



1. Medical Condition

MUSCULOSKELETAL CONDITIONS

Introduction

Common health problems related to the musculoskeletal system include acute and overuse injuries. There are essentially two classes of prohibited substances frequently linked to the management of these conditions. They are the narcotics (S7) and to some extent the glucocorticosteroids (S9). Both classes are prohibited only in-competition, making their use in other circumstances quite permissible provided the route of administration and duration of activity are recognised and fully understood, for example the parenteral, slow released forms of corticosteroids.

With respect to narcotic analgesics, there would seem to be few, if any circumstances in competitive sport where their use is indicated.

2. Diagnosis

- A. Medical history

Obviously, a clear medical history is a mandatory requirement.

- B. Diagnostic criteria

The main diagnostic criterion for musculoskeletal conditions is the clinical examination by an experienced sports physician. From case to case, imaging procedure (X-rays, Sonography, CT-Scan or MRI) or other appropriate special investigations can be useful.

- C. Relevant medical information

The request should always include evidence that permitted therapeutic alternatives have been tried.

3. Medical best practice treatment

- A. Name of prohibited substance

Corticosteroids or narcotics (see preliminary remarks).

Concerning corticosteroids, they are all prohibited when administered by oral, rectal, intravenous or intramuscular routes. If used this way, a TUE is required.

Topical preparations to treat dermatological, auricular, nasal, buccal and ophthalmologic diseases do not require any form of authorisation.

It is acknowledged that some substances included on the List of Prohibited Substances are used to treat medical conditions frequently encountered in the athlete population. For monitoring purposes, these substances, for which the route of administration is not prohibited, will require a simple declaration of use. This is the case for Glucocorticosteroids used by non systemic routes, namely intraarticular, periarticular, peritendinous, epidural, intradermal injections and inhaled routes.

This declaration of use should be done through ADAMS where reasonably feasible and in accordance with the Code by the Athlete at the same time as the Use starts.. This declaration should mention the name of the substance, the dose undertaken, the name and the contact of the physician. In addition, the Athlete must declare the use of the substance in question on the Doping Control form.

- B. Route

Oral, intramuscular, intravenous, topical, intrathecal, spinal.

- C. Frequency

Dependent on the diagnosis.

- D. Recommended duration of treatment

Also dependent on the diagnosis, but ideally as short as possible

4. Other non-prohibited alternative treatments?

*Medical Information to Support the Decisions of TUECs
Musculoskeletal Conditions*

Non-Steroidal Anti-inflammatory Drugs;
Muscle relaxants;
Minor permitted analgesics (Paracetamol/Aminophen)
Pregabalin in neuropathic pain
Physiotherapy modalities;
Ice, compression, elevation and rest;
Alternative Training methods.

5. Consequences to health if treatment is withheld

In most cases, the consequences are minor however persisting pain that affects daily activities or disturbs sleep, may be considered as a significant clinical indication for more aggressive intervention.

6. Treatment monitoring

Generally not regarded as a priority but with respect for the potentially addictive qualities for the prolonged use of narcotic analgesics.

7. TUE validity and recommended review process

Extremely dependent on diagnosis, but mostly short, and measured in days or weeks.

8. Any appropriate cautionary matters

The use of oral corticosteroids to treat chronic inflammatory conditions of the musculoskeletal system (e.g. rheumatologic arthralgias or chronic degenerative spinal diseases) is not normally compatible with high level sport participation. Any application for such a treatment will obviously require thorough documentation and clear evidence that permitted therapeutic alternatives have been ineffective.