



Paris 2024 Olympic Games

WT Medical Rules and Medical Services for 2024 Paris Olympic Taekwondo Games

Information on Paris 2024 Medical Service and Emergency Situation

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Qualification for CMD

: WT MC Chair, OMD, or Certified WT Commissioned Doctors approved by WT MC Chair

Roles and responsibilities of CMD

- Making a decision on “**fit-to-fight**”
- Performing **pre and post competition medical evaluation**
- Filling out **WT medical suspension form** and **athlete injury form**
- Inspecting athlete’s **taping, brace, mouthguard** and giving **a direction to referees**
- Advice to and Collaborate with the venue medical team for **safe evaluation**
 - Performing **concussion evaluation** or **significant head trauma**
- Making **a fair decision** and management and neural jurisdictions
- Requested to declare **any potential or actual conflict** of interest prior the competition



Qualification for TMD



Team Medical Staff

Including team doctor, team physiotherapist, team athletic trainer and team chiropractor roles and functions in **the national team** (MNA)

Roles and functions of the team doctor (TMD)

- To protect the **safety and healthy** of the team athletes
- To advice coaches stop the match or withdraw the athletes if in **medically dangerous situation**
- To disqualify the athlete for the athlete's MNA with any of **disqualifying conditions before the registration**
- Care for the team athletes: to **provide basic medical care** before, during and after the match
- Care **during the match** may be allowed only if CMD or central referee permits
- Reporting any injury of team athletes to MC Chair (or OMD) and following upon **the treatment and rehabilitation** of the injured athletes
- Assisting return-to-competition process for **medically suspended athletes**

The scope of care of the team doctor during the match is limited to the following



- 1** Brief (~30 seconds) Cryotherapy (ICE) and taping/wrapping on any joints with contusions, strain and sprain



- 2** Simple wound or minor laceration care (skin cut)



- 3** Management of bleeding



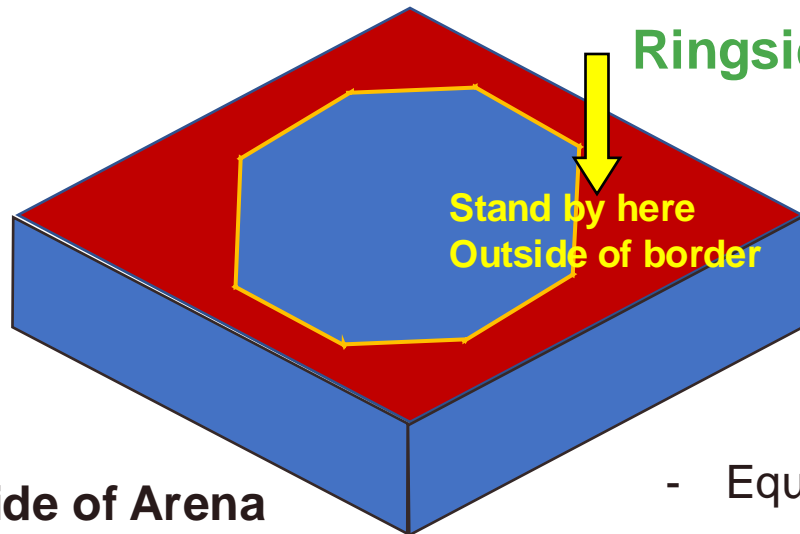
- 4** Reduction of the dislocated joint (finger, elbow, shoulder, jaw, etc.)



- 5** Providing assistance to CMD for medical treatment or emergency care as requested by CMD or central referee.

Requirements for Medical Service and Resources

Ringside Medical Station for Gyorugi (sparring)



Ringside Medical Station

- **One ringside medical station**
- 1 Commissioned Medical Doctor, 1 Emergency Doctor
- 4 Paramedic
- 1 Registered Nurse (or any other medical professional)
- Equipped with **first aid and emergency supplies** for emergency and trauma equipment
- check **AED(Defibrillator), Oxygen Tank, Neck collar and Stretcher!**

