November 2016

Doping and medical

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Sport Science Coordinator

Triathlon Australia is inviting applications for the position of full time Sport Science Coordinator. The position will be initially located in Canberra. However, the successful applicant must be prepared to travel and also relocate to another state/territory should the needs of the national program require.

The position of Sports Science Coordinator will be responsible for the development of a world leading sport science national program. Extensive leadership skills, qualifications/experience and ability to work with elite triathlon coaches and athletes is essential.

The position will be appointed to the 30 June 1998, with an option to extend following a review, should funds be available. Remuneration level will be negotiated depending on the qualifications and experience.

Applications, including a full resume must be in writing and forwarded to:

Tim Wilson
National Executive Director
Triathlon Australia
PO Box 10
DEAKIN WEST ACT 2600

Applications Close: 24 October 1997

For Information: (02) 62854802

AIS LOGO
Dear Mr Tim Wilson

I am writing to inform you of some changes made to the way ASDA is organised which may affect you or your organisation.

In response to the demands of sport, financial pressures, and a belief that we can do better for sport, a new structure has evolved over the past 12 months and has been shaped by feedback ASDA received on how it was operating with sport in addition to staff’s suggestions on how the Agency could work more effectively.

The structure features two divisions: sport services and corporate services. The sport services division, through sport service teams, will provide service to sport that spans the full spectrum of Agency functions including international advocacy, education, policy advice and administrative work related to testing. These teams will assist sport at the State and National level.

Each Sport Service team will consist of 4 people who collectively offer a range of anti-doping expertise - some of these people will work out of Brisbane, Melbourne and Adelaide.

The sport service division also has a sample collection unit which will retain independence from sport and a policy unit that will be responsible for generic matters at the national and international level. The sample collection unit will play the primary role in organisation of testing sessions and manage ASDA’s Drug Control Officials and Chaperones.

Each of the units in the Sport Service division will work closely together. The corporate division will be responsible for the internal operations of the Agency and provides all the generic services that are needed for ASDA to achieve its objectives.
The Agency is currently bedding down this new structure and it is likely that the most immediate impact on you is that you may find yourself dealing with someone new. On a longer term basis some of what you may recognise is that:

- your organisation has developed an effective relationship with a small group of ASDA officers who understand the needs of sport and can assist you to deal with a range of drugs in sport matters;
- drug testing programs improve as a result of the information and advice provided by sport;
- your organisation, coaches and athletes feel more confident to deal with drugs in sport issues;
- Anti-doping international objectives are facilitated on a range of fronts by ASDA and other influential people in sport;
- ASDA and peak sporting bodies work more closely in partnership to assist sport to deal with drugs in sport issues.

The road ahead is not going to be easy, doping matters gain in complexity. ASDA is very conscious of being able to assist your organisation in a challenging environment. Your feedback on how we are doing is always welcome.

Yours sincerely

Natalie Howson
Chief Executive
24 October 1996

Enc. Structural diagram & functions.
TO:         David Packwood  
            Sports Service Team  
            ASDA  

FROM:      Tim Wilson  
            National Executive Director  

DATE:      25 October 1996 

RE:         Marijuana - Banned Substance  

Dear David  

I refer to your letter of 18 October 1996 concerning Triathlon Australia's position on Marijuana as a banned substance. 

As you are aware, the motion put to the recent International Triathlon Union (ITU) Congress, to include Marijuana on the banned list of substances was withdrawn following a lengthy representation from Triathlon Australia (TA). 

The issue of Marijuana and the impact on athletes involved in the sport of Triathlon, is a relatively recent consideration for this organisation. Therefore, until otherwise advised, TA is of the view that further information is required before Marijuana is classified anything other, than a 'restrictive substance', as currently determined by the International Olympic Committee. 

Furthermore, TA is of the opinion that the social drug use of such restrictive substances, such as marijuana, tobacco and alcohol, would be more effectively controlled through the use of communication and education, and not necessarily the use of legislation at this time. 

Thank you for your inquiry. 

Yours sincerely  

Tim Wilson
Ms Cheryl Battaerd  
Illawarra Academy of Sport  
PO Box 24  
FAIRY FAIRY FAIRY NSW 2519  

Dear Cheryl

I am writing in response to your request for assistance in relation to the International Olympic Committee (IOC) position on marijuana.

ASDA has no documentation to confirm an IOC directive that International Sports Federations (ISFs) place marijuana on their list of banned substances. However, ASDA will not necessarily receive documentation relating to this type of issue.

As of our latest advice from the IOC on 11 June 1996, the IOC Medical Code still lists marijuana as a restricted substance. Dr Ken Fitch from the IOC Medical Commission has confirmed (as of 2 August 1996) that there has been no change to the IOC policy in relation to marijuana and it is still the decision of the International Federations (IF) as to whether they ban marijuana and apply a sanction.

On 7 March 1996 the IOC Medical Commission reported to the International Summer Sports Federations that .........

'Marijuana is present under the class III of drugs subject to certain restrictions on the IOC list. International Sport Federations (ISF) and responsible authorities may conduct tests for marijuana if they wish, and consequently, may apply a sanction (unspecified).

Some IOC accredited laboratories are claiming marijuana used today is of greater concentration and toxicity than that used in the past. Therefore effects were considerably different, and greatly the coordination of the body and the mind.

Certain international federations have already taken a clear stand regarding marijuana by banning it completely eg. FIFA, FIG, FINA, ISU etc. Others are considering its banning.

The IOC is currently considering or banning.'
The Medical Committee position regarding the age recommendations for competition race distances for Juniors attempts to ensure the safety of an “average” athlete of the ages described in the guidelines.

The Medical Committee recognises that some elite juniors nearing the older end of their age category may be psychologically, and physiologically mature enough to compete at the next level. To this end, the committee feels that each case should be treated on its individual merits. Where the athlete is able to satisfy the Medical Committee that they are psychologically, and physiologically mature and free of any injuries, and, in the case of female athletes, that menstrual function is normal, the committee may recommend participation in race distances at the next age level.

GORDON WADDINGTON
SECRETARY T.A.M.C.
FACSIMILE MESSAGE

TO: Rob Pickard, TA High Performance Manager
    cc. TA Technical Committee,
    TA Medical Committee
    Melinda Farr

FROM: CHERYL BATTAERD
      TRIATHLON AUSTRALIA BOARD
      PH/FAX NO: 042 - 85 6208

DATE: 30 September 1996

Number of pages: 2

RE: Recommendations from TA Medical Committee
    as to Applications from Junior C Triathletes to Race
    Triathlon Distance Events

COMMENTS:

I support the recommendations which have come from the Triathlon Australia
Medical Committee regarding applications from 'older' Junior C Triathletes to
compete in Triathlon Distance events.

However, to cover ourselves legally and to provide a guideline for future
applications from Junior C athletes for considerations to compete at the Triathlon
distance, we need to formalise the criteria.

A possible screening check list to be completed preferably by the athlete's Sports
Medicine Physician or General Medical Practitioner would be ideal, together with
a list of required information such as training details and competition history
which must be submitted with the application by the athlete and verified by an
adult, ie coach and definitely parent and/or guardian.

Consideration must be made to the situation of awarding of prizes and Tour
points if the older Junior C Triathlete in fact wins or places in the Junior B
Category as we could face a protest from a disgruntled Junior B competitor or their
representative.

