



## **DURATION OF CONVALESCENCE**

FIM Medical Panel document establishing the general evaluation principles for resumption of motorcycling competition after an accident

### **INTRODUCTION**

The decision to consider a rider fit or unfit for continued engagement in motorcycling competition after an incapacitating accident falls within the competence of the CMO.

The increasing professionalism of all parties concerned in the various championships often places riders under contractual commitments that accustom them to a professional reality which is sometimes dehumanised and on which the CMI must keep a watchful eye.

### **OBJECTIVES**

The development of new medical techniques, which are less invasive and, consequently, less physically disruptive for the patient, permit shorter periods of hospitalisation and earlier rehabilitation.

However, this technological adaptation cannot also shorten the periods of cicatrisation and bone consolidation and thereby invalidate all the histophysiological concepts.

Hence, while the rider's overall recuperation might be accelerated in this way, allowing him to envisage the wildest sporting feats, the physicians authorized to issue the medical certificate of fitness for the resumption of competition will have to ascertain whether the rider would be able to face unforeseen situations in order to avoid jeopardizing not only his safety but also that of his fellow riders and other parties involved.

### **MEANS**

The criteria to be defined should be based on the following requirements:

1. Assurance of the immediate personal safety of the rider
2. Maintenance of a balance between the immediate and long-term physical well being of the rider.
3. Assurance of the immediate safety of the riders in all the collective motorcycling disciplines.

4. Assurance of the immediate safety of the other parties involved, such as stewards, paramedics, first-aid workers, physicians, mechanics, etc.

It would not be feasible to list in this document all the pathological situations encountered in the practice of motorcycling sport.

We will therefore give an overall perspective of the situations that are common to most injuries.

However, three points are worth emphasizing due to the frequency of the problems encountered in these situations:

1. Cutaneous cicatrisation needs time to be accommodated by the body as a whole. In principle, stitches should be removed when a wound has healed before any resumption of competition.
2. With regards to osteosyntheses using percutaneous pins of the Kirschner type, while the duration of the fracture consolidation is classic and agreed by most authors, we must emphasize that, in such a case, the resumption of competition is contraindicated due to the risk of displacement of such pins.
3. The resumption of competition is also contraindicated in the presence of means of immobilization such as orthoses or plaster cast designed to stabilize a lesion. In fact, the materials used, being less elastic than human body tissue, could pose a threat to the competitor in the event of a further accident.

Hence, on the whole, injuries suffered during the practice of motorcycling sport follow a common pattern: treatment of the lesion, cicatrisation and consolidation and, finally, rehabilitation and re-adaptation to the sporting discipline.

The internationally recognized periods of time needed for bone consolidation are therefore 4-8 weeks for an upper limb and 4-12 weeks for a lower limb, depending on the site of the fracture.

These minimum periods would, of course, be adjusted in the light of the follow-up of the bony callus, but the stress to which it would be subjected by the rider's activity would also be taken into account.

In order to maximize the safety not only of the rider but also of his entourage in competitions, the CMO should be able to carry out a set of simple, easily reproducible and effective tests to assess the motorcyclist's new physical capacities before he resumes competition.

Tests for lesions of a lower limb:

1. Mobility equivalent to or exceeding 50% of the physiological articular amplitude of the hip and knee joints.
2. Stand on one foot, both left and right, for at least 5 seconds.
3. Cover a distance of 20m unaided in a maximum time of 15 seconds.
4. Climb up and down 10 steps in a maximum time of 20 seconds.

Tests for lesions of a upper limb:

- To carry out 5 push ups

## **HEAD INJURIES**

Assessment of the injured rider and return to competition should be in accordance with the guidelines for the assessment and management of concussion as contained within the Consensus Statement On Concussion In Sport — The 5th International Conference On Concussion in Sport held in Berlin, October 2016.

In the event of a suspected concussion the rider should be assessed using a recognised assessment tool such as SCAT5 or similar (see appendix **M**). If the assessment confirms a concussion the rider should immediately be excluded from competition for at least the rest of the event. Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro-psychological function using for example the IMPACT system, functional MRI scan or similar in accordance with the current International Consensus Statement on Concussion in Sport.

## **ABDOMINAL SURGERY**

In the event of any abdominal surgery, with or without incision of the peritoneum, the period of unfitness for competition would range from 15 days to one month.

## **CONCLUSION**

Provided that the various periods of cicatrisation, and particularly bone consolidation, are respected by their therapists, injured riders should be able to undergo these fitness tests without danger so that they can all resume competition in conditions of optimal safety.