Outside of Arena

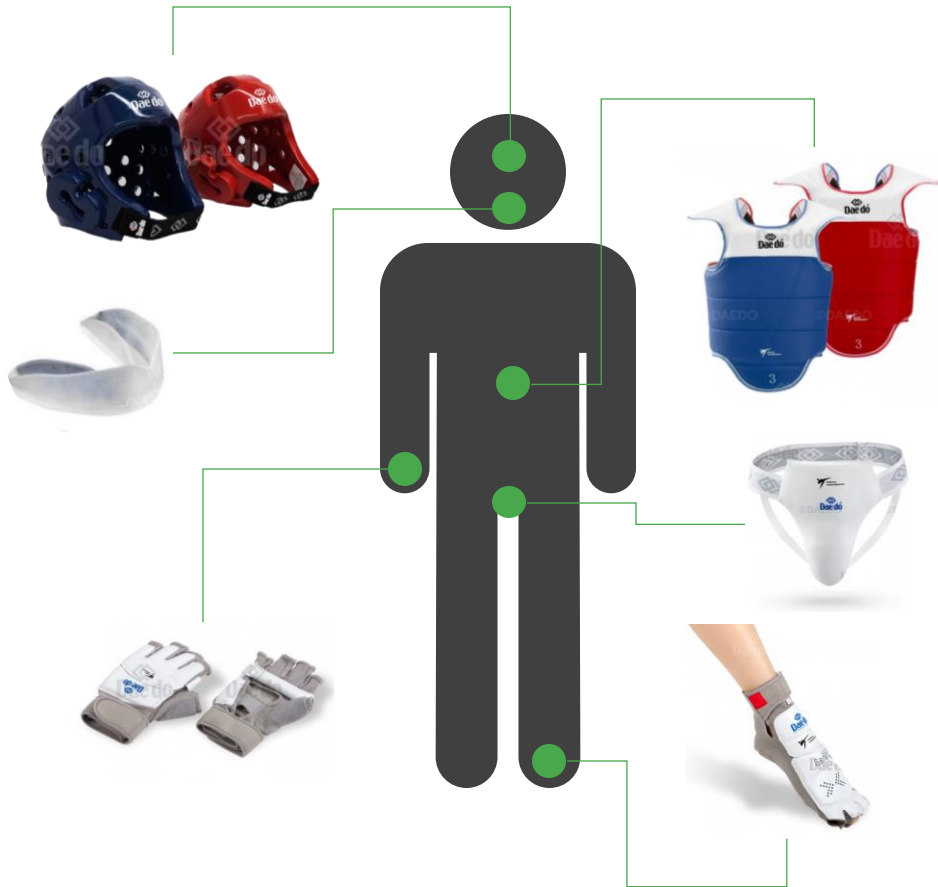


Venue Medical Room

1 Sports Medicine Doctor, 1 Registered Nurse and 1 Physiotherapist

Disqualification Criteria due to medical reason(s)

1 Inadequate safety protection gear and equipment

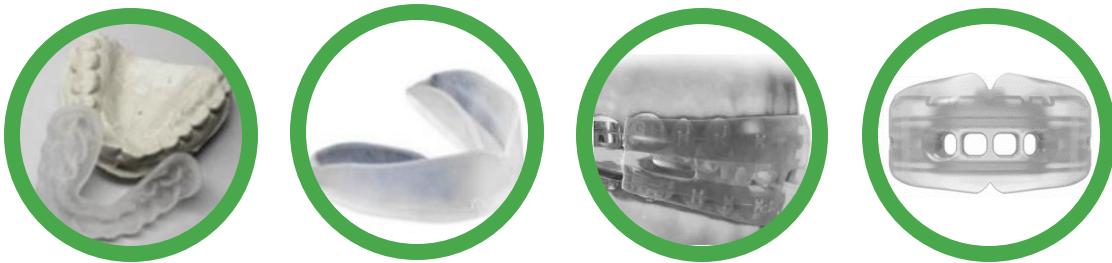


(1) **Protection gear** has any of following conditions which can compromise the protection function of the protection gear and equipment

- i) Inadequate body part coverage by the gear
- ii) Inappropriate size for the athlete
- iii) Significant defect of the shape or material

Disqualification Criteria due to medical reason(s)

(2) **Do not have appropriate mouthguard per WT mouthguard rules** at the inspection and at any time during the match, or fail to wear appropriate mouthguard



(3) **Piercing, earing or any hard material in the face or any body part** at the inspection or during the match despite of receiving a warning by an inspection referee, center referee or WT commissioned doctor





Types and protocols for Medical Emergency in Taekwondo Competitions

Medical Emergency (Emergent hospital transfer is required)

- Cardiac Arrest (sudden collapse or syncope)
- Blunt trauma to chest / abdomen with unstable vital signs or severe symptoms (collapse, respiratory distress, severe pain)
- Massive uncontrolled bleeding
- Severe head trauma
- Cervical Spine Injury with potential spinal cord injury
- Seizure or convulsion
- Open Fracture of long bone
- Dislocation of the joint or dislocated fracture with neurovascular compromise
- Severe eye (ocular) injury (Rupture / Injury with vision changes)

Knock Down Procedure

Interaction with Centre Referee and Commissioned Doctor

Initial Action by Centre Referee:

- After a strong attack to the head or body that causes an athlete to exhibit dangerous symptoms such as falling, loss of consciousness, confusion, loss of balance, or a severe staggering gait indicative of **concussion or mild to moderate brain injury**, the center referee shall commence counting.

