



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 competition.

If an athlete fails to co-operate, the athlete will not be permitted to compete at that competition.

3. A hazardous dysreflexic state is considered to be present when the systolic blood pressure is 180mm Hg or above.
4. An athlete with a systolic blood pressure of 180mm Hg or above will be re-examined approximately ten minutes after the first examination. If on the second examination the systolic blood pressure remains above 180mm Hg the person in charge of the examination shall inform the Technical Delegate to withdraw the athlete from the particular competition in question.
5. Any deliberate attempt to induce Autonomic Dysreflexia is forbidden and will be reported to the Technical Delegate. The athlete will be disqualified from the particular competition regardless of the systolic blood pressure.

In addition, a report on the deliberate attempt to induce Autonomic Dysreflexia 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 who has a spinal cord lesion at T6 and above is hypertensive, the athlete must produce medical evidence prior to competition supporting this. This medical evidence must 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 taking.

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 demand, with a list of resting blood pressures of their athletes concerned.