



International
Paralympic
Committee

Chapter 4.2 - Position Statement on Autonomic Dysreflexia and Boosting

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International Paralympic Committee

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1. 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 haemorrhage and even death can occur.

This reflex may happen spontaneously or may be deliberately caused (“Boosting”). As this is a health hazard, the IPC forbids athletes to compete in a hazardous dysreflexic state.

2. An examination may be undertaken by physicians or paramedical staff appointed by the IPC and may be undertaken at any time including in the call up room or such other areas used by athletes for warm-up purposes prior to the event.

If an athlete fails to co-operate, the athlete will not be permitted to compete in the particular event.

3. A hazardous dysreflexic state is considered to be present when the systolic blood pressure is above 160mm Hg.
4. An athlete with a systolic blood pressure of above 160mm Hg will be re-examined approximately ten minutes after the first examination. If on the second examination the systolic blood pressure remains above 160mm Hg the person in charge of the examination shall inform the Technical Delegate to withdraw the athlete from the particular event in question.
5. Any deliberate attempt to induce autonomic dysreflexia is forbidden and will be reported to the Technical Delegate. The athlete shall be disqualified from the particular event regardless of the systolic blood pressure.

In addition, a report on the deliberate attempt to induce autonomic dysreflexia, or an attempt to compete in a hazardous dysreflexic state, will be provided to the IPC Legal and Ethical



Committee for subsequent investigation in relation to the non-respect of legal and ethical principles by the athlete and/or athlete support personnel.

6. If an athlete with a spinal cord lesion who is susceptible to autonomic dysreflexia is hypertensive, the athlete must produce medical evidence prior to the moment of final entry to competition supporting this. This medical evidence must be from a licensed medical practitioner and outline the level of the athlete's resting blood pressure over a minimal period of 14 days preceding the competition, and what particular treatment the athlete is utilizing to address the hypertension.

7. The issue of monitoring autonomic dysreflexia is primarily the responsibility of the athlete's NPC, especially its medical team. This responsibility includes:
 - 7.1. Ensuring that their athlete(s) are not dysreflexic prior to entering the call-up area;
 - 7.2. Ensuring that their athlete(s) are not using a mechanism which may cause or provoke dysreflexia;
 - 7.3. Providing the authorised person who examines for autonomic dysreflexia, upon request, with a list of resting blood pressures of their athletes concerned;
 - 7.4. Providing the authorised person who examines for autonomic dysreflexia with medical evidence of the level of spinal cord injury.