Count and Medical Alert:

- After counting "Hana" (1) and "Dul" (2), the center referee will face the ringside medical station and call out, "Doctor! Doctor!" while continuing the count to "Yeodeol" (8).
- During this time, the commissioned doctor and medical assistant **should standby at the ringside border to observe and await the center referee's decision.**
- If the commissioned doctor does not seem to notice the center referee's call, **side referees should also call "Doctor! Doctor!" to ensure the doctor's attention and presence on the court**

Knock Down Procedure

Athlete's Recovery

Recovered/continue:

- If the knocked-down athlete **recovers and indicates readiness to fight** (by raising hands and making eye contact with the referee) **by the count of eight**, the center referee will signal for the **fight to continue (Gong-Gyeok)**.
- The commissioned doctor should then return to the ringside medical station **without** conducting a medical evaluation.

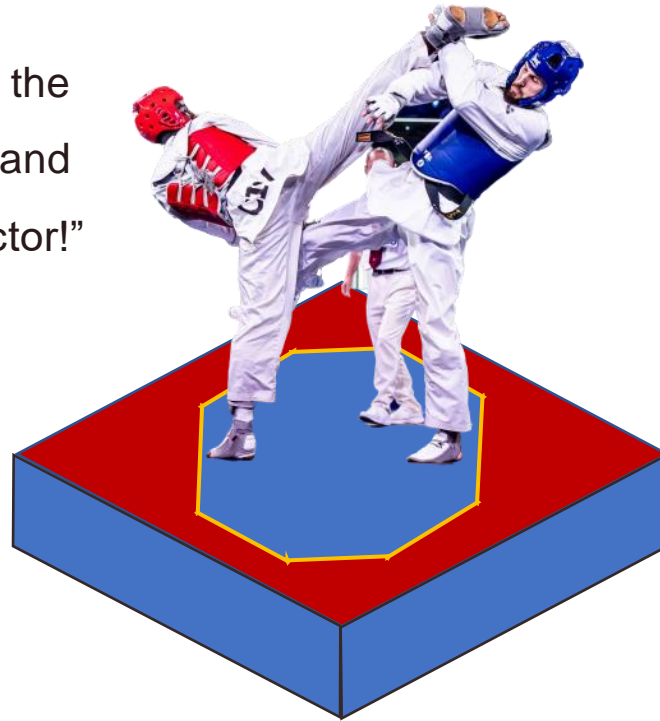
Failed to recover/stop:

- If the athlete does not recover by counting eight (8), the center referee will continue counting "Ahop" (9) and "Yeol" (10) and then **end the match**.
- The commissioned doctor and medical assistant **may then proceed to evaluate and evacuate the athlete**.

Types and protocols for Medical Emergency in Taekwondo Competitions

Severe Head Injury Protocol : loss of consciousness, convulsion(seizure) or collapse in competition

- ➔ 1. Center Referee shall end the match after counting Hana (1) and Dul (2) and call out “Doctor! Doctor!”
- ➔ 2. Venue medical team should immediately enter the court to evaluate and evaluate the athlete



*CMD: Commissioned Medical Doctor

- In such medical emergencies, the venue medical team shall enter the court without waiting for the center referee's decision.
- If the knocked-down athlete has no consciousness or cannot recover by themselves, they must be evaluated while lying down on the mat.
- Referees, coaches, or team doctors **Must NOT interfere with CMD and venue medical team's evaluation and emergency care**
- Team doctor may **ASSIST** the CMD per CMD or center referee's permission. However, the team doctor must comply with the CMD's direction for the care

Knock Down Procedure

Athlete's Recovery

Additional Medical Scenarios:

- If an athlete requires attention for a **skin cut or bleeding after a knockdown**, the center referee will count to eight, during which the **athlete must demonstrate recovery**.
- The match will resume with the declaration of **"kye-sok"** and immediately followed by **"kal-yeo"** to call for the doctor.
- Once the doctor has entered the mats, the referee will declare **"kye-shi"** to allow a **one-minute injury timeout**.
- **Additional time, up to one more minute**, may be granted only **if requested by the doctor**.

