, and elevator doors may not be wide enough for wheelchairs to access residence floors!

Air transport caters well to wheelchair users when advised in advance, however special care must be taken for long trips. Prevention of pressure sores, having sufficient appropriate material to void bladder, ensuring that medication is available in a timely manner are specifics that must not be overlooked. When booking flights, consider sufficient transfer time for wheelchair athletes as they are usually last to be disembarked from the plane.

Having accommodation close to the venue will often allow wheelchair users to access the venue directly. However, if car transfer is necessary, inquire into the sailor's capacity to transfer from chair to car, and take this into account when choosing a rental vehicle. Transferring into a van's high seats may be most challenging or impossible for some sailors!

Although electric powered wheelchairs and mobility scooters are accommodated on airplanes, the airline must be notified in advance, and special precautions are necessary concerning lithium-ion and wet-cell batteries. Regulations evolve but can be consulted on internet.

I. TRAVEL KIT

Certain para-athletes have specific pharmaceutical requirements, in particular related to consequences of their impairment (skin damage, urinary tract infection, constipation, pain management), or to their underlying health condition (diabetes, neurological disease, hypertension). Athletes should be reminded to bring a sufficient supply of medications and accessories to accommodate the duration of the trip as such items may not be easily available while travelling Their medication should be carried onboard aircraft, to be available as needed, and in case of delay in delivery of registered baggage.

Furthermore, and in function of their specific needs, a sufficient stock of 'accessories' should be included in the coaches travel kit:

- Extra sets of urinary catheters.
- Stretch bandage 10cm x 2 metres in case of swollen prosthetic stump
- Gauze for prosthetic 'pull through'
- Lubricant cream for 'wet fit' prostheses (aqueous cream)
- Silicon or hydro-colloidal gel pads for prevention or treatment of pressure skin damage (such as Comfeel ®, Duoderm®..)
- Disposable gloves

Special attention should be given to determine whether any medication is on the World Anti-Doping Agency list of banned substances. Some para-athletes will have taken medication for years, of course not intending to enhance performance, and will be far from imagining that they are taking a banned substance that warrants a Therapeutic Use Exemption (TUE). In particular, diuretics, insulin, steroids, and morphine are frequently part of para-athletes' daily regimen, and need a TUE.

Furthermore, para sailors may have protheses or wheelchairs that can require attention, needing tools such as screwdriver, pliers, Allen (hex) keys, and tyre repair kit. It is recommended to source a local medical equipment outlet where more significant repairs can be provided. Tyre repair can sometimes be managed in bicycle shops. Some protheses need charging, so appropriate power adapter and charger should be available. Remember that a wheelchair-bound athlete will be stranded without his chair, and travel can sometimes lead to damage.

If there is no medical support person travelling with the team, coaches should have details of nearby emergency department or relevant medical clinic numbers easily accessible and have a copy of the athlete's medical information if appropriate and consented.

II. EXPOSURE AND ADAPTATION TO HEAT

Para sailors are subject to the same difficulties in acclimatization as able-bodied athletes. However, athletes with spinal cord injury (paraplegics, quadriplegics) or neurological disease (multiple sclerosis, progressive neurological disorders) will encounter more difficulties as their capacity to adapt is limited by a reduction in functional body surface that can manage thermal adaptation. In consequence, even more care must be taken to protect from hot and cold conditions, and the coach must be cautious to take a para-sailor ashore earlier than would be required for an able-bodied sailor when conditions deteriorate. Adequate fluid intake immediately prior to and after competition is essential. Access to water sprays, ice and fans in hot conditions, and blankets and convection heaters in cold conditions are essential. Increased spasticity may be a symptom associated with low body temperature. Thermal regulation is also an issue for amputees as they have less surface area for sweating and heat transfer. Pop up tents may provide shade for athletes especially on hard stand areas while rigging boats and in between competition while on land.

III. DOCKSIDE INJURY PREVENTION

Para-athletes and their coaches will often have a good, safe routine for transferring in and out of the boat at their home club. However, travelling will subject both to more challenging situations, with different lifting equipment, different boats. Help from very well-meaning on-site volunteers who do not necessarily speak a common language may actually add a challenge. The coach must personally ensure that the whole process runs smoothly. Transfers must be handled with extra care, ensuring no injury and verifying that the athlete is well positioned with no folds under buttocks or irritating contacts that could result in pressure sores or wounds. Remember that all body parts that are paralysed ~~also~~ lack sensitivity.

IV. AUTONOMIC DYSREFLEXIA (SPINAL CORD)

This condition occurs in athletes with spinal cord injury above the thoracic nerves (spinal cord injury levels higher than T6) and causes rapid and severe increase in blood pressure. Without adequate management, in may result in seizures, stroke, and even death.
Coaches should question their paraplegic and quadriplegic athletes to determine if they have already presented autonomic dysreflexia, how did it present, what was the cause, and how it was resolved.

The constraints of travel, competition, change in food regimen, and just generally change in routine are all factors that can make the para-athlete more prone to autonomic dysreflexia.

The symptoms are:

- Pounding headache which increases in intensity as blood pressure rises.
- Bradycardia (slow pulse rate).
- Flushing/blotching of the skin, profuse sweating above the level of spinal cord injury (above the paralysed portion of the body).
- Cold clammy skin, goose bumps below the level of spinal cord injury
- Chills without fever, nasal stuffiness, blurred vision, nausea

The common causes are:

- Distended bladder, urinary tract infection, bladder or kidney stones, or even inserting a catheter. A sailor may have clamped their catheter and forgot to release it.
- Constipation, overfull bowel, haemorrhoids.
- Skin pressure zone, tight clothing, ingrown toenail.
- And also, bone fracture, distended stomach, sexual intercourse.

If a cause is not rapidly identified and corrected, it is urgent to direct the sailor to hospital care where the high blood pressure and the cause can be treated.

CONCLUSION

Catering to the specific needs of para-athletes is a very rewarding experience. Although travelling abroad may be daunting to some para sailors, attending an international event may be a life changing adventure. Through adequate planning, there is no reason to expect more incidents than with able-bodied athletes.

It is true that nobody will win the race thanks to these Medical Guidelines, but it is also true that many races were lost because of not following them.

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