

## NGB Medical Standards - Best Practice Recommendations

The US Olympic and Paralympic Committee (USOPC) is dedicated to protecting the health and safety of Team USA athletes. The purpose of this document is to provide guidance to US National Governing Bodies (NGBs) regarding medical best practices for personnel, policies, and guidelines for Tier A Team USA athletes. The NGB Medical Standards Best Practice Recommendations were developed after reviewing similar guidelines used by professional and collegiate sports organizations, other National Olympic Committees (NOC) and National Paralympic Committees (NPC), and International Federations (IFs); receiving input from medical leaders from summer and winter Olympic and Paralympic NGBs, the International Olympic Committee (IOC), International Paralympic Committee (IPC), IFs, and other sports organizations; obtaining feedback from USOPC and NGB leadership; and most importantly, listening to the athletes' voice.

This document categorizes the Best Practice Recommendations into 3 categories:

- 1) Foundational: Fundamental best practices that should be in place for any NGB medical program; these practices are where NGBs should start when considering how to build out their medical program;
- 2) Program Buildout: Best practices that should be in place if the NGB has the resources to do so as it looks to build upon its medical program once it has incorporated the Foundational best practices; and
- 3) Aspirational: Best practices that should be in place if they are relevant to the NGB and the NGB has the resources to do so.

Best Practice Recommendation	Description	Comments
Foundational	Should be in place as a fundamental best practice for any NGB medical program	
Medical Director/Chief Medical Officer	NGBs should have a Medical Director/Chief Medical Officer. This individual serves as the medical lead for the NGB. They can be a physician or other licensed health care provider but should be licensed in the US to practice their health care profession and trained in sports medicine. They are responsible for providing and coordinating appropriate medical coverage for camps, training sessions, and competitions; recruiting and managing the medical team and ensuring they meet relevant requirements (e.g., board certification, background checks, anti-doping and SafeSport education, etc); coordinating care for injured and ill athletes; coordinating screening and diagnostic medical tests; coordinating periodic health evaluations (PHEs) and associated screening tests for the athletes; developing and implementing medical policies and procedures (e.g., Emergency Action Plans, etc); generating appropriate insurance claim forms; establishing contractual relationships with relevant companies and vendors (e.g., medical supply companies, EMR, etc); acquiring supplies for the medical team; ensuring access to an EMR, compliance with medical documentation requirements, and documentation audits are completed on a regular basis; understanding the resources available to their athletes through their NGB and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc); and serving as the primary medical liaison between the NGB and external organizations (e.g., USOPC sports medicine, USOPC Medical Network, etc) and health care providers.	
Head Team Physician	NGBs should have a Head Team Physician. If the NGB Medical Director/Chief Medical Officer is a physician, they can also fulfill the role of the Head Team Physician, or another individual can be appointed to this position. If the NGB Medical Director/Chief Medical Officer is not a physician, the NGB should have a physician who serves as their Head Team Physician. The Head Team Physician should be a US licensed physician who is board certified in sports medicine. They are responsible for working with the Medical Director/Chief Medical Officer to provide appropriate medical coverage for camps, training sessions, and competitions; assisting with providing and coordinating the care of injured and ill athletes; ordering, reviewing and interpreting screening and diagnostic medical tests; performing periodic health evaluations and ordering and reviewing associated screening tests; and assisting with developing and implementing medical policies and procedures (e.g., Emergency Action Plans, etc).	
Mental Health Professional	NGBs should have a Mental Health Professional who can deliver clinical mental health services to their athletes. This individual should be trained and licensed to deliver mental health care in the US. Examples of qualified individuals include those with a Ph.D. in clinical or counseling psychology or a master's degree in social work or counseling. The Mental Health Professional provides clinical mental health care, mental health crisis intervention, mental health screening services, and mental health triage and referral assistance; develops and deploys mental health educational resources; assists the Medical Director/Chief Medical Officer with developing mental health policies and procedures; and serves as the primary mental health liaison between the NGB and external mental health providers and services (e.g., USOPC psychological services team).	
Health Care Provider Present In-Person at NGB Practices and Competitions for High or Extreme Risk Sports (see Sport Risk Stratification Appendix)	NGBs should have a health care provider present in person for practices and competitions that involve high or extreme risk sports. The health care provider should be a US licensed health care provider with training in sports medicine, emergency care, cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED) use, and first aid. An example of a health care provider who would meet these requirements is a certified Athletic Trainer (ATC). If the health care provider practices in a US state that doesn't license their profession, they should be certified by their respective US certifying organization.	
Health Care Provider Present In-Person at NGB Competitions for Moderate Risk Sports (see Sport Risk Stratification Appendix)	NGBs should have a health care provider present in person for competitions that involve moderate risk sports. The health care provider should be a US licensed health care provider with training in sports medicine, emergency care, cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED) use, and first aid. An example of a health care provider who would meet these requirements is a certified Athletic Trainer (ATC). If the health care provider practices in a US state that doesn't license their profession, they should be certified by their respective US certifying organization.	
Emergency Action Plan	NGBs should work with their Medical Director/Chief Medical Officer to create a written EAP detailing the appropriate response for managing serious or potentially life-threatening illnesses (including mental health conditions) or injuries during training or competitions at home and abroad. At a minimum, the EAP should include, but isn't limited to, what type and how many medical personnel should be present for training and competitions; location of on-site emergency medical equipment; responsibilities of the on-site medical team; chain of command; how to activate emergency medical services (EMS); venue address and EMS access routes/instructions; knowledge of the closest medical facilities and their capabilities; and a communication/notification plan to be implemented during and/or following a medical emergency. The mental health portion of the EAP, at a minimum, should include how to recognize a mental health emergency, initial management recommendations, information about local emergency mental health resources, how to activate emergency mental health services, and a communication/notification plan to be implemented during and/or following a mental health emergency. The EAP should be distributed to all NGB staff and athletes and rehearsed regularly. A daily huddle should take place prior to all training sessions and/or competitions to discuss the EAP. All relevant personnel should participate in the huddle (e.g., NGB medical personnel, venue medical personnel, NGB performance staff, NGB and venue operations staff, local EMS personnel, etc.).	