Types and protocols for Medical Emergency in Taekwondo Competitions

Stable conditions after brief loss of consciousness

(1) loss of consciousness is
less than 60 seconds
(recovery of the consciousness)



(2) the injured has stable vital sign without serious trauma

- Venue medical doctor at the medical room shall resume the care for the injured athlete.
- Venue Doctor MUST closely monitor the injured athlete by performing serial examination of the neurologic state and cardiopulmonary status every 15 minutes for the first hour, then once every hour up to 2-3 hours.



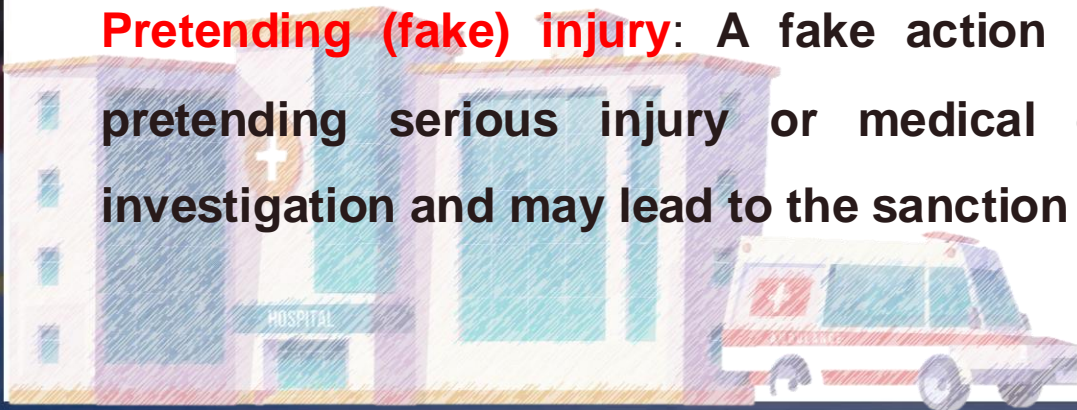
Types and protocols for Medical Emergency in Taekwondo Competitions

Arrange for Emergency hospital transfer

: The injured that is being compromised or become deteriorated must be transferred to the designated hospital immediately by an ambulance accompanied by a paramedic and full resuscitation equipment.



Pretending (fake) injury: A fake action intended to affect the result of the competition by pretending serious injury or medical emergency during the competition shall result in investigation and may lead to the sanction and disciplinary action against the athlete and the MNA.



Types and protocols for Medical Emergency in Taekwondo Competitions



Mandatory suspension after significant head trauma or concussion

- Any **significant head trauma** carries mandatory suspension for any competition during the suspension period.



- This **mandatory medical suspension period** cannot be shortened in any circumstances once the suspension is given.

➤ Suspension period:

Senior athlete: 30 days (Senior: Age 18 and older)

Junior athlete: 40 days (Junior: Age 15~17)

Cadet athlete: 50 days (Cadet: Age 12~14)

➤ 2nd concussion in last 90 days: 90-day suspension

➤ 3rd concussion in last 180 days: 180-day suspension

Types and protocols for Medical Emergency in Taekwondo Competitions

The decision on the suspension of the athlete in competition must be made based the on one of the followings

(1) Comprehensive **neurological examination** and neurocognitive testing (SCAT 6 or other validated concussion-assessment tools permitted by MC Chair)

(3) **Failure to show full recovery** within one (1) minute of medical evaluation on the mat after the center referee calls a doctor for possible concussion or serious head trauma.



(2) **Any knockout** (loss of consciousness, altered mental status, or inability to make any meaningful, stable, and voluntary movement as a result of direct head trauma) lasting **at least ten (10) seconds** or **counted to ten (10)** by the center referee (referee-stop-contest) shall be regarded as a concussion



Medical Withdrawal

During the event period

: The athlete with any serious medical injury or illness who wish to withdraw from the competition must be personally examined and get an approval **by WT MC Chair** (or medical officer of CSB for the competition) **or OMD** to be able to officially withdraw.



Concussion and head trauma

Moderate to Severe head trauma

- Complication of severe head trauma: Coma, Vegetative state, brain death, permanent neurologic damage, death
- When more serious brain injury (e.g. head trauma) is suspected



① CMD or Centre referee to stop the fight immediately



② Take off mouthguard, check Glasgow-coma scale score, breathing status, and carotid pulse/rhythm quickly



③ Cervical spine protocol: keep the spine alignment, take off body protector and put the cervical collar cautiously



④ CPR and Oxygen if needed



⑤ Immediate hospital transfer

Mouthguard, Taping and Bracing and Piercing

Principles of Mouthguard, Taping and Bracing

To provide athletes with safety protection and injury prevention

Must not harm the athlete or the opponent

Should not affect the athletic performance or the match result

Taping and brace will be strictly checked during the athlete inspection process

Must get the inspection and approval by OMD (or CMD) BEFORE enter the inspection area.