Regards

CHERYL BATTAERD
FACSIMILE MESSAGE

TO: Rob Pickard, TA High Performance Manager
cc. TA Technical Committee,
    TA Medical Committee
    Melinda Farr

FAX NUMBER: 06 285 4204

FROM: CHERYL BATTAEIRD
      TRIATHLON AUSTRALIA BOARD
      PH/FAX NO: 042-85 6208

DATE: 26 September 1996

Number of pages: 2

RE: Application from a Junior C Triathlete to Race at Noosa Triathlon Distance Event

COMMENTS:

As the Noosa Triathlon is for 1996 an ITU World Cup event, the ITU rules take precedence over those of Triathlon Australia. Therefore we are obliged to follow the ITU ruling in regard to age requirements and date of eligibility, ie. in the case of Seniors, 1st July and for Junior triathletes, 1st January.

However, my understanding of the ITU date of eligibility for Juniors, is that it is their age as of the 1st January of the calendar year of competition. So if the Triathlete mentioned in your letter was 15 years on the 1st January 1996 then she competes in 1996 ITU events as a 15 year old or Junior C. While under Triathlon Australia rules she could not compete in any National Triathlon Distance events until 1st July 1997, she could however compete in an ITU Triathlon distance event on 1st January 1997 and thereafter.
There are two issues we need to consider, one is a medical recommendation which you, if I can remember rightly Rob, supported and the other, an age qualification ruling.

If we allow this athlete to compete, then are we opening the doors to far more bending of the rules? What if a triathlete who has turned 30 in September 1996 but has to continue to compete in the 25 - 29 age group until 1 July 1997 complains and asks that we bend the age qualification rules for Noosa allowing that person to compete in the 30-34 age group? I know this example is not quite the same situation but it is also essentially the same as it is a request to waive existing race age qualification requirements.

The young lady in question sounds like she has a great deal of potential which we should nurture. Let's encourage a gradual build up in distance and intensity especially if we want to see her reach her full potential which due to the nature of our sport, would be in 2000 and/or beyond.

Regards
TO:       Rob
FROM:     Brian Chapman
RE:       JOSIE LOANE
DATE:     23 Sept.

You will no doubt be aware of my support for Josie and all similar cases to be allowed to race 1.5/40/10.

Count me as a YES.

Brian Chapman
TO: Triathlon Australia
FROM: Secretary
RE: 16 YEAR OLDERS (ON DAY OF RACE) BEING ABLE TO RACE OLYMPIC DISTANCE
DATE: 12 Sept. 1996

On behalf of our Junior Development Committee, TQ asks TA to consider permitting athletes licensed as 15 years of age, but who achieve the age of 16 years by the day of a race, to race in triathlon distance (1.5/40/10) events.

Yours sincerely

B R Chapman
SECRETARY

cc TA Technical Committee
M. Farr

Financially assisted by the Queensland Government through the Queensland Sports Development Scheme
Rob Pickard commenced the meeting with a welcome address and then called for nominations for the positions of Chairman and Secretary.
Past secretary, Bronwyn Clift expressed that her time and commitment to Triathlon has decreased and would stand down if another was interested in taking up the position.
Rod Cedaro was nominated as Chairman and unopposed as was Judy Pickard nominated as Secretary.
A letter would be sent to Bronwyn Clift expressing thanks for the work she has done in the past.

Chairman took over the meeting.
Minutes from the last meeting were accepted with the minor change of 10km(not 5km) being the distance for the Talent ID cycling Time Trial. Moved Smith, Sec Inkster.

Business Arising from the last Minutes.
Dr Robinson requested that the minutes be sent to the medical committee.

Brett Sutton and Di Robinson spoke about the enforcement of OAP athletes to participate in certain aspects of the program. It was agreed that an attitude change through education was necessary and with the possibility of having Triathlon in a more formal central regime this may be able to be policed.

Reports on Altitude were tabled and spoken to. It was generally agreed to the benefits of such a program.

Acclimatisation reports had previously been circulated.

Protocols were circulated
Committee format was added to so that the full gambit of SS/SM were covered. Dr Di Robinson representing the medical fraternity; Judy Pickard, holds a psychology degree and a major in Human Movement; and Liz Broad who is a nutritionist at the AIS. The committee also welcomed Andrew Hodge from the University of Canberra.
Chairman read through the SS/SM Guidelines which included
- General concept and purpose of SSAC
- Specific terms of reference
- Suggestions for priorities for SSAC output
- Checklist of activities to help you plan and deliver appropriate activities.

It was discussed that the needs of the program and the priority of research should be Coach Driven. All sport science contact should be through the coach.

Prioritized list of SS/SM needs were established (as attached).

Most members that more visits to the appropriate service providers were needed.

Judy Pickard spoke to the fact that consultations with sport psychologists is an on going need where athletes are taught the mental skills as they are taught in motor skills and the psychologist works with the coach and athlete right up to the major event rather than come in at the last moment.

Checklist for OAP SS program was covered and is attached.

Brett Sutton spoke to the fact that we should be looking at covering all OAP athletes with testing and services and the best way of achieving this was through the camps program where it could be carried out on site.

Establishment of benchmarks would be difficult due to the nature of the three activities placed together and therefore research on valid testing methods and criteria need to be established.

Feedback of all results should be made face to face with the coach involved.

Dr Robinson expressed that if she is not doing the medicals then appropriate medical practitioners from each state should be appointed.

An appropriate data base of results is yet to be established and while Bill Davoren is working on this already it was asked of Brian Drew to come up with an appropriate system and guidelines for such.

It was also expressed the need for a massage therapist to accompany teams to training camps and World Championships.

From the supplied checklist, the only outstanding items were the benchmarks and prioritised research needs. A list of research ideas would be put together and circulated to members to indicate their priority.
Brett Sutton spoke to the fact that as far as coaching is concerned, RECOVERY is a prime research need so that triathletes can then train.

**Research Requirements.**
1. The development of a data base of training of elite triathletes.
2. Running efficiency off the bike in relation to optimal cadence and power outputs on the bike.
3. Research on the transitional physical requirements between Swim/Bike and Bike/Run. First 3-5 minutes after the transition.
4. Power crank/output of cyclists compared to triathletes.
5. A follow up of elite and elite junior triathletes that have dropped out of the sport. What were there needs and why did they drop out?
6. Hypo/Hyper baric Chambers and their effects.
7. Altitude - best and most efficient methods.
10. Ergogenic aids such as bicarbonate loading and its effect on Triathlon Distance athletes.
11. Tapering strategies
12. Hydrostatic influences on recovery.
13. Strategies to improve running economy off the bike. Difference between running economies off the bike between athletes.
14. Recovery strategies for both high volume (and high intensity) training plus better strategies for athletes competing OS (with extra demands of travel) - hydrotherapy, hot cold contrasting temperatures, rehydration strategies etc
15. Female issues: menstrual cycles, contraception.
16. Energy demands of various tactics.
17. Assess the strength and power demands of triathlon and determine if some training in this area would be beneficial to those athletes who appear to have plateaued aerobically.

**General**
Areas of interest to be allocated and lit. reviews completed.

Suggestions of
- Smith/ Cedaro - Recovery
- Gable - Hydrostatics
- Hodge - Run efficiencies
- Drew / Inkster - Data base

INSEP to be contacted or the French national coach re article completed on run efficiencies after cycling.

It was suggested the use of teleconferences to take place to keep up to date and the use of the secretary to circulate any articles of interest to committee members.

Those allocated areas were asked to report back by Nov 15 re update.