Concussion Guidelines	<p>NGBs should create a sport specific concussion guideline indicating what pre-season baseline concussion testing is required or recommended, who should evaluate an athlete with a suspected concussion, what the acute and in-office evaluation should entail, who makes the decision regarding if and when an athlete should be removed from or return to training and competition, treatment and monitoring recommendations, and a sport specific return to sport protocol. It is recommended that the NGB's concussion guidelines be developed using the most recent consensus statement on concussion in sport.</p>	
Environmental Illness Guidelines	<p>NGBs should develop environmental illness guidelines that are relevant to their sport. Due to the increasing frequency of poor air quality, at a minimum, the environmental illness guidelines should provide recommendations for exercise and sports specific activities in varying levels of air quality. Furthermore, if the sport has the potential to expose the athlete to extremes of temperature, humidity, or altitude, guidelines should be developed to prevent, identify, and treat relevant environmental illnesses.</p>	
Medical Disqualification and Return to Play Policy	<p>NGBs should have a policy regarding medical disqualification and return to play decisions that specifies who can make these decisions, the process whereby the athlete can contest the decision, and how a final determination is made.</p>	
Yearly Periodic Health Examination	<p>All national team athletes should receive a yearly PHE by the NGB's Head Team Physician or, if the Head Team Physician isn't available, by a board-certified sports medicine physician. The PHE should contain a history, physical examination, relevant diagnostic and screening tests, follow-up recommendations, and a medical eligibility determination. The athlete should communicate their nutritional supplement and medication use (both prescription and over the counter) so their physician is familiar with their medication requirements, can educate them on potential anti-doping implications, and facilitate Therapeutic Use Exemption applications, as indicated. The PHE should meet the requirements set forth by the relevant IF. If the IF doesn't have a PHE policy, at a minimum, the athlete should receive a PHE in accordance with the IOC Consensus Statement on Periodic Health Evaluation of Elite Athletes<sup>1</sup> or the Preparticipation Physical Evaluation Monograph.</p>	
Yearly Mental Health Screen	<p>The PHE should include an annual mental health screen that has been validated in athletes, such as the IOC's Sport Mental Health Assessment Tool (SMHAT).<sup>3</sup> The NGB should have a plan in place for the mental health screen to be promptly reviewed by a qualified health care provider, such as the NGB's Mental Health Professional (see Section 2. Health Care Providers), and appropriate follow-up, interventions, and referrals implemented and documented. If a question regarding self-harm or harm to others is asked on the screen, any affirmative response by an athlete should result in a qualified health care provider contacting the athlete acutely (e.g., within 30 minutes, 24 hours per day, 7 days per week) while other non-emergent responses should be addressed in a subacute timeline (e.g., 48-72 hours).</p>	
Electronic Medical Record Provision	<p>NGBs should provide their health care providers with access to a Health Insurance Portability and Accountability Act (HIPAA) compliant EMR for medical documentation purposes.</p>	
Medical Documentation Policy	<p>NGBs should develop a medical documentation policy to facilitate accurate and effective documentation practices, improve health care delivery to athletes by promoting communication and care coordination between health care providers, ensure compliance with federal requirements and best practice recommendations, and mitigate legal risk.</p>	
Medical Equipment and Supplies Policy	<p>NGBs should have a medical equipment and supply policy for acquiring, storing, transporting, dispensing, disposing, managing inventory, and maintaining medical equipment and supplies. The policy should include a description of when over the counter and prescription medications can be dispensed and by whom; if medications may be dispensed by non-physician health care providers, the policy needs to include a description of who will dispense the medications (e.g., ATC), who will serve as the overseeing physician (preferably the head team physician), and how to obtain permission from the physician prior to a medication being dispensed; who, how and when this is documented; and how to dispose of expired medications. Standing orders can be incorporated into this policy or a separate standing order policy can be developed (see Standing Orders Policy).</p>	
Standing Orders Policy	<p>If standing orders from the Head Team Physician are used by the NGB, a Standing Orders Policy should be created. The policy should indicate which health care providers are able to provide services under the standing orders, what communication needs to occur between the Head Team Physician and the health care provider delivering the services and when this communication needs to take place (ie: before, during and/or after the service), documentation requirements, and how often the standing orders should be reviewed and revised and by whom. Examples of standing orders include orders to allow a non-physician health care provider to dispense specific medications, perform certain procedures, or complete specific laboratory tests under the Head Team Physician's license and direct or indirect supervision.</p>	
Needle Policy	<p>NGBs should have a policy indicating who can perform procedures requiring a needle (e.g., injections, dry needling, acupuncture, etc), when and where these procedures can be performed, associated educational and/or experience requirements, approval process (if relevant), documentation requirements, and needle and medication disposal procedures.</p>	
Health Care Provider Code of Conduct Policy	<p>NGBs should have a health care provider code of conduct policy that describes conduct expectations during and outside of the provision of health care to the athlete. The policy should include conduct expectations for travel and overnight trips with athletes, if relevant. This policy can be part of the NGB's general Code of Conduct Policy if one exists.</p>	
Athlete Safety Policy	<p>NGBs should incorporate health care specific considerations into their athlete abuse prevention policy to facilitate the safe delivery of health care to their athletes.</p>	
Marketing and Social Media Policy	<p>NGBs should have a policy clearly outlining marketing allowances and restrictions for health care providers related to their affiliation with the NGB and their athletes. The policy should also include social media engagement and marketing guidelines. These policy provisions may be incorporated into a code of conduct rather than a standalone social media policy.</p>	
Major Injury or Illness Communication Plan	<p>NGBs should have a communication policy whereby the appropriate people are notified by the health care provider following a major injury or illness to an athlete. This can be part of the NGB's overall critical incident communication plan.</p>	