Click

[More detail of Mouthguard, Taping and Bracing rules](#)

Mouthguard, Taping and Bracing and Piercing

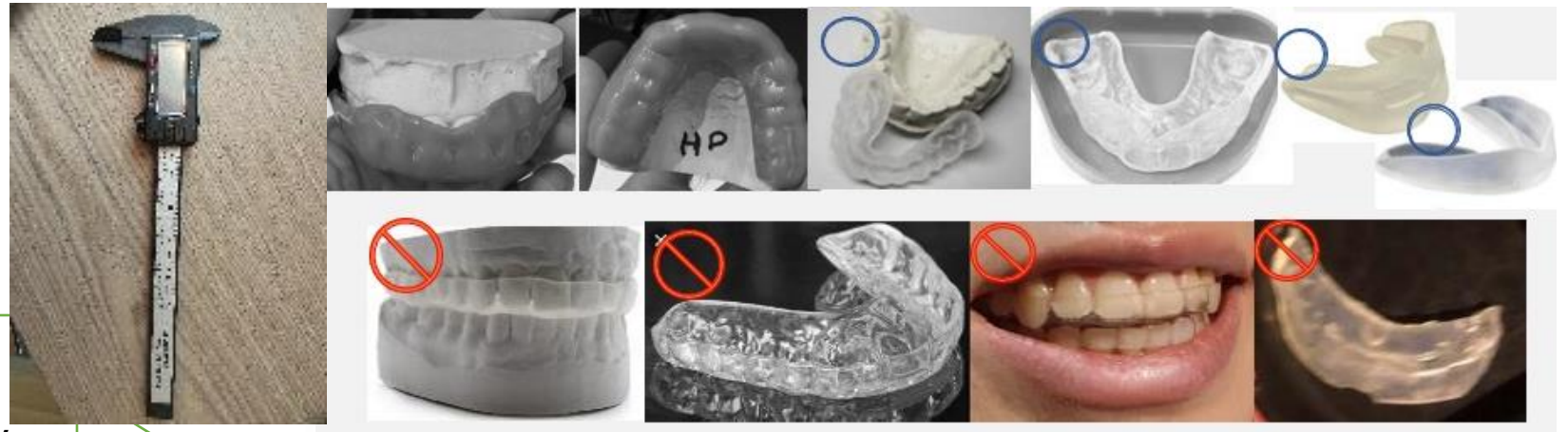
It is Team medical staff (and coach)'s responsibility to check and ensure the safety and health protection of team athletes in accordance to WT mouthguard, taping, bracing and piercing rule.

Mouthguard

MUST NOT wear any mouthguard that is not designed for sports injury protection

At least 3mm thickness of mouthguard

Rigid or semi-rigid sports mouthguard, not flexible



Custom-made mouthguard
is the best for safety

Color : limited to white or transparent only

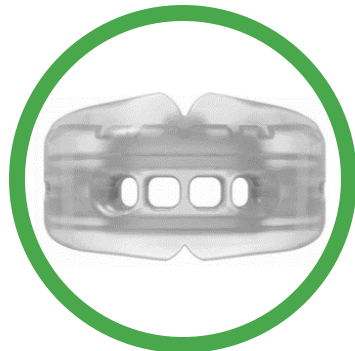
Wearing mouth guard is always **mandatory**

Wearing for the **best dental and jaw protection**

Mouthguard, Taping and Bracing and Piercing

Athlete **with** brace

Must wear (1) full upper mouthguard and (2) either short lower mouthguard or lower brace shield/wax to completely cover exposed braces so that it is not going to harm the athletes or opponent.



Athlete **without** brace

Must wear at least a full upper mouthguard



Piercing or earring

Athletes must take piercing, earring or other ornament off from their face or body before entering inspection area.

* Any team medical staff or coach who neglect his or her responsibility to protect his or her athletes by not complying to these rules shall be subject to sanction or disciplinary action.

Mouthguard, Taping and Bracing and Piercing

Taping and Bracing

Taping and Bracing will be strictly checked during the athlete inspection process.