*Meeting Closed: 5:45pm*
Tests in Perth

Asthma - Exercise-induced asthma due to
1. Where we live
2. Many exercise asthma treatments to fix it

EPO research ongoing.

6 drug tests

Out-of-comp tests aimed at 60% athletes training on Australia.

MEDICAL - ASQA concern with EPO, copies to T. Challen
(Euro Cycling Fed. endorses it)

- Lack of pelvic strength abdominal
  - Biofeedback device being used at camps
  - Call for papers for Medical Conf. in Perth
RE: Hyperbaric/Hypoxic Training Study

Dear Peter

Please find enclosed a proposal from Mr Rod Cedaro for a Hyperbaric/Hypoxic Training Study.

Mr Cedaro is a well established sportsperson who is well known and valued by this organisation for his passion and enthusiasm for sport science research. In addition, Mr Cedaro is also well positioned to undertake this training study and provide the research findings which may produce significant performance enhancements for athletes involved in endurance sports such as swimming, cycling, athletics and triathlon.

Triathlon Australia, as an organisation who will be one of the sports who will be the beneficiary of such an important study, fully supports this proposal and its application for special Olympic Athlete Program funds.

Should you require any further information please do not hesitate to contact me.

Yours sincerely,

Tim Wilson
Sport Science Coordinator

Location: Triathlon Australia Office, Canberra, ACT
Other Locations as Directed
Relocation to another State/Territory if Required

Salary: Dependent on qualifications and experience

Contract period: 30 June 1998
Option to Extend Subject to ASC Funding and Performance Review

National Advertisement The Australian Newspaper
State/Territory Triathlon Associations
11 October 1997

Application Closing Date: 24 October 1997

Triathlon Australia has received funding from the Australian Sports Commission (ASC) for the position of Sport Science Coordinator, for a period to 30 June 1998. The position will be responsible for the development and delivery of a world leading Sport Sciences Program. This will include the education of national squad athletes and elite coaches, development and maintenance of an effective delivery system for services in the sport sciences, and the development and coordination of research initiatives.

The Sport Science Coordinator will be responsible to the High Performance Manager and National Executive Director. The position will also report on a regular basis to an Olympic Athlete Program (OAP) Board.

The position of Sport Science Coordinator will also play a coordinating role with the Triathlon Australia sport science committee.
Sport Science Coordinator - Duties

National Sport Science Development.
- Plan, develop and coordinate a national sport science program
- Coordinate the testing and performance monitoring of OAP athletes
- Direct and Coordinate the technical requirements of the national sport science program
- Plan and set recommended physiological performance standards
- Identify appropriate performance benchmarks for current and projected performances
- Develop a model outlining specific requirements and demands for elite level performances
- Implement specific and targeted testing protocols for national squad athletes
- Research and recommend physical and physiological (and other relevant) benchmarks that will assist in setting and comparing minimum acceptable standards for sub elite/junior to elite levels
- Monitor, evaluate and report on all national squad sport science requirements
- Assist in the planning of national and international competition programs
- Assist in providing day to day sport science to the OAP Squad when required
- Assist in the conduct of high performance national and international camps
- Develop and coordinate research initiatives that will assist the development and preparation of OAP/national squad athletes

National Program Support
- Provide sound technical advice to elite coaches on the sport science provisions and requirements for high performance athletes
- Manage and record the delivery of sport sciences services to national squad/team members
- Assist with education and professional development of elite coaches
- Provide professional talks and advise at TA national initiatives
- Liaise with sport science professionals from state institutions and national sporting organisations
- Assist in the development and implementation of talent identification and talent development programs

National Program Administration
- Serve as Chairperson of TA Sport Science/Medicine Cttee
- Prepare regular monthly reports for the TA Board.
- Liaise with all state/territory high performance programs
- Maintain a database on all sport science program and comparative data
- Prepare reports, papers and manuals as required to service national objectives

Sport Science Coordinator - Challenges
- Utilising limited resources implement an effective and efficient national Sport Science Program
- Develop a working relationship with all elite coaches, national level athletes and other sport science professionals.
- Assist in maintaining and furthering Australia’s international standard
Sport Science Coordinator - Selection Criteria

Essential
- Sport Science tertiary education qualifications essential
- Extensive understanding of sport science/medicine principles and their application to elite athlete development
- Ability to liaise and negotiate at all levels with athletes, coaches and other sport science officers
- Willingness to work long and irregular hours, including weekends.
- Willingness to travel extensively within Australia and overseas.
- Effective leadership skills
- Good understanding of talent identification and elite development programs
- High level of computer literacy, in particular in areas of data base, spreadsheet and word processing operation systems
- High level of communication, negotiation and interpersonal skills

Desirable
- Good understanding of the national/international triathlon industry
- Sport Science post graduate education qualifications

Sport Science Coordinator - Key Performance Indicators
- Timely production of quality reports to OAP management committees, the Australian Institute of Sport and Triathlon Australia Ltd.
- Effective and efficient management of the national sport science program
- Progressive development of other national high performance initiatives
- Effective and satisfactory completion of tasks undertaken under the job responsibilities
Sport Science Coordinator

Triathlon Australia is inviting applications for the position of full time Sport Science Coordinator. The position will be initially located in Canberra. However, the successful applicant must be prepared to travel and also relocate to another state/territory should the needs of the national program require.

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Tim Wilson
National Executive Director
Triathlon Australia
PO Box 10
DEAKIN WEST ACT 2600

Applications Close: 24 October 1997

For Information: (02) 62854802

AIS LOGO
1. **Introductions**

**Present:**

ASC: Peter Davis, Jenny Roberts, Ross Smith, Kevin Thompson, Lawrie Woodman

TA: Cheryl Battaerd, Rob Pickard, Dr Dianne Robinson, Tim Wilson

QAS: Alex Bauman, Lindsay Ellis

Other: Rod Cedaro, Col Stewart, Darren Smith

**Apologies:**

Kenneth Graham, NSWIS.

2. **Purpose and expectations of Workshop**

**Background:**

- funds provided are for coordination and /or servicing OAP purposes;
- the final decision for structure of position of Sport Sciences Coordinator will rest with the ASC and TA;
- there are approximately 12 months until the next OAP Review by which time TA will need to clearly demonstrate that the Sport Sciences program (both coordination and servicing) has added value to the preparation of OAP athletes.

**Desired outcomes:**

- A structure for sport science which best services the requirements of OAP athletes and contributes to enhancing their performance. With this decided, it is then the role of the TA sport science committee to determine what’s best for OAP athletes as far as assessment and delivery of the services is concerned.

3. **Triathlon (OAP) Coaching Structure**

The current coaching structure was discussed. It was highlighted by TA that the (National) coaching structure was in flux, but was in the process of being resolved.
4. Triathlon OAP Squad.

The athletes tend to be transient, so it is difficult to know with confidence who coaches the athletes and/or where they are be based.

The current situation is:

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<th>Location</th>
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It was felt that the transient nature of the athletes is not necessarily a problem in itself. A good framework and provider network for sport science service delivery can provide an effective servicing model under this scenario.

Australian based athletes tend to be in Australia for 8-9 months of the year, while overseas based athletes spend 3-4 months in Australia.

5. Current state of OAP Sport Sciences Program

Nutrition

Liz Broad has provided service in camps, and has also visited with Col Stewart’s group in Queensland. There is no ongoing "national" nutrition program.

Biomechanics

Work has been ad hoc at specific request of individual athletes.