Health Care Team Communication Policy	<p>NGBs should develop a health care team communication policy outlining communication expectations between NGB health care providers, the Head Team Physician, and/or the Medical Director/Chief Medical Officer. This can include daily check-ins, pre-training and competition huddles, and medical hand-offs. The hand-off portion of the policy should outline the process whereby the health care providers taking care of an athlete notify the receiving health care team about the athlete's medical conditions and health status. For example, a volunteer health care provider covering a training camp should contact the NGB Medical Director/Chief Medical Officer at the end of the camp to inform them of any injuries or illnesses experienced by the athletes, what treatments were rendered, and what the plan is for continued care.</p>	
Minor Medical Policy	<p>NGBs with sports in which minors participate should have a minor medical policy that ensures appropriate authorizations are obtained from parents or guardians of minor athletes to deliver medical care to the athlete, describes under what circumstances medical care will be delivered and who will deliver the medical services.</p>	
Malpractice Insurance Policy	<p>Prior to delivering health care to an athlete on behalf of an NGB, health care providers should have a malpractice insurance policy that covers their work with the NGB and meets the NGB's malpractice requirements.</p>	
Athlete Safety Education	<p>Health care providers should complete NGB required athlete safety education (e.g., SafeSport) prior to working with their athletes and meet relevant continuing education requirements.*</p>	*This is a requirement under the SafeSport Code.
Anti-Doping Education	<p>Health care providers should complete NGB required anti-doping education (e.g., USADA, WADA, ITA, IPC, etc) prior to working with their athletes and meet relevant continuing education requirements. Anti-doping education should include information related to the anti-doping risks associated with nutritional supplement use.*</p>	*This is a requirement under the National Anti-Doping Policy.
CPR/AED Certification for all Health Care Providers	<p>All health care providers who work with the NGB's athletes should be certified in CPR and AED use.</p>	
Mental Health Emergency Management Training for Medical Staff	<p>All health care providers should complete NGB required mental health emergency management training (e.g., mental health first aid) prior to working with their athletes and meet relevant continuing education requirements.</p>	
<b>Program Buildout</b>	<b>Should be in place if the NGB has the resources to do so</b>	
Health Care Provider Present In-Person at NGB Practices for Moderate Risk Sports (see Sport Risk Stratification Appendix)	<p>It is recommended that NGBs have a health care provider present in person for practices that involve moderate risk sports. The health care provider should be a US licensed health care provider with training in sports medicine, emergency care, cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED) use, and first aid. An example of a health care provider who would meet these requirements is a certified Athletic Trainer (ATC). If the health care provider practices in a US state that doesn't license their profession, they should be certified by their respective US certifying organization.</p>	
Health Care Provider Present In-Person at NGB Competitions for Low Risk Sports (see Sport Risk Stratification Appendix)	<p>It is recommended that NGBs have a health care provider present in person for competitions that involve low risk sports. The health care provider should be a US licensed health care provider with training in sports medicine, emergency care, cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED) use, and first aid. An example of a health care provider who would meet these requirements is a certified Athletic Trainer (ATC). If the health care provider practices in a US state that doesn't license their profession, they should be certified by their respective US certifying organization.</p>	
Sports Dietitian	<p>It is recommended that the NGB provides sports dietitian services to their athletes. The sports dietitian should be a US licensed dietitian with training in sports medicine.</p>	