The minimal amount of tape may be used to protect and support an injured joint

Elastic or Elastikon tape must be covered with 2 layers of white athletic tape

Taping Color is limited to “white or beige color”

Maximum of 4 layers (2mm) for injury and maximum of 2 layers (1mm) for prevention is allowed

Only two layers of white tape are allowed on the forefoot/arch of the athletes

Silicon padding on the knee or elbow may be permitted as long as it is less than 1.25cm (or ½ inch thickness) and soft

Mouthguard, Taping and Bracing

Taping and Bracing



No taping on the knuckles of the fist is allowed



No hard substance (metal or plastic) is allowed to be used in taping or bracing



No hinges or hard material or shoestrings are allowed on braces. Only neoprene is permitted.

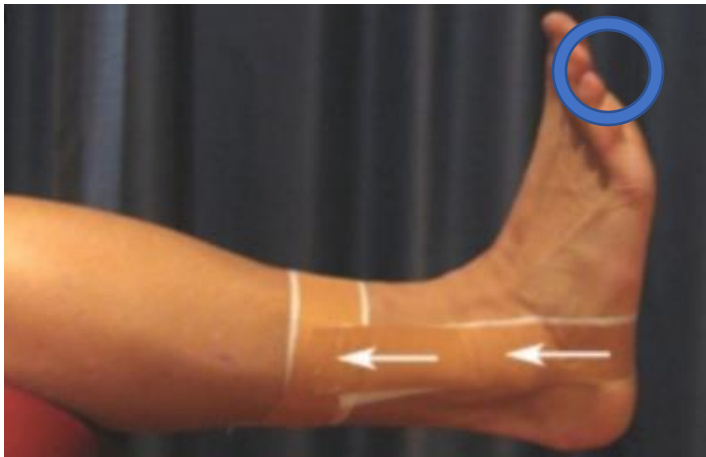
Padding of the dorsum of the foot must be only one or two soft sponge padding (**maximum thickness: ¼ inch (0.62cm) of thickness or 3 layers of gauze**). It must be maintained as soft when wrapped with minimal tape (up to 2 layers). It should not cover toe or ankle.



- No abrasive tape is allowed to be exposed.
- Elastic or Elastikon tape must be covered with one to two layers of white athletic tape.



No taping on the knuckles of the fist is allowed.



Bracing



No hard substance (metal, plastic, Velcro strap, etc) is allowed to be used in taping



Material : Only neoprene is permitted.

- Silicon (or other soft gel) padding around knee cap may be permitted as long as it is soft material and the thickness is less than 6mm (or 0.25 inch)



Padding

- Padding of the **dorsum of the foot with soft foam** material is allowed only if the athlete has contusion(bruising) or hematoma on the dorsum of the foot
- Material: **Soft foam padding** or **gauze pad** can be used
- Thickness: maximum 1/8 inch (= 4mm) of **foam pad** or **4 layers of gauze** pads.
- It must be **maintained as soft** when wrapped with minimal tape (up to 2 layers).
- **Only up to two layers of white tape are allowed** on the **forefoot/arch** of the athlete
- It should not cover toe or ankle unless there is visible open wound, toe nail injury.



Covered forefoot and toe area.