Screening

Medical screening is done in camps, and was also done with Col Stewart’s athletes (by Dr Ohmsen in QLD) prior to departure for Europe in 1997.
Physiotherapy

A physiotherapist accompanied the team to Europe. This person was in regular contact with the TA Chief Medical Officer (CMO).

Research

- Two research projects undertaken: The glycerol project is complete.

Servicing in general

- Services usage chart attached.
- Field testing in physiology has been the priority.
- Some OAP athletes serviced in camps. Outside of camps, there is little follow up, aside from medical and physiotherapy needs.
- The fact that the athletes move around so much pursuing competition makes it very difficult to provide continuity of care, and to ensure that athletes are going to appropriate providers. At times, neither the HPM or the CMO has knowledge of servicing which is being done on athletes.
- Despite efforts made by TA, the understanding of athletes regarding what sport sciences services are available through the OAP remains poor.
- The elite juniors are being well trained and generally have a greater appreciation of the value of sport science and medicine. This augers well for the future, but it is not expected that these athletes will have an impact on 2000.
- Training diaries have been introduced to the athletes who attended the Europe camp.
- Protocols for (Physiology) Test Methods Manual are completed and will be included in the next publication.

Limitations of current program

- Some evidence of coaches not following the advice and program when a sport scientist does not attend the camp.
- Poor uptake of sport science among some coaches and athletes.
- No database for collation of results.

Future plans

- Continuation of servicing as before.
- OAP research projects, and asthma project (not OAP funded).
- Sport Science Committee to investigate potential of accessing SIF funds (for Applied Research and Performance Monitoring).

6. Sport Sciences Coordinator

- Different models of Sport Sciences Coordinators were discussed from existing models of other level 1 sports
• Factors were discussed which impact on the required skills and/or location of a coordinator, such as
  • the balance between Coordination and Servicing,
  • Centralised vs Decentralised athletes and centralised (Camps based) vs Decentralised servicing

**Options for Triathlon**

**Available funding**
- $45,000 servicing budget
- $60,000 coordinator budget (provisional), which includes on costs and travel.

*Two part time field workers*
(The “QAS Proposal”)

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HPM / SS Committee

Field worker (Qld)                        Field worker (NSW / ACT)
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• The QAS offered to make the Qld field worker full time, with an additional $30,000 plus on costs and office accommodation.
• National direction to be set by the HPM in conjunction with the SS Committee.
• Overall coordination and day to day liaison by the HPM.

**Field worker duties**
• Primarily servicing.
• Coordination of sport science for triathlon in the state located.
• Servicing at camps and competitions as required.
• In Qld, coordination of QAS triathlon program in association with TA.

**Considerations:**
• While at the moment the majority of OAP athletes are in Queensland, if the athletes move there will be a reduced servicing role.
• If the field worker is required for camps (possibly overseas), there is a question of which one to take, why, and who ultimately has the responsibility.
• If most of the athletes are in Qld there is no need for a second person to be employed in another state.
• The servicing budget should provide appropriate servicing where the athletes are located without employing a new person. SIS/AS are bound by agreement to service OAP athletes.
• Should ensure better uptake of sport science by the athletes and coaches located near the field workers.
• While the HPM is responsible for the national coordination, without a position dedicated to this task the development of a national focus may be compromised.
• Alignment with the QAS would result in a loss of autonomy and focus on a national program.

**Single Coordinator in Qld**

The coordinator in Qld would service Qld athletes.

**Considerations**

- With transient athletes, it is very difficult to locate with any certainty (and longevity) a coordinator with substantial servicing duties.
- With the priority for sport science placed squarely in Qld, there is a danger of further alienating coaches from other states, reducing the chances of a truly national program.

**Single coordinator in Canberra**

- Coordinator would have few servicing duties except when required at competitions and camps. Field work done in all locations using the servicing budget.
- Advantages in having the HPM and coordinator together.

8. **Summary and Conclusion**

The meeting successfully outlined the current situation in TA, regarding makeup and location of OAP athletes and (national) coaching structure. Sport Sciences Coordinators in other OAP sports were discussed in a broad sense.

Several options available to TA were vigorously discussed.

The next step is that TA and the ASC will consider the options presented, as well as other potential options not specifically discussed at the Workshop (Note: a subsequent proposal has been forwarded to TA from the QAS since the Workshop), and a decision made jointly by TA and the ASC as to the location and structure of the SSC.

A deadline of September 30th has been set for a decision to be made.

Please direct comments and/or questions regarding these Minutes to Dr Peter G Davis at (02) 6214 1700.
## 1997
### OAP SS/SM Services Implementation

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<td>K. Gibson</td>
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<td>J. Pickard</td>
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TO:  Don McGrath  
    Executive Director  
    1997 Triathlon World Championships  
cc  Les McDonald  
    ITU President  

FROM:  Tim Wilson  
    National Executive Director  

RE:  Drug Testing - ITU Triathlon World Championships - Perth  

DATE:  9 October 1997  

Dear Don  

I write concerning arrangements for drug testing procedures for the forthcoming 1997 ITU  
Triathlon World Championship (TWC) - Perth - 16 November.  

As previously advised, the organising committee for the 1997 TWC will be invoiced for six (6) of  
the twelve (12) full screen tests conducted by the Australian Sports Drug Agency (ASDA). The  
cost of a full screen test is $AUD440.00. Therefore, the 97 Festival of Triathlon will be invoiced  
for $AUD2640.00.  

In addition, and as a reminder, please ensure suitable facilities for sample collection are  
provided. This includes, individually sealed drinks (caffeine free) for athletes who are selected  
for testing and a drug control room with adjacent toilet and waiting room.  

Should you have any queries please contact me immediately.  

Regards  

Tim  
0418-697708
Winfield Cup '90

Drugs in football...

How could this happen?
Sport loses a supporter

ONE of the most influential long-time supporters of triathlon competition on the Gold Coast has died after years of service to the sport.

Dr Gary Shin, the Triathlon Queensland medical chairman and former Australian Masters Games age champion, was known in the sport as the Flying Doctor.

Aged 47, he had run a triathlon shop until 1997.

“He was always willing to give his time and energy to the sport he loved,” said good mate and former training partner Brian Chapman.
Queensland Schools Triathlon Report October 1997

1. Letter received by Cliffie Henkel regarding Primary Aquathon/Triathlon
   - non very nice comments made referring to TQ
   - letter responding to comments was sent on 27-9-97
     (a copy of this reply will be made available to relevant people e.g. Brian C., Duncan J.)

2. State Championships 14-15 February in conjunction with Trimar Race
   on 15 February - to include Individual Secondary Schools Triathlon on 14th,
   and a Regional Relay and Secondary Schools Relay on the 15th.

3. Metropolitan East/Metropolitan North Trials are being conducted together
   on 20th October at Wynnum in conjunction with Trimar Race.
     (A copy of this information will be available at this
     meeting for all those who wish to have a copy)

   NB: Trial Entry due to NEW REGIONAL STRUCTURE
   I am yet to be able to confirm whether trials will be conducted by
   other regions. Information to go to Regional Sports Officers on 16/10/97.

