



VOLUME 5, ISSUE 1

JANUARY-MARCH 2005

A publication dedicated to providing timely and accurate information for Olympic, Pan Am, and Paralympic Athletes.

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History

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A direct descendant of ice hockey, ice sledge hockey was invented at a Stockholm, Sweden rehabilitation center in the early 1960s by a group of Swedes who, despite their physical impairment, wanted to continue playing hockey. The men modified a metal frame sled, also known as a sledge, with two regular-sized ice hockey skate blades that allowed the puck to pass underneath. Using round poles with bike handles for sticks, the men played without goaltenders on a lake south of Stockholm.

As ice sledge hockey developed, two Swedish national teams played an exhibition match at the inaugural 1976 Paralympic Winter Games in Sweden. However, ice sledge hockey did not become an official event until the 1994 Paralympic Winter Games in Lillehammer, Norway.

Today, 12 countries compete in ice sledge hockey at the Paralympics.

A fast-paced and highly physical game, ice sledge hockey has become one of the biggest attractions for spectators at the Paralympic Winter Games.

Competition Eligibility

The athlete must have an impairment of permanent nature in the lower part of the body of such a degree that it:

- · Is obvious and easily recognizable; and
- Makes ordinary skating and consequently playing ice hockey impossible.



Sledge hockey requires tremendous upper-body strength, acute reflexes and agility to successfully outpace and technically outplay an opponent.

All athletes must meet the qualifications outlined by the International Paralympic Committee (IPC).

Ice Sledge Hockey is governed by the IPC and follows the rules of the International Ice Hockey Federation (IIHF) with a few modifications. Instead of skates, players use two-blade sledges that allow the puck to pass beneath. They also have sticks with a spike-end for pushing and a blade-end for shooting. The three periods are a bit shorter than traditional ice hockey at 15 minutes in length.

Equipment

Sled: Form-fitted bucket seat, fiberglass body, two to four feet in length. The puck must be able to pass underneath the sledge.

The Sticks: Players use two sticks; handling the puck on one end, while the other end sports metal teeth that are used to dig into the ice and thus propel the player.



The USA Ice Sledge Hockey Team took home the gold at the 2002 Salt Lake Winter Paralympic Games.

U.S. Anti-Doping Agency 2550 Tenderfoot Hill St., Suite 200 Colorado Springs, CO 80906 Phone: (719) 785-2000 Toll-Free: (866) 601-2632 Fax: (719) 785-2001 www.usantidoping.org

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Ice Sledge Hockey cont.

On average, each stick's length is two feet five inches and is made of wood, plastic or aluminum/titanium.

The goaltender may have an additional pick at the base end of his stick. The goaltender may also use an additional stick with a blade or a trapper glove with teeth.



The Team

A maximum of 15 players, including two goaltenders, is allowed per team.

Interesting Tidbit

One unique aspect of ice sledge hockey is the opportunity for players to work the puck between both sticks.



Players often dribble the puck back and forth in front and even underneath their sleds to keep the opposing defense at bay. Some players have even invented devastatingly sneaky shots made from under their sleds.

Unique Definition

"T-boning": when one player rams his sled into another at a 90 degree angle. This constitutes a two-minute minor penalty.

For more information, visit:

www.paralympic.org

www.usahockey.com



On October 22, 2004, President George W. Bush signed into law S. 2195, the "Anabolic Steroid Control Act of 2004." The Act adds certain anabolic steroid precursors to the list of anabolic steroids that are classified as controlled substances and are illegal without a medical prescription. Effective January 20, 2005:

 Possession of a single androstenedione or other prohormone tablet is a federal crime punishable by up to a year in jail (even if the product was purchased prior to the change in the law); and Distributing these substances is a felony punishable by up to five years in prison for a first offense.

Two of the most notable precursors identified in the act include androstenedione and dihydrotestosterone (also known as "1-testosterone").

For more information or a complete copy of the Act, visit www.casper207.com.

Drug Reference Online (DRO)



www.usantidoping.org Click on the DRO link

The Drug Reference Online (DRO) was launched on USADA's web site on October 11, 2004. The DRO is a searchable database that provides easily accessible and accurate information on whether specific U.S. pharmaceutical products are permitted or prohibited for use by athletes. The DRO also identifies medications that require an Abbreviated Therapeutic Use Exemption.

Several over-the-counter medicinal products are included in the database. However, dietary supplements are NOT included in the database.

Benefits of using DRO include:

- The inquirer remains anonymous;
- The inquirer is given a reference number that can be used to document the search and the results of that search; and
- The information provided by the search will be stored and can be reproduced as necessary.

It is EXTREMELY IMPORTANT that the user record the reference number shown on the search results page.





Quick Hitters... Prohibited Medications

If you need to take a medication that contains a prohibited substance, you must complete the Therapeutic Use Exemption (TUE) process **before** a doping control test.

There are two types of TUEs: the Abbreviated TUE and the Standard TUE. The Abbreviated TUE process is necessary for:

• Beta-2 Agonists by inhalation (Formoterol, salmeterol, terbutaline and salbutamol), and

• Non-systemic glucocorticosteroids contained in many local nasal sprays, ear drops and eye drops. Note: As of January 1, 2005, an Abbreviated TUE is NOT required for topical skin preparations containing glucocorticosteroids.