Covered forefoot

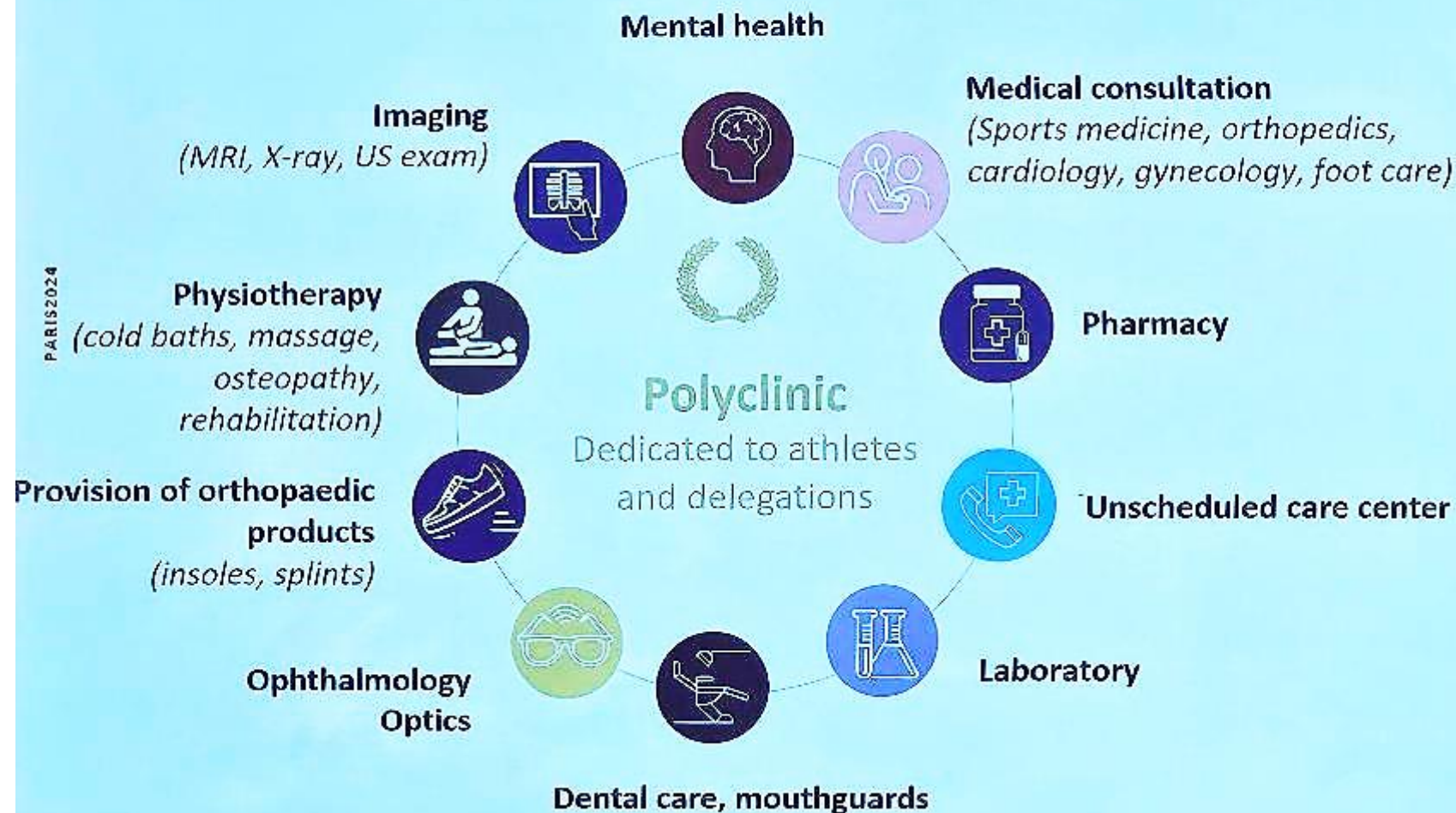
NO PIERCING IS ALLOWED

Take piercing or earring off before entering inspection



Team doctor (or team medical staff or coach) has responsibility to make sure the athlete does not have any piercing or earring or other metals on the face