4. Request from Brian Chapman /TQ for Development to conduct "All-SCHOOLS
   Primary School Triathlon" instead of an Aquathon
   QSS Response (Nov. Wagner) - TQ may run on event and call it "as above"
   - Not to be associated with "QSSS" Triathlon
   Event ie separate Administration, Entry Forms, Advertising +
   separate hiring of Race Director (Written Agreement) for "Legal"
   reason, as it would not be endorsed by "Queensland Primary Schools Sport"

5. Schools Triathlon Web Site: - HTTP://WWW.SCHOOL-SPORT.QL.D.EOU.AU - if you
   want information to go on this, disc must be sent to me and approved by GST committee.
So Miers
State Administrator
Triathlon Queensland.

Dear Mr. Miers,

Thankyou for your letter regarding the Annual General Meeting.

I feel honoured to have recognised my contribution to the organisation of Triathlon Queensland and the sport, and I would appreciate it if you could thank them.

Unfortunately, I will be unable to attend the meeting due to prior commitments.

Yours Faithfully,

Gary Shinn
MEDICAL COMMITTEE TRI-QLD SEPT. REPORT.

[1] I personally feel that asthmatic triathletes only need a Doctor's medical certificate to be sent to the Medical Committees of Tri-Qld or Australia every 3-5 years and not annually as suggested in the August A.G.M. meeting.

Once an athlete has been certified an asthmatic, they will always have the tendency to Asthma!

I feel it is a waste of time, to especially the triathlete and their Doctors, if they have to re-enterate this every year!

[whether they are on Beta-adrenergic sprays, such as Ventolin or Cortisone sprays or both]

[2] I feel a masseur should be permanently be employed by Tri-Australia to keep the Elite open & junior Triathletes in the best physical form in the lead up to the 2000 Olympics. At an update Medical conference at the Sydney University last month, it seemed the Sport of Triathlon lagged behind other sports in this respect! Massage has been proven to aid post training & post-racing recovery. Perhaps each State should employ a Government-aided masseur.

YOURS SINCERELY DR. GARY SHINN

N.B I have nearly 50 asthmatic Triathletes on computer-file in alphabetical order.
MEMO

TO: SPORTING CLUBS
FROM: Sports Medicine Australia (Qld Branch)
SUBJECT: Weightless Running Seminar
DATE: 31st January 1997

Please find enclosed an information sheet relating to our forthcoming "Weightless Running" Seminar.

Your club members may be interested in attending as part of their pre-season training program. Please place this flyer on your club notice board at your earliest possible convenience.

If you have any further enquiries about the seminar please don't hesitate to contact us at Sports Medicine Australia (Qld). I look forward to hearing from you soon.

Regards
Darryn
SPORTS MEDICINE AUSTRALIA (QLD BRANCH)

presents a workshop

WEIGHTLESS RUNNING
Taking the Stress out of Running

Saturday, 15th February 1997
1.00pm - 4.00pm

Seminar Room, Human Performance Laboratory,
University of Queensland, St. Lucia.

Cost: $45.00
$35.00 (SMA members and full time students)
includes pool entry and all equipment!

Presented by: Craig Maskiell, Margaret Lewington and Anne Alsop

A practical workshop dealing with techniques of water training, recovery and injury rehabilitation. Topics covered on the day include:

* Deep water training techniques
* Fitness and circuit training
* Hydrotherapy
* Rehabilitation
* Tethered Running

I/we wish to attend the Weightless Running Workshop on Saturday, 15th February 1997.

Name: _______________________________________
Address: _______________________________________

Postcode: ______________________________________
Phone: (w) ____________________ (h) ____________

I enclose my cheque/money order made payable to Sports Medicine Australia (Qld).
* Registration numbers strictly limited.

Return to: SMA (Qld), PO Box 240, St Lucia Q 4067 Ph: 3870 4195 by Wednesday, 12th February 1997
TRIATHLON-QLD MEDICAL COMMITTEE REPORT-monthly meeting OCT-1996

[1] Erythropoitin[EPP] strongly rumoured to be used by some Elite triathletes overseas and even in Australia to enhance endurance performance.
[rumour of some high profile sponsors supplying EPP to certain of their athletes]

? need for this possibility to be brought to the attention of the Medical committees of Tri-Australia and I.T.U.

-Need in training and prior-competition blood tests to compare Haematocrits[thickness of blood] of certain Triathletes
? Invasion of privacy.[c.f.-ease of urine screening]
But this is the only way to ascertain the use of EPP as this is a natural body hormone.

Blood testing would also pick up 'blood-doping' which is also being used in a few triathlete cheats.

[2] Asthmatics are now obliged to give Officials a medical certificate saying they require their asthma sprays. If they don't and they are drug tested they will attract a 2-year suspension for use of a stimulant!

I propose that a Doctor's letter stating the asthma spray need is only required to be given to the State Medical Committee once a season to be put on file.
This will save the athlete and their Doctor allot of time and effort.
(i.e Photocopy: only for Doping Officers before an event)

-------------------------------------------------------- GARY SHINN.
October 20, 1996

Dr Gary Shinn,
Chairperson,
Queensland Triathlon Association
Fax: 06 285 4204

Dear Gary,

Thank you for your letter from the recent meeting of the Tri-Qld medical committee. I think I can address most of your problems quite simply.

First, the TA Medical Committee, the ITU Medical Committee (of which I am on the Doping Subcommission) and the ITU Doping Commission (of which I am a member) are well aware of the allegations of institutionalised use of Erythropoietin in some European countries. I have had a number of Australian athletes reporting to me the offer of EPO whilst competing in some countries.

A test has been developed to detect recombinant EPO in the urine (Medicine & Science in Sports & Exercise, Vol 27 No 12) it is my understanding that this was accepted by the IOC Medical Commission for use in the last three weeks. When it will be actually instituted at grass roots level I cannot say, but it is certainly good news. The test is based on the fact that human EPO is made of 20 to 30 isoforms and hence there is a certain profile in the urine with a net negativity. Recombinant EPO is of course only one isoform, hence the urine is less negative and this can be determined quite easily.

This test, according to the research I am aware of, will detect EPO in the urine up to seven days after cessation of use - possibly longer. Therefore, if this is so, I see the major use of the test would be in out of competition testing.

Additionally, I am off to Hawaii to lecture at the Ironman Medical Conference on Tuesday and am scheduled to meet some of the members of the ITU medical and doping commission whilst there. We had planned to meet over a number of issues and I will certainly raise your concerns. It was discussed in Cleveland.

The issue is not helped by certain of the international elite athletes blatantly flaunting drug testing rules at the World Championships which certainly happened this year.

As for blood testing, this is not possible at the moment, because in the eyes of the law the athlete is entitled to refuse. If they co refuse, but regardless the test
is performed, it is seen as an assault. Laws would need to be passed to allow blood testing and would have to come from the IOC.

The issue regarding asthma is not 100% determined yet. The ITU doping commission meeting in Cleveland was keen to have this protocol adopted and it was our opinion that the notification should be lodged with the National Body Medical Committee. What is likely to happen is that the registration forms for future years will have a section for notification of asthma and medications which must be accompanied by a letter from the treating doctor. I agree that it is easier if the original is lodged with the TA Medical Committee for file and a photocopy is used for the purposes of the Doping Control Officer. The letter should ideally be from a Sports Physician, Respiratory Physician or well recognised Sports Doctor; is not the local 24hr medical centre. Given the variable state of different medical committees at the state level - some states don't have a medical committee - I think that it is more appropriate for the information to be lodged at a National Level where confidentiality can be assured (the problem with some states without a medical committee) and can be easily accessed since a person from the TA medical committee is always involved with positive test results.

I would also like to note that it is up to the athlete to update the information on file if their medication is changed during the course of a season.