Yearly Cardiac Screen	<p>A cardiac screen (e.g., electrocardiogram [ECG]) is recommended as part of the annual PHE, particularly in athletes at high risk for sudden cardiac arrest or death.<sup>6</sup> The cardiac screen should be chosen by a qualified health care provider (e.g., sports cardiologist or a sports medicine physician) and promptly reviewed by the provider following completion of the test using athlete specific criteria to minimize the risk of false positive findings.<sup>6-9</sup> If an abnormality is identified, appropriate subspecialty referrals, follow-up studies, interventions, and sports participation recommendations should be provided to the athlete and documented in the EMR.</p>	
Yearly Pulmonary Function Screen	<p>Pulmonary function screening (e.g., pulmonary function test with a bronchodilator challenge, pre and post-exercise pulmonary function test, etc.) should be performed in athletes suspected of having pulmonary disease, those with a history of pulmonary disease, and in sports with a high prevalence of pulmonary disorders such as asthma (e.g., cross-country skiing). A pulmonary function screen should be chosen by a qualified health care provider (e.g., pulmonologist with experience taking care of elite athletes or a sports medicine physician) and promptly reviewed by the provider following completion of the test. If an abnormality is identified, appropriate subspecialty referrals, follow-up studies, interventions, and sports participation recommendations should be provided to the athlete and documented in the EMR.</p>	
Yearly Injury and Illness Risk Factor Screening	<p>Screening for risk factors that predispose to injury and illness is recommended on a yearly or more frequent basis for health and performance purposes. The screening tests should be validated in the relevant sport and may be incorporated into the PHE. The injury and illness risk factor screening test results should be promptly reviewed by a qualified health care provider and, if an abnormality is identified, an appropriate injury and/or illness prevention program should be implemented and documented in the EMR.</p>	
Yearly Relative Energy Deficiency in Sport (REDS) Screening	<p>Sports or athletes at risk for REDS should complete an annual REDS screen as part of their PHE using one of the IOC recommended REDS screening tools (see IOC consensus statement on REDS).</p>	
Infectious Disease Prevention Guidelines	<p>It is recommended that NGBs develop infectious disease prevention guidelines to reduce the impact of illness on athlete health and performance.</p>	
Health Care for Non-Athletes Policy	<p>It is recommended that NGBs develop a policy outlining whether NGB health care providers can or should deliver medical care to non-athlete NGB delegation members (e.g., NGB staff, family, and friends), and if so, what care can be delivered, to whom, where, and when. The policy should clearly describe if and when the NGB health care provider should prioritize athlete care over non-athlete NGB delegation member care.</p>	
Nutritional Supplement Policy	<p>It is recommended that, in addition to anti-doping education relevant to nutritional supplements, NGBs have a policy regarding supplement use by their athletes. For example, the NGB could require a consultation with their sports dietitian prior to taking a nutritional supplement and/or only using nutritional supplements that are NSF Certified for Sport.</p>	
Pregnancy Policy	<p>It is recommended that NGBs develop a pregnancy policy that clearly outlines training and competition expectations, team selection criteria, what benefits are maintained during and for how long after pregnancy, and what documentation is required from the health care team to begin and throughout the return to sport progression.</p>	
Major Illness and Injury Policy	<p>It is recommended that NGBs develop a major illness (including mental health) and injury policy that clearly outlines team selection criteria, what benefits are maintained during the illness and injury and for how long, and what documentation is required from the health care team to begin and throughout the return to sport progression.</p>	