You can download an Abbreviated TUE

form and the instructions for filling it out at www.usantidoping.org >Athlete Tools >Downloads

A Standard TUE is required for all other medications that contain prohibited substances. Note: Insulin requires a Standard TUE. Instructions for completing

the Standard TUE can be found on pages 40-44 in USADA's 2005 Guide to Prohibited Substances and Prohibited Methods of Doping.

Please contact the U.S. Olympic Committee Division of Sports Medicine at (719) 866-4668 for assistance in submitting the Standard TUE.

Some sports have International Federation (IF) specific forms and requirements that must be submitted in order to receive an exemption. It is the responsibility of the athlete to check with their IF for the most up to date information.



Athlete Location

Detailed instructions for completing the the revised Athlete Location Form (ALF) are available at the "Athlete Express" section of USADA's Web site. Click on the link for the "Hardcopy Athlete Location Form" and you will find detailed instructions and a blank ALF for your reference.



For an ALF to be considered complete, all appropriate information must be provided in its entirety on both pages and the form must be signed.

Hardcopy forms can be FAXED to (719) 785-2099 or (719) 785-2091or mailed to:

U.S. Anti-Doping Agency Out-of-Competition Testing Program 2550 Tenderfoot Hill St., Suite 200 Colorado Springs, CO 80906

Submitting your ALF online:

Athletes with an e-mail address on file with USADA can submit quarterly ALFs using our online system. For help logging into the system and for login and password questions, please contact Kitt Lee at

formsadmin@usantidoping.org or call toll free (866) 601-2632, ext. 2006 or (719) 785-2006 (outside the U.S.)



The 2005 WADA List of Prohibited Substances went into effect on January 1, 2005.

USADA's 2005 Guide to Prohibited Substances & Prohibited Methods of Doping and 2005 Wallet Card were mailed to athletes in the OOC testing program in December 2004.

Both the 2005 Guide and Wallet Cards are downloadable at www.usantidoping.org. You can also contact USADA to receive a copy of these publications.



Coaches, trainers, medical staff, and other athlete support staff will soon have more resources. After determining the needs of these various athlete support staff, electronic and print publications will be developed, and programs developed in conjunction with many sports. Adrian Roberts is the Athlete Support Education Manager, and can be reached at (719) 785-2059 or aroberts@usantidoping.org



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For 2005, WADA updated the list of substances and methods prohibited (in-and out-of-competition). A brief summary of these modifications:

Hormones and agents with antiestrogenic activity:

Substances that were previously prohibited "in men only" are now prohibited for both men and women.

Beta-2 agonists:

All beta-2 agonists are now prohibited in-and out-of-competition. As in 2004, four beta-2 agonists can be used by inhalation with an Abbreviated TUE.

Glucocorticosteroids:

All non-systemic glucocorticosteroid preparations, except dermatological preparations, require an Abbreviated TUE.

USADA Updates

Go online to get your advantage! Athlete Advantage Online is now accessible via USADA 's Web site. This is an interactive resource for athletes in USADA's Out-of-Competition (OOC) testing program to access information specific to the OOC testing program requirements, and doping control in general. For more information, visit www.usantidoping.org/advantage.

The "Gold Medal Game" has replaced "Test Your Knowledge" quizzes on USADA's Web site. In the format of Jeopardy, the game's question categories include History, Substances and Rules pertaining to anti-doping, doping, and the Olympic Movement. Be sure to check it out!

The kids section of the site, www.usadakids.org went live in August 2004, and has been recently enhanced. The new Time Traveler game features events, taking the user over mountain tops, into a pool, down a mountain slope, and shooting hoops.

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Take a Stand Against Doping

Contact USADA at (877) 752-2532 if you suspect the integrity of your sport is compromised by doping.

2005 Monitoring Program

The World Anti-Doping Agency's (WADA) monitoring program was implemented in 2004 to identify substances that are no longer on the Prohibited List, but are instead placed on the monitoring list in order to detect patterns of misuse.

Only the following specific substances were added to the 2005 Monitoring Program:

Stimulants: In competition only: Bupropion, phenylephrine, phenylpropanolamine, pipradol, synephrine. Caffeine and Pseudoephedrine remain on the monitoring list.

Narcotics: In competition only: morphine/ codeine ratio

Protect Your Sport

_akeshore Foundation-Official Olympic Training Site

The Lakeshore Foundation facility, a \$27 million recreation and education center dedicated to the development of athletes and to serving persons with physically disabling conditions, was constructed in 2001. Lakeshore is available for use by all National Governing Bodies (NGBs) and for all U.S. Olympic and Paralympic programs.

In February 2003, the Lakeshore Foundation in Birmingham, AL. was designated as a training site for both Paralympic and Olympic sports. The main facility also houses the sport science and medicine services.

While the facility serves primarily disabled populations, the arrangement with the USOC also permits able bodied sports to apply for programs via the centralized scheduling department located at the Colorado Springs OTC. www.lakeshore.org