Thanks for your letter. If you have any further queries, don't hesitate to let me know. I will be at the SMA Conference in Canberra and look forward to seeing you there if you are going.

Kind Regards

Diana Robinson
MBBS FACSP
Chairperson, TA Medical Committee

cc Cheryl Battard, medical liaison officer, TA Executive Board
Gordon Waddington, Secretary, TA Medical Committee
Tim Wilson, Executive Director, TA
Triathlete dies during swim leg

By CHRISTINE MIDDAP

A 33-YEAR-old Sydney man collapsed and died in front of horrified family members and spectators after he was pulled from the water during the swim section of the Noosa Triathlon yesterday.

Four-times Olympic gold medal swimmer Dawn Fraser, who had a heart scare while attending this year's Atlanta Games, comforted the wife and two young sons of Matthew Lowe as rescue crews battled for an hour to resuscitate him.

Another competitor, aged 30, is in a serious condition in Nambour General Hospital's coronary care unit after having an apparent heart attack soon after completing the triathlon.

Shock organisers said this was the first year there had been a death or serious illness during the event, which attracted more than 3500 competitors and some of the world's best triathletes.

The triathlon's medical director, Dr Richard Heath, said Mr Lowe, of Paddington in Sydney, was more than halfway through the swim leg of a mixed team age event about 8.30am yesterday when he was pulled from the water by a doctor.

Although Mr Lowe said he was fine, the doctor got him out of the water where Mr Lowe collapsed into unconsciousness.

Meanwhile, a scuba diver died after he apparently ran out of oxygen and made a desperate swim for the surface during a 30m dive off Kingscliff, south of the Gold Coast, yesterday.

The 32-year-old Brisbane man was pronounced dead on arrival at Tweed Base Hospital after resuscitation attempts failed.

Triathlon roundup, page 27

We should encourage every athlete over 30 years of age to have a full medical check-up from their G.P. before embarking on doing Triathlons or entering a once-a-year event (such as the 'Noosa Triathlon' which is pretty gruelling!).

This should include an ECG to discover undetected heart disease. This may help prevent further deaths in Triathlon.

Yours sincerely,

Dr Gary Shinn
TO: Dr June Canavan
FROM: Secretary
RE: THANKYOU FOR YOUR EFFORTS AT NATIONALS
DATE: 19 Sept.1996

At our recent Management Committee meeting, Dr Gary Shinn and others present resolved that a Letter of Thanks be forwarded to you as an acknowledgement of the outstanding contribution you made to the medical cover, and so the ultimate success, of the Australian Championships at Mooloolaba.

Though belated, you should view this letter as a genuine reflection of a multitude of opinions that have circulated "on the grapevine" virtually all of which have led TQ to the conclusion that your's was a job well done, and that it warrants this special commendation.

The only negative comment we have received was a reported shortage of "IVFs" which, no doubt, was due to a demand well beyond expectations or the norm.

We trust you will stay involved in the medical servicing of this and other triathlons.

Yours sincerely

[Signature]

B R Chapman
SECRETARY

Financially assisted by the Queensland Government through the Queensland Sports Development Scheme

Department of Tourism, Sport and Youth
triathlon queensland medical committee

THREDBO SUMMIT

October 1998 Report

There were 2 main areas which the TA Medical Committee addressed:
1. TA 1997-2000 Development Focus on Sports Medicine
2. TA Medical & Safety Guidelines

1. Several of the National Objectives were looked at and a number of strategies were reviewed and amended and some new strategies were added. One important practical strategy involved using Sports Medicine Australia for coverage. If SMA is approached to organise triathlon coverage a medical Director will be appointed by the organisation and hence make communication much easier for the Race Director.

Hopefully a standardised medical data collection form will be developed and distributed through the State Triathlon Associations when medical coverage is arranged by Race Directors. This will enable meaningful statistics to be collected and appropriate changes to the medical guidelines to be made in addition to facilitating accurate reports for insurance claims or medico-legal information.

It was felt that education is still lacking even at the elite level and TAMC is planning to produce documents to send to all athletes selected in national teams to assist them in their preparation for international competition. I found these observations to be confirmed in my role as team doctor for the World Duathlon Championships and in particular as team doctor for the Age Group triathletes at the World Triathlon Championships. Sports medicine segments need to be included in coaching accreditation courses and clinics.

2. All races carry a potential for life-threatening injuries, illness or death, and the TA Medical & Safety Guidelines have been developed to protect and care for competitors. The current guidelines are 20 pages long and have not always been received well. There was a lot of input from various race medical directors and hopefully the proposed changes will enable the guidelines to be more practical. TAMC wants to produce a document that will enable experienced and inexperienced triathlon doctors to conduct a safe race. Race directors will be encouraged to budget appropriately and respect the knowledge which medical directors provide - the sport of triathlon will benefit from a harmonious liaison.

I am unable to present this report in person as I am in Adelaide to attend the 1998 Australian Conference of Science and Medicine in Sport. During the week the TAMC will meet and ratify the proposals from the Thredbo Summit and forward completed documents to TQ.
The issue of wetsuits and water temperature continues to be difficult to comment on. There is very little research available and the issue revolves around the risk of hyperthermia during triathlon if a wetsuit is worn when the water is warm. To date research involves small numbers but it does not appear to increase the risk of heat stress. The research however has not taken age, gender, fitness level etc into consideration. This topic is begging for a research grant.

WORLD DUATHLON & WORLD TRIATHLON CHAMPIONSHIPS

It was a privilege to be appointed to the position of Team Doctor with 1998 Duathlon World Championships in Germany and 1998 Triathlon World Championships in Switzerland. Race conditions were ideal from a medical perspective and there was no serious race-related medical problem. Unfortunately there was a lot of illness, both respiratory and gastro-intestinal, which adversely affected performance.

In addition to the normal team medical duties I attended the ITU Medical Committee meeting. Many of the issues discussed were the same as TAMC issues and we are very progressive compared to many countries.

A book discussing Triathlon Medicine is being written by the ITU Medical Committee and many of the chapters are ready for review. Once again there is little research to support some of the accepted practices. There will be a medical seminar prior to the 1999 World Championships in Munich which will be very informative for all those involved in triathlon.

I was honoured to be invited to present the guest lecture at the Women's Masters Breakfast in Lausanne. I spoke about the effect of hormones on performance, and addressed in detail the use of hormone replacement therapy in menopausal triathletes. Feedback from the ITU Women's Committee has been very positive and illustrates the demand for information which exists.

ASTHMA

Media publicity regarding the reporting of asthma therapy usage in our elite athletes and subsequent positive drug testing results have illustrated the need for our triathletes to conform to the TAMC asthma reporting scheme. Some of the letters I received from athletes for the WDC & WTC were quite inadequate and very few included spirometry results. It would appear that there is concern from countries where asthma is less prevalent as to the incidence of asthma medication usage in Australia. I will ask TAMC to consider preparing a document for the ITU pointing out the high incidence of asthma in Australia and our very good Asthma Management Plan which has reduced the mortality and hospital admission rate. I saw more athletes who were inadequately treated rather than overtreated and feel that this would be a good topic for inclusion in coaching courses and clinics.

Dr June Canavan
TRIATHLON-QLD MEDICAL REPORT-FEB 1997.

[1] Concern over slow payment to Doctors for medical coverage of triathlons. I still have an overdue account for a triathlon in October 1996.

This is a worry for doctors who aren't actually involved in triathlon [it is a disincentivement for these doctors to cover further triathlons.]

