Para triathlon Committee Minutes

Meeting: 19 March 2024

Duration: 9pm CET Online - remote Meeting

Present

- Grant Darby (GD), CAN (C)
- Neil Mac Leod (NM), ITA (VC)
- Beryl Campbell (BC), RSA
- Christine Palmquist (CP), USA
- Martin Breedijk (MB), NED

- Debbie Alexander (DA), RSA – EB Liaison
- Katerina Magkou (KM) – Head of Classification
- Eric Angstadt (EA), ESP – World Triathlon Staff Liaison
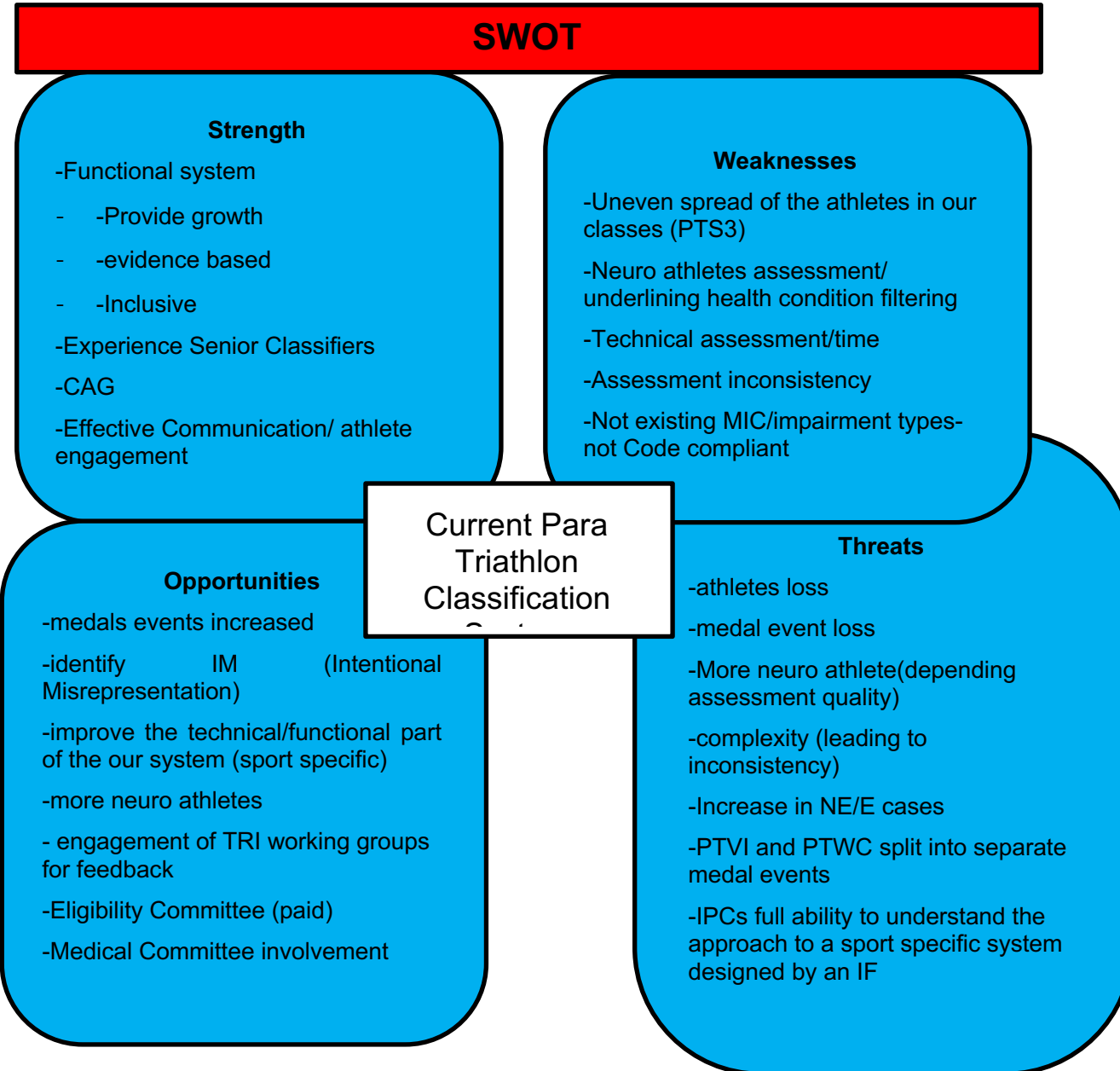- Rebeka Torma (RT) – Classification Coordinator

