

Notes on t.33 – Injuries or cramp, withdrawal of a competitor

Peter A. Harmer, Ph.D., MPH., ATC., FACSM
Chief Medical Officer – US Fencing
FIE Medical Commission

As anyone who has refereed for even a short while (or who has watched a “Few Good Men”) knows, not everything that is relevant to doing your job well is in the rule book. Often the measure of a great referee is how he/she deals with situations that are not clearly defined by the regulations.

Interpreting and appropriately applying t.33 can present difficulties, even for experienced referees. However, the *welfare of the athlete is paramount* and if there is any question that an athlete’s health may be at risk, then protecting the athlete must take precedence over the running of the competition.

The two main instances where problems arise are for athletes who have asthma or diabetes. According to the “strict” interpretation of the rules, neither of these conditions, even when an emergent acute attack occurs, qualifies as an “injury” and so the athletes are not entitled to benefit from the 10-minute injury treatment opportunity detailed in t.33.1.

However, it should be clear that there is no meaningful “up-side” to denying an athlete access to an inhaler or glucose if needed in a bout (as long as it can be done reasonably expeditiously) but there is a significant “down-side” in terms of risks to the athlete’s health. An interesting comparison is for an athlete who vomits during a bout. This condition is also outside the rules for “injury” time but clearly it makes sense to allow the athlete a short time to compose him/herself before resuming the bout. If vomiting, which is rarely likely to be life-threatening, warrants some leeway in regards the application of the intent of t.33, it should be clear that similar latitude must be granted for more serious conditions, such as asthma or diabetic hypoglycemic crisis. Nonetheless, it is important to note that in such situations the athlete is not entitled to an unlimited treatment/recovery period. If the problem is not resolved in a reasonable time (i.e., it extends to where it is significantly disrupting the smooth running of the competition), the athlete must be advised he/she needs to withdraw. The key distinction here is that the athlete is permitted to access medication during the bout but that the interruption cannot be excessive. Although there is clearly no specific guideline I would argue that the resolution of these special cases should not be longer than the time permitted for the treatment of injuries under t.33 (i.e., 10 minutes maximum).

By the same token, if a second episode occurs the athlete must be allowed access to the appropriate care but he/she would have to withdraw if the interruption is anything other than minimal as there is no indication in the regulations that any athlete has an unfettered right to delay competitions for an unlimited amount of time. Just as there is a limit of one, 10-minute injury time per event, it seems the same general restriction is applicable in these cases under discussion (however, this is an area of referee discretion – if the initial

interruption is relatively quick and benign (a minute or two), that is a different scenario than the athlete taking 5-10 minutes to get back on the piste. In the former situation I don't see a problem with a repeat treatment (i.e., it would not be necessary to document the incident to count as "injury time", just as most of the minor traumatic incidents for which the medical staff are called to the piste are resolved very quickly and do not involve "treatment time"); however, in the latter situation it would be important for the referee to document the use of "injury time" on the score sheet as with any injury to ensure the application of t.33.2 limiting such time to one per injury per event).

In terms of the normal application of t.33, it is important to remember that timing for the 10-minute injury treatment period begins when the medical staff determines that a treatment period is necessary. It does not begin at the point of the incident or when the medical staff arrives at the piste – only after an evaluation has been completed. The period is for the treatment of the injury or cramp and does not have to take the full 10-minutes (e.g., if a fencer twists his/her ankle and it takes 6 minutes to tape it and for the medical staff to determine the treatment is finished, the fencer is not "entitled" to the remaining 4 minutes).

It is important that referees make a note on the score sheet of any injury for which treatment time taken to ensure the appropriate application of t.33.2 (*During the remainder of the same day, a fencer cannot be allowed a further break unless as a result of a different injury or cramp*).

Finally, referees are very important sources of information for the medical staff during the assessment of a strip call. Please be ready to provide any information on the incident that resulted in the medical call to the medical staff if they request it.