EJU Medical Seminar Malta 5, 6 October 2014

## Introduction

Mr Galea, General Secretary and Chairman of the Medical Commission of the EJU,welcomed the 25 delegates of the 13th Medical Seminar in Malta. This year is the 65th anniversary of the European Judo Union. Judo was born in Japan, but it was Europe which organised the sport of judo with the inception of the European Judo Union and the International Judo Federation. Europe was also the first continent to have a Judo Medical Commission and from the very beginning the Medical Commission started providing a service to the European and International community not only in the Anti-doping field, but also in keeping Judo a safe and healthy sport.

Mr Galea said that, even though Judo is a full contact combat sport, it has a very low rate of injuries. After recent studies, the Medical Commission has separated the cosmetic intervention on the mat, such as a nose bleed or the breaking of a nail, from the statistics. The real injuries suffered by the judoka in competition, amounts to 2% of athletes. The Founder of Judo Jigaro Kano who developed Judo from Jujitsu and removed all the dangerous techniques to make Judo a safe sport, would have been very happy with the statistics of the Medical Commission as Judo is a safe sport.

Mr Galea welcomed Dr Vladimir Heinz Medical Commissionaire of the IJF.

## WADA News - Dr Lauri Malinen

4251 samples were collected from Judoka in 2012. The EJU only conducts in competition testing. Nonetheless, a lot of judoka are tested out of competition by other bodies. A new WADA Code should be coming out soon, and the main changes were identified, such as the increase of the first time sanction to 4 years.

## Nutritional Supplements vs. Doping - Dr Malinen

A lot of athletes are using dietary supplements, and there is no good supervision by authorities. An IOC study revealed that from 634 supplements tested which didn’t list anabolics on its label, 14.8% had hormone precursors, including nandrolone and / or testosterone, which would result in an Antidoping Rule Violation.  The IOC Nutrition Working Group said in a publication: “Athletes are cautioned against the indiscriminate use of dietary supplements. Supplements that provide essential nutrients may be of help where food intake / choices are restricted, but this approach to achieving adequate nutrients intake is normally short term option.”

## TUEs - Dr Malinen

Dr Malinen explained the correct procedures in handing in Therapeutic Use Exemptions (TUE). He also explained how to handle TUEs in exceptional cases, such as when medical treatment is administered in an emergency intervention due to an injury. There were also more discussions on TUE in ADAMS and what is happening where Federations are still not yet using ADAMS.

As WADA states, “Athletes may have illnesses or conditions that require them to take particular medications. If the medication an athlete is required to take to treat an illness or condition happens to fall under the Prohibited List, a Therapeutic Use Exemption (TUE) may give that athlete the authorization to take the needed medicine.” However, there are criteria on which an authorisation or otherwise is given to the athletes to take these medications: There has to be no reasonable alternative to the prohibited substance or prohibited method, and a TUE cannot be used to correct a previous doping use. A retroactive TUE may be applied for in case of an emergency / acute medical condition. Important is that the medical history, results of examinations and lab imaging studies relevant to application have to be submitted. An Athlete who is an International-Level Athlete should apply to his or her International Federation. Where the Athlete already has a TUE granted by his or her National Anti-Doping Organization for the substance or method in question, if that TUE meets the criteria set out in then the International Federation must recognize it.

## New Rules for Weight Control – Dr Andrea Lino

The Weight control on the day before competition has been well accepted by the coaches and the athletes. Athletes do not have to wake up extremely early in the morning, they can have dinner and a good breakfast before they compete, and also, since the preoccupation of weigh-in is over, the athlete can rest well.

Dr Lino said that through the statistical weigh in conducted before the competition, the result is quite reassuring with an average gain in weight of 1.5kgs. However, this system also gives an opportunity for abuse. There are cases of athletes gaining 4 to 5kgs during the night, and extreme cases of a gain of 10kgs. This may lead to alteration of metabolic functions, and if the weight loss comes at the expense of the water content of the body, it can cause the serious functional disorders.

Dr Max Jung and Dr Andrea Lino will collaborate to present a more thorough research after the testing phase of the stastical weigh in is over.

## Dehydration in Judo – Dr Max Jung

Dr Max Jung said that as Judo competitions are divided into weight classes, some athletes reduce their body weight in a short time in order to obtain a competitive advantage over lighter opponents. Fast weight loss comprises aggressive nutritional strategies that could place the athletes at health risk. Since sports nutrition is often the missing piece in the athlete’s training regimen, the judoka is not aware of the risk taken. Hypo hydration leads to a diminution of function and so, has many negative effects on health, certainly musculoskeletal but also neurological. When multiple, dehydrating exercise sessions are occurring over a short time, athletes should rehydrate orally immediately between bouts. Nevertheless the hydration monitoring has significant value in maximizing performance during training and competition.