Absent

- Masamitsu Tomikawa (MT), JPN
- Lotfi Labaied (LL), TUN
- Allysa Seely (AS), USA Athlete representative
- Jonathan Goerlach (JG), - Athlete Representative
- Ian Howard (IH), GBR – EB Liaison

*For ease of minute taking only first names or initials of the members will be referred to in the minutes. You can see full names above

Item	Discussion Items	Discussion	Actions
1	Welcome		
2	Agenda	1. Welcome 2. Agenda 3. Minutes 4. Events Update a. Abu Dhabi & Devonport and upcoming b. EB Decision on quota expansion 5. Classification Update a. Classification Events b. Classification Planning c. CAG Meeting Abu Dhabi 6. AOB 7. Next Meeting	
3	Approval of minutes and agenda proposed	Agenda was adopted, pending minutes from FEB meeting	
4	Event 2024 Updates	BC briefed the PC on the unfortunate cancellation of the Abu Dhabi WT Para Cup and all the work that had been done on the lead up to the event. Devonport update with some negative notes from AS who competed there.	

5	Classification	Classification Update
		
		    a) Classification Events
		
		        Update on Stockton and Abu Dhabi classification and the challenges presented there, not complete MDFs, clearly not 100% understanding of what needs to be presented.
		
		    b) Classification Planning Events in June for both PI and VI
		
		    c) CAG Meeting Abu Dhabi: EA and KM provided the overview on the Abu Dhabi meeting, highlighting the man topics that were address and the subsequent action plan. KM provided full insight on the current challenges the senior classifiers are facing on a regular basis with the increase of challenging cases and complex health conditions. There is clearly the need of a face to face meeting on a yearly basis.
		
		PLEASE SEE LAST PAGE OF DOC FOR FULL REPORT
			EA to summarize the report from Abu Dhabi

6	AOB	DB on status of use of interval start system with IPC, it is in a frozen status right now.	
7	Next Meeting	23 April 9pm CEST	

- CAG SWOT analysis on current Classification System
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SWOT

Strength

-Functional system

- -Provide growth

- -evidence based

- -Inclusive

-Experience Senior Classifiers

-CAG

-Effective Communication/ athlete engagement

Weaknesses

-Uneven spread of the athletes in our classes (PTS3)

-Neuro athletes assessment/ underlining health condition filtering

-Technical assessment/time

-Assessment inconsistency

-Not existing MIC/impairment types- not Code compliant

Current Para Triathlon Classification

Opportunities

-medals events increased

-identify IM (Intentional Misrepresentation)

-improve the technical/functional part of the our system (sport specific)

-more neuro athletes

- engagement of TRI working groups for feedback

-Eligibility Committee (paid)

-Medical Committee involvement

Threats

-athletes loss

-medal event loss

-More neuro athlete(depending assessment quality)

-complexity (leading to inconsistency)

-Increase in NE/E cases

-PTVI and PTWC split into separate medal events

-IPCs full ability to understand the approach to a sport specific system designed by an IF

