

WORLD TRIATHLON PERIODIC HEALTH EVALUATION (PHE)

The World Triathlon Medical Committee strongly recommends a periodic health evaluation (PHE) for all the triathletes, performed by a sports physician, starting with a Pre Participation Examination (PPE).

There is no doubt that regular physical activity reduces the risk of the premature death, nevertheless the evidence suggests that, although sports participation is beneficial, injuries are a significant side-effect. Moreover, training and competition can increase the risk of sudden cardiac death (SCD): there is an increased relative risk of SCD of 2.8 times in athletes engaged in regular training and competition, compared to their nonathletic counterparts (Corrado et al 2003). More than 90% of sudden deaths in competitive athletes are due to cardiovascular problems, and less than 10% to other causes (traumatic, respiratory, cerebrovascular or neurological diseases, drug abuse, etc). According with the European Society of Cardiology (ESC), epidemiology studies on populations of thousands of competitive athletes showed a decrease of up to 89% in SCDs (Corrado et al 2006) with a PPE including a 12 lead resting ECG.

Purpose of the Triathlon PHE:

- To assess the current health status of the athlete
- To ensure that current health problems are managed appropriately
- To identify conditions & barriers to performance
- The PHE is a tool for continuous health monitoring of the athlete
- The PHE provides an opportunity to develop relationship between the athlete and health personnel
- To provide educational opportunities for health & anti-doping initiatives
- The PHE is often an entry point for medical care for some athletes
- To determine eligibility to play

General Principles of the Triathlon PHE:

- The PHE is based on the existing evidence of scientific & medical criteria
- The PHE should be performed in the primary interest of the athlete
- The PHE is to be performed under the responsibility of a trained team physician
- The PHE should be sport, discipline, age and level specific
- The maintenance of privacy and record security is essential

- An informed consent of the athlete and/or legal guardian is required
- The timing of the PHE should allow time for management of the identified issues
- The PHE is ideally completed in the Off-Season or at the beginning of the competitive season
- The PHE should be performed at regular intervals to monitor for changes in medical status and for responses to interventions.
- Identified medical conditions should be treated as per existing standard of care
- WADA TUE guidelines should be followed
- If the PHE evidence shows medical risk, advice should be given to the athlete to enable them to make an informed decision.
- The PHE should include almost: 1) Personal history 2) Family history 3) Physical examination 4) 12 lead Electrocardiogram (ECG)
- Selected cases will require further evaluation by a cardiac specialist to qualify the athlete for sport participation.
- Further evaluation may include trans-thoracic echocardiography, maximal exercise testing with 12 lead ECG, and 24-hour ECG.