The unpaid accounts will be treated as any other unpaid accounts including reminders, and if unpaid eventually being put in the hands of the Debt-collector.

[2] Rod Cedaro has been trying to get me involved in a campaign to dislodge the present National-coaching Director. A copy of my reply is attached to this report.

[3] The triathlete involved in the second "heart-attack" at the Noosa Triathlon last year has spoken to me in length regarding the accurate story of his dramatic saga.

He is a member of a Brisbane based triathlon club, and is aged 45 years old and not 30 years old as reported.

He is a well-trained triathlete, competing for over 8 years.

He had a full Corporate-medical check just two weeks prior to the Noosa race.

[and given a full medical fitness clearance.]

He had done the Noosa Triathlon several times and had also competed in several half-ironman races successfully.

He had a good race at Noosa and actually did a P.B. [2hrs 20min or near]

After the race he rushed out of the recovery area to get ready to watch the Pro-race

He was standing in the heat watching the Pro-race when he began to feel unwell. He had to lean against a fence, and then had to sit/lie under a tree. [his wife was with him.]

He then developed severe chest pain with associated arm pain. Luckily a friend [who is a trained nursing sister] was with him and felt he had typical angina-heart pain. The medics and ambulance were called. His chest pain worsened and only eased after 4 or so anginine tablets and two morphine injections. His E.C.G. showed changes of a heart attack pattern.

In Nambour intensive-care the E.C.G. changes settled within a day and the heart enzymes which were initially high, settled by the next day. His own doctor referred him to a Cardiologist after discharge who performed a coronary angiogram [dye x-ray of the arteries supplying the heart muscle] This showed the arteries to be clear of any blockage.

The Cardiologist's only explanation was that he had dehydrated and due to the haemotocencentration [thickening of the blood,] he had developed a clot to one of his heart blood vessels causing a typical "heart attack" syndrome without any permanent heart muscle damage.

In retrospect the triathlete hydrated well the day before the race, but was rushing on race-morning and didn't drink much before the race. On the bike he was going well and once again didn't drink much. It was much the same on the run.

Usually he has quite a lot of fluids in the recovery area of a race, but in his hurry to watch the Pro-race, he didn't do this on the day. similarly he didn't drink much at his motel room and then stood watching the Pro-race in the heat, dehydrating more.

This triathlete rang me and told me his accurate story because he had prepared and trained well for the race. And he had had a full medical check just a few weeks before the race. It was only a little forgetfulness that brought on this near disaster. He wants other triathletes to realise that dehydration can be a lot more serious than feeling a little "off."

This puts a completely new perspective on the importance of hydrating before, during, and after triathlon racing!

DR. GARY SHINN.
MEDICAL REPORT, *(June 2002)*

The wetsuit issue has again been raised by Mr Vincent and is currently being addressed by the TAMC. In his correspondence he criticises the current ruling. During the Hell of the West Triathlon the ruling remained as per the previous water temp of 24°C. The water temp at 4.30am was 27°C obviously 3 degrees above the previous level and therefore irrespective of the new ruling wetsuits should not have been permitted. The encouragement given by the race director to allow athletes who wanted to use wetsuits to do so places him at personal risk. All RDs have a duty of care to abide by the ruling [supported by the TA board].

The TAMC after careful consideration of the current literature and an understanding of the medical implication and confounding variables have again agreed that the ITU wetsuit rule should be applied in Australia [please see David Burt's Memo dated 8th June for expanded explanation]

Wetsuits were introduced to the sport to prevent hypothermia, their use was not approved to help or provide a performance improvement during the swim leg. I feel confident that athletes competing in triathlon are more then capable of doing the appropriate level of training to ensure their safe participation. The safety issue raised by some RDs is more a reflection of the size of waves than an inability of some athletes to complete the distance. If an athlete does not believe that they can complete the distance without a wetsuit then perhaps they need to review their person training and whether a triathlon at these distances is appropriate for them at this point of time. Letters of support by a number of individuals form various countries around the world have been received. Mr Colting's letter is a good example of the support received to date.

4. COMMENTS ON WETSUIT RULES: From Swedish pro Jonas Colting (mailto:colting@telia.com):

I'd like to respond to the comments made by QLD race director David Vincent regarding wetsuits.

While I'm sympathetic to his dilemma as a race director who obviously is concerned about safety and wanting to attract people to his race, I do think this problem is attacked from the wrong side.

I always thought wetsuits were supposed to be used as a protection against cold water and not as a flotation device. While one might have opinions on what qualifies as "cold water", I don't think anyone regards 24 degrees to be cold and certainly not 27 degrees, as was the case in the Hell of the West Tri.

The real problem is that people just don't prepare for the swim as they do for the bike and run. Wetsuits are today a good excuse for poor swim training. I know a lot of people who will basically not swim at all for 6-8
months and then train for two months knowing that the wetsuit will allow for an "easy" swim anyhow.

Do people treat the bike and run the same way? Does the sport cut any slack for poor bikers or runners? No, of course not. Why should it be any different for the swim? Most long-distance races have a very generous cut-off time for the swim. Usually it's 2 hours 15 minutes in Ironman races and that should allow even the most "untalented" swimmer to basically breaststroke around the course given he or she has prepared properly. If you're uncertain of your ability to swim that far, don't enter the race (same goes for bike and run).

Does this make triathlon an elitist sport for the naturally talented? No. It makes for a sport consisting of three disciplines equally demanding preparation."

While I have no doubt that debate will continue over the next few weeks I am more than happy to discuss the medical conditions, as outlined in David Burt's Memo, that may lead to an athlete suffering heat related illnesses.

Personally, I will be leaving with the AIS squad for a 2 month training camp in the French Alps [17th June - 13th August] and will be contactable via email miles_europe@hotmail.com should you need to contact me.

Miles Browning
TQ Medical Chairperson
Medical Report – April General Meeting.

To date no response has been received from the other state’s medical committee members in regards the Wetsuit ruling. I have no doubt that this issue will continue to prove divisive until a final decision is reached hopefully before the commencement of the 2002/2003 season.

I have attached the latest commentary from the IOC on supplements and the high incidence of positive doping tested returned by substances not listed on the label. Australia currently has very tight labelling laws, however these will soon be relaxed to fall in line with other nations. Unfortunately this will leave Australian athletes open to inadvertently taking a prohibited substance. The IOC’s position is clear, that is, a rule of strict liability, where athletes are responsible for whatever substance is found in their bodies.

It is advised that athletes only take products containing one substance and are urged to use only reputable suppliers. If there is any doubt then do not take it.

The second article is a summary of research from the New England Journal of Medicine that found the single most important factor in determining longevity was exercise, lots of it and at relatively high intensities. It would seem that the body is able to dispose of the free radicals once feared a danger of excessive exercise.

Miles Browning
TQ medical chair

IOC NUTRITIONAL SUPPLEMENTS STUDY POINTS TO NEED FOR GREATER QUALITY CONTROL
04 April 2002
Based on the results of a study of 634 nutritional supplements, the Medical Commission of the International Olympic Committee (IOC) today reissued its warning to athletes against their use and strengthened its call for industry and government action to ensure their quality.

Out of the 634 samples tested, 94 (14.8%) contained substances, non listed on any label, that would have led to a positive doping test. Out of these 94 samples, 23 contained precursors (building blocks) of both nandrolone and testosterone, 64 contained precursors of testosterone alone and 7 contained precursors of nandrolone alone.
In addition to these 94 samples, 66 others (10.4%) returned borderline results for various unlabeled substances.