- What are the limitations and framework we can consider
  - Number of Medal Events at the Games. (Compliance with Number of practicing NFs). In the strategic plan, the goal is to have all EXISTING medal events at the PGs for LA 2028
  - Having medal events that are NOT in the Games
  - Creating new/different medal events from the existing sport classes we currently have
  - Timeframe to develop and implement changes to the system
  - Number of medal events manageable at events with a strong enough competitive field in each sport class (Schedule timeframe, transition space, FOP limitations)
  - On the mid/long term, PTVI and PTWC split into separate medal events (ongoing research) – this means having a minimum of two additional Medal Events
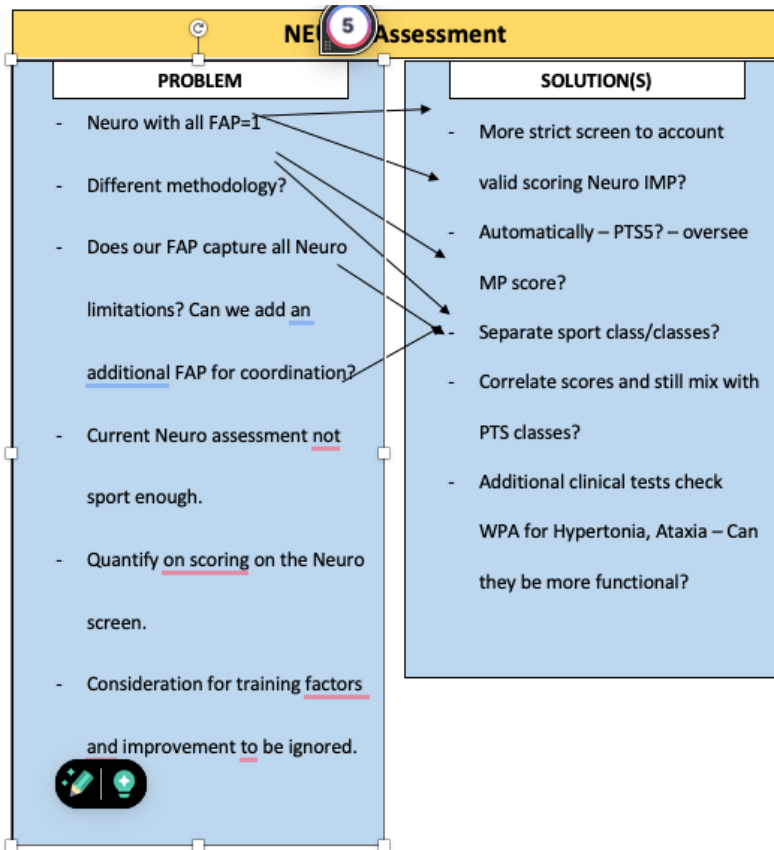
- Review of open issues in each sport class /category
  - PTS4 Blades vs arms
  - Video library (purpose)
    - Have references that can help during the athlete evaluation and for sport class allocation
  - Long leg stump
  - Partial brachial plexus in PTS5
    - Addressed and the number gaps are clear and do not require addressing
- PTS5 issues (ulnar, forearm malformation)
  - SEEK CONSISTENCY for these impairments. Meeting MIC has depended on failing either Q3 or Q6 in the FAP (Technical Assessment)apart from the grip (Q8). We need to ensure there is a consistent approach and clear guidelines for classifiers

- Merge of certain profiles consideration in some classes. Brief performance analysis but there needs to be additional data related to activity limitation and FAP scores. ANALYSIS but mainly comparing the manner in which they score in classification without disregarding specific data about performance in a given segment.

- PTVI research
  - EA provided insight on what will happen with the University of Ophthalmology in Madrid starting June this year and until the fall. Doc to be translated into English

- Neuro assessment Considerations

NEURO Assessment

PROBLEM	SOLUTION(S)
- Neuro with all FAP=1	- More strict screen to account valid scoring Neuro IMP?
- Different methodology?	- Automatically – PTS5? – oversee MP score?
- Does our FAP capture all Neuro limitations? Can we add an additional FAP for coordination?	- Separate sport class/classes?
- Current Neuro assessment not sport enough.	- Correlate scores and still mix with PTS classes?
- Quantify on scoring on the Neuro screen.	- Additional clinical tests check WPA for Hypertonia, Ataxia – Can they be more functional?
- Consideration for training factors and improvement to be ignored.	

Proposal for obtaining an MIC:

MA: Ataxia can be missed if not checked enough
- o Faster activities can maybe reflect better
- o UL tests will really come in to play with specific activities, may or may not be seen in the swim.

- o More focus on lower limb: Functional assessment, single leg stance and balance (transition related), heel-shin, bicycling legs on your back and seated heel-toe can show clear ataxia or athetosis, bound, standing on one leg and landing on the other, split jump, SARA assessment is standardized but kind of does what we already do.