CPR/AED Certification for all Non-Health Care Related NGB Staff who Work with Athletes	It is recommended that all non-health care related NGB staff who work with athletes be certified in CPR and AED use.	
Mental Health Emergency Management Training for Non-Health Care Related NGB Staff who Work with Athletes	It is recommended that all non-health care related NGB staff who work with athletes complete mental health emergency management training (e.g., mental health first aid) prior to working with their athletes and meet relevant continuing education requirements.	
Aspirational	Should be in place if relevant to the NGB and the NGB has the resources to do so	
Advanced Practice Provider (e.g., Physician Assistant)	The NGBs may wish to work with an Advanced Practice Provider (APP) to supplement the care provided by their team physicians. The APP should be licensed in the US to practice their profession, should have sports medicine training and/or experience working with elite athletes.	
Sport Psychologist	The NGBs may wish to provide sport psychology services to their athletes. The sport psychologist should be licensed to practice sport psychology in the US.	
Physical Therapist	The NGBs may wish to provide physical therapy services to their athletes. The physical therapist should be licensed to practice physical therapy in the US.	
Chiropractor	The NGBs may wish to provide chiropractic services to their athletes. The chiropractor should be licensed to practice chiropractics in the US.	
Massage Therapist	The NGBs may wish to provide massage therapy services to their athletes. The massage therapist should be licensed to practice massage therapy in the US. If the massage therapist practices in a US state that doesn't license massage therapists, they should be certified by their respective US certifying organization (e.g., National Certification Board for Therapeutic Massage and Bodywork [NCBTMB]).	
Health Care Provider Present In-Person at NGB Practices for Low Risk Sports (see Sport Risk Stratification Appendix)	It is encouraged for NGBs to have a health care provider present in person for practices that involve low risk sports. The health care provider should be a US licensed health care provider with training in sports medicine, emergency care, cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED) use, and first aid. An example of a health care provider who would meet these requirements is a certified Athletic Trainer (ATC). If the health care provider practices in a US state that doesn't license their profession, they should be certified by their respective US certifying organization.	
Yearly Sleep Screen	A sleep screen, such as the Athlete Sleep Screening Questionnaire (ASSQ), may be considered on a yearly or more frequent basis for health and performance purposes. The sleep screen should be validated in an athlete population and may be incorporated into the PHE. The sleep screen should be promptly reviewed by a qualified health care provider and, if an abnormality is identified, appropriate subspecialty referrals, follow-up studies, interventions, and sports participation recommendations should be provided to the athlete and documented in the EMR.	
Yearly Laboratory Tests (e.g., Blood and Urine)	Blood and urine tests (e.g., comprehensive metabolic panel [CMP], basic metabolic panel [BMP], nutritional studies [e.g., iron studies, vitamin D, etc.], endocrine studies, urinalysis, etc.) may be considered on a yearly or more frequent basis for health and performance purposes. The laboratory tests may be incorporated into the PHE. The laboratory test should be promptly reviewed by a qualified health care provider and athlete specific considerations should be taken into account when interpreting the results. If an abnormality is identified, appropriate subspecialty referrals, follow-up studies, interventions, and sports participation recommendations should be provided to the athlete and documented in the EMR.	
Yearly Body Composition Assessment	A body composition assessment may be considered on a yearly or more frequent basis for health and performance purposes. The body composition assessment may be incorporated into the PHE. The body composition assessment should be promptly reviewed by a qualified health care provider and, if an abnormality is identified, appropriate subspecialty referrals, follow-up studies, interventions, and sports participation recommendations should be provided to the athlete and documented in the EMR.	

