1 January 2017

IWRF Medical Protocol - Autonomic Dysreflexia

Persons with cervical or high thoracic spinal injuries can suffer from an abnormal sympathetic reflex called *autonomic dysreflexia*. This reflex is caused by painful stimuli to the lower part of the body, particularly distension or irritation of the urinary bladder. The symptoms of dysreflexia are a rapid rise in blood pressure, headache, sweating, skin blotchiness and gooseflesh. In serious cases, confusion, cerebral hemorrhage and even death can occur.

This reflex may happen spontaneously or may be deliberately caused (“Boosting”). To protect the health and safety of our athletes, IWRF forbids athletes to compete in a hazardous dysreflexic state and has adopted the following guidelines for management of dysreflexia.

**Examination for dysreflexia**

IWRF officials may at any time request that a player be examined for dysreflexia. If an athlete fails to co-operate with the examination, the athlete will not be permitted to compete.

The examination will be done by qualified medical or paramedical personnel appointed by IWRF. IWRF may request team medical staff assist in the examination. Teams are required to provide any requested assistance.

Examination should include an assessment of the presence of symptoms of dysreflexia, followed by measurement of the athlete’s blood pressure. An athlete with a systolic blood pressure of 160mm Hg or above will be considered to be in a hazardous dysreflexic state.

**Prior to competition**

If an athlete is examined prior to the start of a game and is found to have a systolic blood pressure of 160mm Hg or higher, he will not be permitted to begin the game. A re-examination will be done approximately ten minutes after the first examination. If, on the second examination, the systolic blood pressure remains above 160mm Hg the athlete will be removed from the roster for that game. If the blood pressure has declined to a non-hazardous level, the athlete will be permitted to enter the game at the next opportunity.

**During competition**

An athlete may be examined during the game. All requests to test an athlete during a game are to be made to the athlete’s Head Coach. The Coach is required to co-operate with all such requests.

If the athlete is found to have a systolic blood pressure of 160mm Hg, he will be removed from the game and from the team bench area. A re-examination will be done approximately ten
minutes after the first examination. If on the second examination the systolic blood pressure remains above 160mm Hg the athlete will not be allowed to return to the game. If the blood pressure has declined to a non-hazardous level, the athlete will be permitted to re-enter the game at the next opportunity.

**Boosting**

Any deliberate attempts to induce autonomic dysreflexia in competition is forbidden and will be reported to the Technical Delegate. If the Technical Delegate determines that an athlete has deliberately attempted to induce dysreflexia prior to or during a game, the athlete will be disqualified from that game and suspended for the following game. This applies regardless of the athlete’s systolic blood pressure; it is the deliberate attempt that is sanctioned.

All deliberate attempts to induce autonomic dysreflexia will be reported to IWRF for subsequent investigation. Further sanctions may be taken against the athlete in accordance with the IWRF Disciplinary Policy.

Any involvement by athlete support personnel in assisting an athlete’s deliberate attempts to induce dysreflexia will also be subject to sanctions in accordance with the IWRF Disciplinary Policy.

**Hypertensive athletes**

If an athlete with a spinal cord lesion is hypertensive, the athlete should obtain medical evidence of this prior to competition. This must outline the level of the athlete’s resting blood pressure over a minimal period of 14 days preceding the competition, and what treatment the athlete is taking. Medical evidence of hypertension will be considered in examining the athlete for dysreflexia.

**Athlete and team responsibilities**

The issue of monitoring autonomic dysreflexia is primarily the responsibility of the athlete and his team and team medical personnel. This responsibility includes:

- Ensuring that athletes are not dysreflexic prior to and during competition
- Ensuring that their athletes are not using mechanisms which may cause or provoke dysreflexia
- Removing an athlete from competition if the athlete becomes dysreflexic
- Co-operating with IWRF personnel in examining players who may be dysreflexic