OPTIONS
- Keep the current screen for MIC (and consider or not with some additional tests, especially if any of those is to be used for sport class allocation)

ASESSMENT FOR SPORT CLASS ALLOCATION

1) If we use the RN scale to assess athletes, there is no longer a deduction of points based on the presence of one or two neuro impairments. The scores correlate straight away with the D&W MP Scoring and sport class allocation is done as usual once FAP is completed.
2) We introduce a scoring scale to quantify the neuro impairments (their degree of impact) in the following manner:
   - MILD – 1
   - MODERATE – 2
   - SEVERE – 3

   - **Or**

   - MILD – 1
   - SEVERE – ⎱ Neuro ⎰ 2
   - 1.Ashworth

   - 2.Ataxia – PTS4

   - MILD-MODERATE-SEVERE filtering. This could help refine the way we account for coordination disorder.

Proposed SCALE: (Consideration for NEURO assessment methodology)

0 - No functional movement at all

1 - Severely restricted ROM due to severe hypertonic muscle stiffness and/or very minimally coordinated movements

2 - Severely restricted ROM, severe spasticity-hypertonic muscle stiffness present and/or severe coordination problems.

3 - Moderate ROM, moderate spasticity, with tone restricting movement and/or moderate coordination problems.

4 - Almost full ROM, with slight spasticity and slight increase in muscle tone and/or slight coordination problems.

5 - Able to move from start to end positions fluidly and consistently, maintaining full Range of Motion (ROM)   of this movement.

The main idea is to consider most MP scores as 5s unless they are clearly losing values to 0-3, we would keep the existing methodology since we do not have enough training of the RN scale. As soon as II neuro athletes are evaluated whit this new scale we will know which direction we can take. We would need to determine reliability when used amount classifiers. This is a further refinement of the of the existing methodology.

Only use this scale in Neuro athletes as it is to qualify coordination issues.
- PTWC split and additional considerations – People that can help and conduct Neuro study.

Impact of affected upper limbs like amputations

Impact of neuro aspects

Existing studies for handbike that show sport specific items but the key is the racing wheelchair
- Pelvic control can be key? Connection from hip to trunk?
- FAP: eliminate the redundant, add question for hand function?
- EA to compile main concerns and share to define the action plan
- Trunk (and pelvic control) is decisive in the current system.
- (PG reference to 2023 study) wheelchair racing in T-54 athletes: Movement of the trunk plays a pivotal role in determining propulsion speed in wheelchair racing. WeiGuo et al 2023.
- Launch open survey to NFs for feedback on what we can use as a basis for changes to be implemented.
- EA to share previous coaches/athletes feedback
- Trunk (and pelvic control) is decisive the current system.
- Launch open survey to NFs for feedback on what we can use as a basis for changes to be implemented.
- PTWC Scores:

	HIP R	HIP L	TRUNKS	
FLEX	0 - 2	0 - 2	0 - 4	H1
EXT	0 - 2	0 - 2	0 - 4	H2
	3 - 5	3 - 5	3 - 5	

NBEV: we have 3 disciplines, H1 and H2 would not be together in SW, and for H3 and H4, the difference is in the trunk. Lower trunk suffers with every pull - Incomplete T4

For the wheelchair run, the Knee angle is key, setup and position is a fundamental aspect to consider.

Can we use Power plates to measure trunk force?

- RUN Biomechanics: New technology

  - Running sensors
  - Cycling watt pedals: requires all athletes to be tested. Should be available to all classifiers. But not consider power generation. CAG discards the idea to use watt pedals due to the fact, the variable to consider for activity limitation is more about asymmetry and power output vs absolute values of power output. Powermeters are difficult to implement and use with athletes that use different cleats. We are mainly interested in differences between R and L and overall loss of MP in both legs, which is normally identified with MP assessment. We also need to consider this is highly influenced by training.

- MDF Screening process
  - Establish a professional Eligibility Committee for athletes with the recognised neurological impairments experts that are paid (symbolic amount)

- MIC Survey finalization
- Review of questions and transfer to word doc from the excel working sheet

  - Pending items: How we propose to measure amount or % of MP Loss and percentage loss for ROM, as we have zero indication of what would leave in or out current para triathletes.