## **NGB Medical Standards - Sport Risk Level**

### **1. Low Risk Sports**

- a. *Olympic Summer*
  - i. Archery
  - ii. Artistic Swimming
  - iii. Badminton
  - iv. Baseball
  - v. Bowling
  - vi. Breaking
  - vii. Canoe/Kayak – Slalom
  - viii. Canoe/Kayak – Sprint
  - ix. Cricket
  - x. Golf
  - xi. Rowing
  - xii. Shooting
  - xiii. Softball
  - xiv. Swimming
  - xv. Table Tennis
  - xvi. Tennis
  - xvii. Track and Field – Running, Throwing, and Long Jump
- b. *Paralympic Summer*
  - i. Archery
  - ii. Badminton
  - iii. Boccia
  - iv. Canoe
  - v. Rowing
  - vi. Shooting
  - vii. Swimming
  - viii. Table Tennis
  - ix. Track and Field – Running, Throwing, and Long Jump
  - x. Wheelchair Tennis
- c. *Olympic Winter*
  - i. Curling
- d. *Paralympic Winter*
  - i. Wheelchair Curling

### **2. Moderate Risk Sports**

- a. *Olympic Summer*
  - i. Basketball
  - ii. Beach Volleyball
  - iii. Diving
  - iv. Fencing
  - v. Field Hockey
  - vi. Flag Football
  - vii. Handball

- viii. Pelota
- ix. Racquetball
- x. Rhythmic Gymnastics
- xi. Roller sports
- xii. Sailing
- xiii. Soccer
- xiv. Sport Climbing
- xv. Squash
- xvi. Track and Field – High Jump and Pole Vault
- xvii. Volleyball
- xviii. Water Polo
- xix. Water Ski
- b. *Paralympic Summer*
  - i. Wheelchair Basketball
  - ii. Wheelchair Fencing
- c. *Olympic Winter*
  - i. Biathlon
  - ii. Cross-Country Skiing
  - iii. Figure Skating
- d. *Paralympic Winter*
  - i. Biathlon
  - ii. Cross-Country Skiing

### 3. High Risk Sports

- a. *Olympic Summer*
  - i. Artistic Gymnastics
  - ii. Boxing
  - iii. Equestrian
  - iv. Judo
  - v. Karate
  - vi. Lacrosse
  - vii. Modern Pentathlon
  - viii. Road Cycling
  - ix. Rugby
  - x. Surfing
  - xi. Taekwondo
  - xii. Track Cycling
  - xiii. Trampoline
  - xiv. Triathlon
  - xv. Weightlifting
  - xvi. Wrestling
- b. *Paralympic Summer*
  - i. Blind Soccer
  - ii. Equestrian
  - iii. Goalball
  - iv. Judo
  - v. Powerlifting
  - vi. Road Cycling

- vii. Taekwondo
- viii. Track and Field – Wheelchair Sprint, Middle, and Long-Distance Events
- ix. Track Cycling
- x. Triathlon
- xi. Wheelchair Rugby
- c. *Olympic Winter*
  - i. Alpine Skiing – Giant Slalom, Slalom
  - ii. Bobsled
  - iii. Ice Hockey
  - iv. Long Track Speedskating
  - v. Luge
  - vi. Nordic Combined
  - vii. Short Track Speedskating
  - viii. Skeleton
  - ix. Ski Jumping
  - x. Snowboard – Slalom
- d. *Paralympic Winter*
  - i. Alpine Skiing – Giant Slalom, Slalom
  - ii. Sled Hockey
  - iii. Snowboard – Banked Slalom
  - iv. Snowboard – Giant Slalom
  - v. Snowboard – Snowboard-Cross

#### **4. Extreme Risk Sports**

- a. *Olympic Summer*
  - i. Cycling – BMX
  - ii. Cycling – Mountain Biking
  - iii. Skateboarding
- b. *Paralympic Summer*
- c. *Olympic Winter*
  - i. Alpine Skiing – Downhill, Super-G
  - ii. Freestyle Skiing – Aerials
  - iii. Freestyle Skiing – Moguls
  - iv. Ski and Snowboard – Big Air
  - v. Ski and Snowboard – Half Pipe
  - vi. Ski and Snowboard – Slopestyle
  - vii. Snowboard – Snowboard-Cross
- d. *Paralympic Winter*
  - i. Alpine Skiing – Downhill, Super-G