

## 2016 Medical/Drug Testing Report – Maryanne Daniel

Tyler Nobel will be the new Sports medical Coordinator –[Tyler.Nobel@usatf.org](mailto:Tyler.Nobel@usatf.org)

-There will be increased USA medical staff at European base during summer competitions.

-Pilot program -Regional training rooms for medical support in LA, Austin and Orlando.

-Of interest to RaceWalkers Distance/ Altitude study- Interventional max hematologic response. Maximize ability to train in hypoxic environment. NAC- N. Acetyl Cystine stabilize EPO- take before altitude training.

-Inspirator muscle training- ability to push all the air out.

### Drug Testing for records

All drug-testing management falls under the responsibilities of the Associate Director of Anti-Doping. USATF adheres to IAAF Competition rules for drug testing and record ratification. World Records World Records (events recognized by IAAF) must be ratified via drug testing for U20 (formerly Junior) and senior level athletes immediately after completion of the athlete's event. This does not apply to youth and masters level events.

American Records (events outlined in USATF Competition Manual) for senior level athletes must be ratified via drug testing within 24 hours of the completion of the athlete's event. This does not apply to youth, U20 and master level events.

Any athlete who sets an American or World Record should immediately reach out to the Associate Director of Anti-Doping for direction on steps to ensure proper drug testing protocols necessary to ensure record ratification. Primary Contact Information Talia Mark Associate Director, Anti-Doping Office: 317.713.4650 Cell: 317.661.7376  
Email: [Talia.Mark@usatf.org](mailto:Talia.Mark@usatf.org)

Secondary Contact Information Sarah Austin Legal Affairs Manager Office:  
317.713.4653

On USATF site:

**[Answers to Frequently Asked Questions](#)**

**[Global Drug Reference Online](#)**

USADA's online tool that classifies medication as prohibited or allowed

**[IAAF's Real Winner Program](#)**

Education and certification according to the World Anti-Doping Code

**[Resource Exchange Center](#)**

Online resource for USATF members to obtain information on supplements

## US Anti-Doping Agency

**Whistle-blower 24-hour hotline:** 317-713-4702

Athletes, coaches, and the public can contact this number to report information in confidence.

## World Anti-Doping Agency

### ATHLETE INFORMATION

### INTRAVENOUS INFUSIONS (IV) ARE PROHIBITED UNDER THE WADA PROHIBITED LIST

The World Anti-Doping Agency Prohibited List (WADA Prohibited List), includes all substances and methods that are prohibited in sport, including substances and methods that are prohibited both in competition only, as well as those that are prohibited at all times.

Below is important information about the IV rule, why IVs are prohibited, and how athletes can best protect their health and safety.

#### WHAT'S THE IV RULE?

- All IV infusions and/or injections of more than 50mL (~3.4 tablespoons) per 6 hour period are prohibited at all times, both in- and out-of-competition, except for those legitimately received in the course of hospital admissions, surgical procedures or clinical investigations, without an approved Therapeutic Use Exemption (TUE).
- If it is a prohibited substance that is administered intravenously or via injection, a TUE is necessary for this substance regardless of whether the infusion or injection is less than 50mL.
- Infusions or injections are permitted if the infused/injected substance is not on the Prohibited List, and the volume of fluid administered does not exceed 50 mL per 6-hour period.

#### WHY THE IV RULE?

- To protect clean sport and athlete health and safety. It is a fact that IVs can be used to change blood test results (such as hematocrit where EPO or blood doping is being used), mask urine test results (by dilution) or by administering prohibited substances in a way that will more quickly be cleared from the body in order to beat an anti-doping test.

#### WHAT ARE THE HEALTH RISKS OF IVs?

- Potential risks and complications of IV therapy, include Infection, cellulitis, inflammation of the wall of a vein with associated thrombosis, Bleeding, hematoma/arterial puncture, unintended leakage of solution into the surrounding tissue, air embolism and needle stick to the provider.
- Inappropriate levels of electrolytes given by IV can also have serious cardiac, muscular and nervous system effects, even resulting in death.

#### ARE IVs BETTER THAN ORAL REHYDRATION FOR PERFORMANCE?

- Convincing research to support IV fluid administration prior to competition for performance enhancement, rehydration, dehydration prevention, or muscle cramp prevention does not exist.
- Current studies do not support the use of IV fluids for rehydration when an athlete can tolerate oral fluids.
- American College of Sports Medicine consensus guidelines state, "IV fluids do not provide an advantage over drinking oral fluids and electrolytes."
- IV infusions before sample collection could actually prolong the doping control sample process because it has a greater potential to produce multiple dilute samples.

#### HOW CAN I REHYDRATE AS QUICKLY AS POSSIBLE?

- If rapid recovery from dehydration is desired, one should ingest 1.5 L (50 fluid oz.) of fluid for each kilogram (2.2lbs) of body weight lost.
- Normal rehydration can be achieved in the vast majority of individuals by drinking and eating normal beverages, such as sports drinks and water, and meals.
- Glycerol-induced hyper-hydration or rehydration is not permitted because glycerol is a prohibited substance.
- Various sports and athletic organizations such as the American College of Sports Medicine (ACSM) and the National Athletics Trainers' Association (NATA) and others have informative resources to educate on best practices for fluid replacement in athletes.

#### WHEN IS A TUE NOT REQUIRED FOR AN IV INFUSION?

- If the athlete has an acute medical condition where an IV line was essential for treatment in a hospital admission, surgical procedure, or clinical investigation. Examples would be a severely dehydrated athlete with signs of circulatory compromise, the need for an IV line during a surgical procedure, and IV line in the antibiotic treatment of an acute infection, etc...
- Clinical investigations to diagnosis medical conditions, such a medical imaging, may also require IV administration of non-prohibited medicine which is permitted.
- In emergency circumstances, IVs may also be given by paramedical staff or physicians on the field of play, but an emergency TUE application is required as soon as reasonably possible after treatment has been received. Examples may include a semi- or unconscious athlete, an athlete who cannot tolerate oral fluids, or treatment of an acute injury.
- IV infusions during home visits, urgent care or after-hours clinics, boutique IV and rehydration services, and doctor's office visits are not hospital admissions and would require an approved TUE in advance.