The 634 non-hormonal nutritional supplements were gathered from 215 different providers in 13 countries from October 2000 to November 2001. Ninety-one percent of them were purchased in stores or over the Internet. The others were obtained from the manufacturers. The IOC-accredited laboratory in Cologne, Germany, tested all supplements.

The results of the analysis by country follows:

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<tr>
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<tr>
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<td>Hungary</td>
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<tr>
<td>Total</td>
<td>634</td>
<td>94</td>
<td>14.8%</td>
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Under the Olympic Movement's rule of strict liability, athletes are responsible for whatever substance is found in their bodies. The IOC Medical Commission has been warning against the potential risks linked to the use of nutritional supplements since 1997. The lack of oversight existing in some countries has prompted the IOC to intervene and to recommend to athletes not to take such products.

While the IOC has issued its warnings to elite athletes and their entourages, especially due to their liability under doping control tests, the fact that the public is unknowingly ingesting the precursors to hormones should be a matter of public health concern.

The IOC hopes the results of this study demonstrate to governments and the industry the need for greater quality control to ensure substances not found on the label are not found in the product. The IOC Medical Commission recommends controls, similar to those pertaining to the manufacture of pharmaceuticals, be applied to the production of nutritional supplements. The IOC also will recommend to National Olympic Committees (NOCs), International Federations (IFs) and Organizing Committees (OCOGs) that they adopt a cautious stance toward forming relationships with companies that produce nutritional supplements of which the quality cannot be guaranteed.

**To your health**

by Greg Hitchcock (www.slowtwitch.com) 3.31.02

Most readers are aware of the research on oxidation, the use of oxygen by cells, which produce molecules called free radicals that carry an extra electron. These free radicals can damage cells until they are neutralized by anti-oxidants. The fear has been that when a person exercises, they produce 10 to 20 times the amount of free radicals compared to resting status, which would mean there are a lot more free radicals to damage the body’s cells.

Now, if anyone reading this actually believed this theory, they would not be reading this since they would not be doing triathlons and the like. Instead, we all bought into the notion that exercise, beyond providing a great and rewarding lifestyle, was actually good for us.
New research confirms this common sense outlook. The New England Journal of Medicine reported on a study in its March 14, 2002 issue that the number one determining factor of longevity is the amount of exercise a person gets. Exercise is a greater determining factor of longevity than smoking, diabetes, hypertension and heart disease. The study found that the more vigorous the exercise, the longer a person's life expectancy will be. (You can read more about the study in this Washington Post article).

This research simply confirms earlier research which came to the same conclusion. For example, there was a long term study reported in 1993 of Norwegian men which similarly concluded that the amount of exercise was a long-term predictor of death rates from heart disease and any other cause. The more exercise a person gets, on average the longer life span that person will have. (see various research summarized here.)

What is unreported is the obvious conflict between these empirical studies of actual human beings over decades, which conclusively show that exercise (and the more the better) is good for one's health, and the laboratory research of free radicals which suggests just the opposite. So it is confusing to a layperson such as myself why some doctors, including one of the original proponents of aerobic exercise, Dr. Kenneth Cooper, are so cautious when it comes to training for vigorous events such as triathlons. In my review of this topic, I could not find any empirical studies of endurance athletes suffering higher rates of disease than more moderate exercisers. The only studies available indicate just the opposite—more vigorous exercise provides even more health benefits than moderate exercise (and moderate exercise provides huge benefits over sedentary lifestyles).

While free radicals obviously exist, it would appear that the human body has adapted and easily neutralizes them through naturally created antioxidants. From my review of the articles on this, the worst effect of oxidation from exercise is the temporary sore muscles that result from increases in training. This is one of the many reasons that everyone who gives advice on this site (and other similar publications) urges gradual build-ups in training.

Research support this adaptive view. A couple of years ago, Italian researchers led by Dr. Stefano Taddei measured free radicals in the blood stream and found that athletes, young and old, have much lower blood levels of free radicals than sedentary groups.

It is common to see advice that athletes should take antioxidant vitamins, such as E and C, to counteract the effects of oxidation. It is not clear that this will provide any benefit with regard to reducing possible damage from free radicals (though there are other good reasons to take vitamin supplements). It may be that the body has figured this one out long before the nutritionists got hold of it. Of course, a diet with plenty of fresh fruits and vegetables provides myriad health benefits and will also provide antioxidants to the extent they are needed.

I would invite people to share their knowledge on this subject, especially those who are more informed in health matters. But until I see long-term studies suggesting otherwise, I intend to keep running as far as my legs will take me.
TRIATHLON-QLD Medical committee monthly report-APRIL.

E.P.O.[Erythropoeitin] raises its ugly head again.


I've included photocopies of this meeting notice,& PROF. Kenneth FITCH AM,MD letter only; as Di Robertson's letter to the I.O.C. Medical Commission & Doping Commision was confidential.

GARY SHINN
16th March 1997.

Dr Phillipe Chateau
Chair ITU Medical Committee

Dear Phillipe

Please find attached;

1) Copy of first call for papers for the Perth 1997 ITU Medical Conference. If this is OK could you send on to the ITU Newsletter?

2) Copy of communications from Dr Di Robinson and Dr Ken Fitch Australian member IOC Medical Committee regarding the use of EPO in sport.

Dr Robinson requests that the issue of the use of EPO and its detection in the sport of triathlon be included on the agenda of the ITU Medical Committee’s 1997 meeting in Perth Australia.

PS. I’m still not receiving ITU Newsletter or mailings?

Kind Regards

Gordon Waddington

3 PAGES ATTACHED.
A Call for Papers
A Conference in Medicine and Sports Science in Triathlon

“TOWARD SYDNEY 2000”

presented by the
International Triathlon Union Medical Committee

hosted by the
Triathlon Australia Medical Committee

venue
ITU Triathlon World Championships, Duxton Hotel, Perth Australia.
Wednesday 12th November 1997

forward abstract (2@A4 pages only)
by 30th June 1997 to

Conference Secretariat, TAMC
Triathlon Australia
PO Box 10. Canberra, Australia.
20 February 97

Dr Diana Robinson
Chairperson
Triathlon Australia Medical Committee
North Sydney Orthopaedic & Sports Medicine Centre
286 Pacific Highway
CROWS NEST NSW 2065

Dear Diana

re ERYTHROPOIETIN (EPO)

Your letter expressing your concerns about misuse of EPO in your sport was included on the agenda of a meeting of the IOC Medical Commission's Co-ordination Group held in Nagano last week. I added my personal support both orally and in writing.

The IOC-MC is deeply concerned about misuse of EPO and you may or may not be aware of the following:

* the UCI (Cycling) is to commence pre-event blood tests. If the haemoglobin is >185 g/l in males or >165 g/l in females, the competitor will be denied permission to race on health grounds.

* the FIS (Skiing) are also contemplating a similar proposal.

* the IOC is conducting a Research Workshop on EPO in April in Lausanne. Each of the groups who are researching the detection of EPO (from Sweden, Norway, Canada, France, Italy and USA) are being invited to present "the state of their current art". Hopefully, this may accelerate a valid test to detect EPO.

In the interim, you may consider suggesting that Triathlon contemplates following the lead of the UCI. I will keep you posted as to future developments.

Kind regards

K D FITCH AM MD

cc Dr Ross Smith ASC's Medical Advisory Panel