

IWF MEDICAL COMMITTEE ANNUAL REPORT Lausanne, Switzerland – 27th March 2014

General Secretary,

Colleagues,

On behalf of the Medical Committee consisting of: Dr Michael Irani, (GBR), Dr Dominik Dörr (GER), Dr Richard Herrrick (USA), Dr Dogan Atlihan (TUR), Dr Parameth Ladpli (THA), Dr Wing Yuk Ip (HKG), Dr Lisimoni Kami (TGA), Dr Robert Smigielski (POL), Dr Maria Dolores Rubio (ESP), Dr Carmelo Ciotta (ITA), Dr Alexander Petrov (RUS)

1. Welcome speech of the IWF President and IWF Medical Committee Chairman

IWF Medical Committee (IWF MC) Members introduced themselves and the fields they specialize in.

2. Coordination of the IWF Medical Committee's program:

- a. Program for 2014:
 - Members pointed out that it would be crucial for the effective work of the IWF MC that the Continental MCs regularly provide information on their activities including their meetings. The Members agreed to increase their activity and to provide information about it to the continental MCs.

b. Injury Registration Procedure and Injury Reports:

After the presentation of the IWF Injury Prevention Register it has been agreed by the Members that the injury registration procedures shall be harmonized. The form available on the IWF website must be filled in by the DoDs and then sent to the MC Secretary.

There is a lack of information on injury reports by doctors of national teams and clubs both during training and national competitions. As we do not have access to this information we should target Member Federations to collect data. The information on how the injury occurred and the injury reports in general shall be used for data collection purposes. The Polish MC's online anonymous injury register system was brought up as a good example for future development.

c. General use of cortisone injections:

Recommended number of days of rest following cortisone injection was discussed. MC agreed to send a circular letter to NFs regarding injury reports, the use of cortisone injections and any other relevant topics.

d. Doctors on Duty (DoDs) and TUE (Therapeutic Use Exemption) Panel:

IWF MC Members shall provide certificates of duty for the DoDs and the DoDs are obliged to issue the injury reports to the IWF promptly.

The MC Members agreed that DoDs are authorised to talk to the Coaches if an Athlete must not continue in the competition according to the DoD's professional opinion. DoDs have the right and the duty to act in case a Coach forces an Athlete to continue anyway but the DoD in question first has to consult with the other DoD and the coach then to inform the Jury.

The TUE Panel will finalize the signature procedure for the TUE decisions in order to speed up the procedure.

In case of a TUE request, the Panel has to get clarification on the reasons why the Athlete did not choose an alternative solution for medication.

e. Insurance Issues:

The IWF needs medically qualified sport personnel at the venues and DoDs should have insurances that cover them at international competitions according to the actual country's requirements. Members are asked to provide their insurance and medical registration details to the IWF.

3. <u>Elaboration of a Medical Manual and Doping Control Form:</u>

Competitions: it is essential to have guidelines for the competition in order to ensure proper medical conditions at all international events- they should cover the following subjects:

- Local doctor
- Nearest hospital with adequate support
- Medical support
- Clean restrooms
- Confidentiality
- Kit
- Ambulance
- Training area has to be covered by local specialists

Members discussed weightlifting specific injuries: those that regularly occur during training and those which are the most usual during competitions. The possible treatments along with their possible side-effects were also discussed. They discussed the differences for the younger age category.

Dr. Smiglieski informed the Committee that they were about to start a 8 year injury training for Coaches.

The abuse of **Nonsteroidal anti-inflammatory drugs (NSAID)** was discussed with special regard to their possible harmful side effects to human health and proposition was made to do a survey about the use of NSAID's in weightlifting.

The Doping Control Form, which is confidential, can be very useful for doctors to see what kind of medication the Athletes take, thus it is suggested to ask NFs and coaches about the most used medications.

4. <u>Future cooperation between the IOC's Medical and Scientific Department and the IWF's Medical Committee:</u>

Dr. Richard Budgett, IOC Medical and Scientific Director and MC Chairman agreed to have close cooperation in the future and to communicate about the latest researches and news which can be relevant for weightlifting, notably the health of the Athlete and pay special attention to the young Athletes. As Olympic weightlifting is a sport for children as well, Members discussed about education for weightlifting Coaches regarding health issues with children, as to bring experts and elaborate a specific training.

Arrangements for a more vivid communication towards the National Federations, coaches and media shall be made.

5. Introduction of the new IWF Medical Kit

The kit which contains no prohibited substances will be taken care of by 3 IWF MC Members with respect to the different clearance regulations regarding the transportation of the kits.

DoDs are informed about the prohibited substances and they shall pay attention to the rules and regulations for retroactive TUEs as well.

Christian Thill: In case medical equipment is brought to the games you have to make sure that all the MFs and Athletes declare everything. Due to the new Code's requirements there will be investigations in this matter.

Dr. Budgett emphasized the fact that unless DoDs have a proper registration they do not have the right to practice medicine in the country. GMS would be the answer or a tripartite cooperation (IF doctors - Organising doctors – Team doctors)

6. Presentation of the IWF's independent Anti-Doping Commission:

Presentation of the ADC's work and IWF's Testing statistics for 2013 and 2014. The motto is "Do it well and let it be known".

IOC raised the question of relevance of testing ways versus testing numbers for their ratio is important to be taken into consideration. IWF President emphasized the necessity of the equality between sports as the IWF is spending a tremendous amount of money on doping controls in order to ensure a clean and fair sport.

IWF Chairman raised the problem of nutritional supplements. In the end it is the responsibility of the Athletes but we shall continue to communicate the proper message. IOC also expressed their concerns about food supplements as media and advertising are pushing Athletes to try them and they are using them like medicines.

It is a tragedy for the Athlete if the supplement is contaminated and he/she receives a sanction without his/her sport performance being enhanced at all.

The members discussed doping issues with the importance of the entourage and the money. Education is key to young Athletes.

7. Discussion about the Female Hyperandrogenism Policy

Intergenders, hormonal errors of metabolism will be detected in Doping Controls and must be further investigated. MC raised the question whether a TUE can be used for this and if TUE will be asked from WADA and IOC.

The IOC requires the IFs to issue a policy concerning the subject. IWF policy was presented in Wroclaw and was unanimously approved by the Chairman and Members of Medical Committee with small changes.

8. Any other matter

- **a.** Discussion about the World Championships: Dr. Aján stated that only medical doctors can serve as DoDs during the World Championships. The DoDs have to be competent even from the first lift.
- **b.** A recycle system has to be elaborated to select the two DoDs from the three to the competitions.
- c. The Minutes of the Wroclaw meeting were unanimously approved.

As chairman of the MC I highly appreciate the efforts and contribution made by my MC Members.

Regards,

Dr Michael Irani (GBR)

MC Chairman