Bioelectrical Impedance Analysis (BIA) is a quick way to determine the total water content of competitive judokas without being invasive. It can help the Judo community to gather better knowledge to assess hydration problems, especially as we have seen signals that a few athletes gained greater than average weight from weighing in and competition as Dr Lino highlighted earlier, on hydration problems. Biospace InBody720 BIA apparatus was used in a hydration status study in the Swiss Judo Federation (SJV) and could show the particularities of hydration status of top Swiss athletes. It was suggested that this system to be part of the European Judo Union strategy of tracking hydration situation of Judoka.

## Prevention of lower-back and knee injuries through exercise – Dr Peter Smolders

With an injury prevention exercise program, FIFA has reduced injuries by 30 – 50%. Could the European Judo Union provide tips and suggestion which could be incorporated in the sessions? Dr Smolders showed some exercises for “Chore Training” A commission lead by Dr Smolders, and made up of Dr Malliaropoulos and Dr Fanton, will work together towards preparing a document to be presented in future Judo Medical Seminars. The commission is to consult coaches for a more complete programme.

## Judo injuries prevention strategies – Dr Nikos Malliaropoulos

Education with coaches is a must in the prevention of injuries. Technical restrictions should be put into effect in different age categories, starting from ages under 10. Coaches should also have the basic first aid course.

## The state of the blood circulation system of high level judoka – Dr Pavel Chekeres

The circulatory system of high-level athletes has not yet been well researched. The best indices of high level qualification judoka are associated with hypokinetic and eukinetic types of blood circulation. Monitoring of the indices of blood circulation and study of types of central blood circulation can be used to optimise training work, avoid “over Training”, detect at an early stage adaptation abnormalities, and for predicting results of high-level judoka.

## Dart Fish for Injury Analysis – Mr Thierry Loison

The cornerstone for success is to link all the parameters of performance. It is impossible for the match analysis team to be at all the events, and therefore experts have been recruited and trained to collect data from as many events as possible. Until some time ago, there was no link between the doctor and the coaches in high level judo. Nowadays, both parties can work towards the same goal. Therefore, the EJU Medical Commission is embarking on a project to adopt the already existing efficient competition analysis, to analyse injuries. As the basic tagging is already being made, the system needs no extra expense to start collecting more defined information, which is currently being collected on paper. Dr Jung has prepared the data categories which are required from this system.

## Avulsed Intercondylic Eminence – Dr Vladimir Heinz

Dr Heinz presented an original procedure of Avulsed Intercondylic Eminence, Stable Arthroscopic K-wire fixation, which has the advantage that the injured knee returns to, full stability, full range of motion at the single avulsion, return to the previous activities and no complication.

## Selected physiological measurements in young Danish athletes,comparison and validation of two judo test – Dr Holger-Henning Carlsen

Dr Carlsen presented his Masters project at this seminar, which idea came from reading Christopher Gore’s book: “Physiological Test for Elite Athletes”. Physiological testing isn´t the only way to make an athlete successful in judo, but it is also the case that not always the best judoka wins but rather those who are best prepared. In order for an athlete to be best prepared, he needs training, planning and testing. It is important that tests conducted on athletes include judo specific tests. Testing has been made based on a work / rest periods similar to competition environment.

## Will mental training in children increase their cognitive and technical ability in Judo? – Dr Pal Herlofsen

The EJU Mantra is ‘Judo is more than sport’! Jigoro Kano formulated the goal as: “Seiroku saizen katsuro”, or best use of one`s mental and physical energy. But so far, we have focused on technical and physical development in children. We lose players to other sports. Could we keep them on by offering something more? We know we can easily integrate cognitive training in Judo. Society needs citizens with moral, integrity and mutual respect, which we can offer through our educational system. We can also give players energy and responsibility for themselves and others. The proposal is to get a group of children with no knowledge of judo. 50% will receive mental training, and 50% will be controls. This project will be easy to implement, and there should be overwhelming evidence of efficiency. As a result, technical skills are learned faster, the children will also benefit in school, and their behaviour will stabilize. A commission, lead by Dr Herlofsen, and made up of Dr Ivan Esposito and Dr Ann Hermansson will collaborate further on this project.

## Paper of Injury Statistics – Dr Malliaropoulos

Dr Malliaropoulos is working on a paper tackling judo injuries.