POLYCLINIC CARE OFFER



MAIN SERVICES AT THE POLYCLINIC

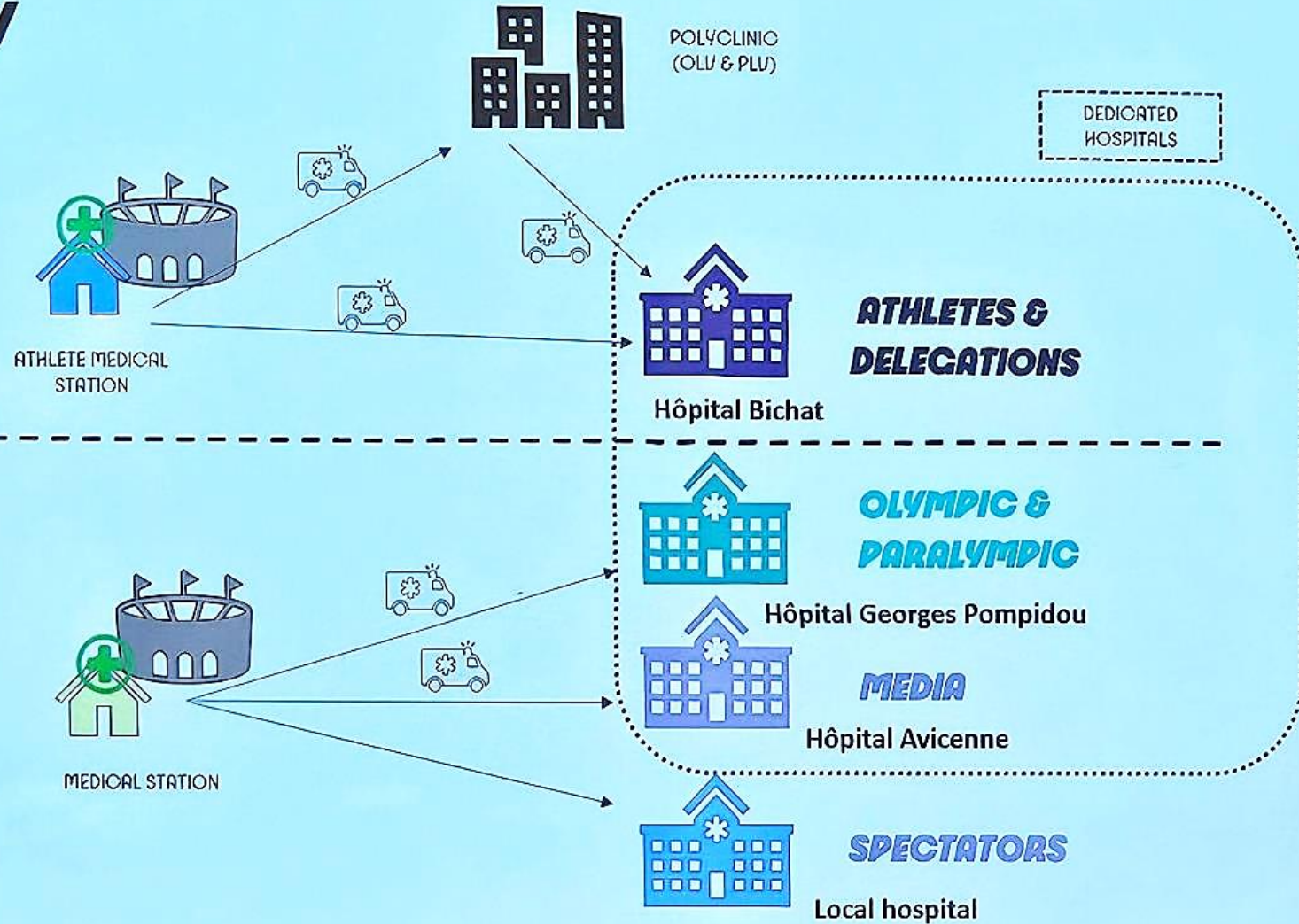
Department	Opening hours	Main services	HR at peak time
Emergency	24h/24	Emergency (including fast-track US) and GP, vital emergency treatment room, ambulance	3 emergency doctor + 1 GP 3 nurses
Outpatient center	8h-22h	Injuries & musculoskeletal disorders	4 sports physicians + 2 orthopaedists
	9h-18h	Specialized medicine (cardiology & gynaecology including specific US exams), podiatry, mental health Orthotic devices delivery	1 gynaecologist and 1 cardiologist 1 urologist and 1 dermatologist (<i>only PARA</i>) 2 nurses 2 podiatrists 1 psychologist
Physiotherapy	7h-23h	Physiotherapy (treatment and rehabilitation, strapping, electrotherapy), sports massages, cold baths	14 physiotherapists & 4 osteopaths 1 chiropractor
Dental	8h-20h	Emergency treatment & oral care, prevention, mouthguards delivery (<i>athletes</i>), 1 dental X-ray, 1 sterilization room	16 dentists & 18 dental assistants 1 radio technician 4 dental technicians (mouthguards)
Ophthalmology	8h-20h	Emergency treatment, vision tests, eye products delivery (<i>athletes</i>)	1 ophthalmologist & 1 orthoptist & 1 optician
Pharmacy	7h-23h	Polyclinic supply and direct deliveries to NOC/NPC	2 pharmacists & 3 pharmacy technicians
Imaging	8h-22h	2 MRI, 1 X-ray, 3 US machines	4 radiologists & 4 radio technicians
Laboratory	7h-23h	On-site sampling and off-site analysis	2 nurses (7h-15h)

Opening hours may be extended according to competition schedules.

CARE PATHWAY IN PARIS AND SURROUNDINGS

CARE PATHWAY

PARIS 2024



Oral Health Department Paris 2024



*** 8 dental chairs**

- 5 for treatments
- 1 for endodontics
- 1 for emergency and surgery
- 1 for dental impression and Mouthgard



*** X-ray Panoramic and CBCT**



*** Opening Hours 8 AM TO 9 PM**



**The same electronic
health record will be
used by physicians and
dentists**

Paris 2024 : Mental Health



ATHLETE365 MINDZONE



- Above the gym: Mental & Physical
- Disconnection space offering relaxing and mindful recovery
 - Bespoke VR guided meditation
 - Disconnection through arts
 - Sleep pods / quiet zone
 - Relaxation / stretching area
 - Breathwork
- Staffed by the IOC Safe Sport Team

