

U.S. FIGURE SKATING POLICY ON ATHLETE HEALTH AND WELL-BEING:

Appearance, Weight Management, Disordered
Eating and Eating Disorders



Preface: The issue of athlete weight management.

The issue of athlete weight management, and how it interacts with performance, appearance, and the risk of developing disordered eating and/or eating disorders is a very difficult topic in the sport of figure skating. The topic itself has the potential for arousing sensitivities in all involved: the athlete, coach, official, parent, and friend. With all of the educational materials and information swirling around from both official and unofficial channels i.e. peers and the internet, it is easy to get side-tracked, misinformed, or over-sensitized to the negative outcomes.

As a high profile Olympic sport, figure skating has had its share of both public and whispered stories of athletes at all levels dealing with disordered eating and eating disorders. Many readers of this document will recall instances in their own professional or former athletic lives when they have either personally dealt with these issues or been close to athletes who were struggling with weight management and body image. While these occurrences are thankfully rare, considering the huge number of participants in the sport, it is disheartening when in hindsight it becomes apparent that these struggles could have been either completely prevented or at least limited in impact had the appropriate actions been taken at the time.

This document was developed to help the U.S. Figure Skating community form a guideline for dealing with these sensitive issues. It is a work in progress. Unfortunately, there are rarely clean-cut answers. Despite one's best intentions, words and actions can be misguided or misinterpreted, with harmful effects to the athlete. As one nutrition professional noted, genetics loads the gun but the environment pulls the trigger: the U.S. skating community's goal should be to approach these issues with the best information possible, use professionals equipped to properly help athletes be the best they can be, and above all, not be that trigger of a negative outcome. Ultimately, when we address weight management and all of its related outcomes, the most informed and sensitive approach possible should be employed.

Athletes: The athlete is ultimately responsible for the decisions about his/her own body when it comes to training, nutrition, rest, and recovery, both mental and physical. The role of the community: parents, peers, coach, trainer, officials, etc., is to support the athlete in his/her endeavors in a way that supports the positive health and professional outcome of the athlete. In skating, athletes are often developed from quite a young age, and their decision-making skills must also develop with their bodies and minds. In this way, the support of the community is even more important. In the end, providing the right education and support to the athlete is probably the best way to combat issues of body image, improper nutrition/weight management, and eating disorders.

Coaches: Most often, the coach is the front line and the primary point of athlete interaction when it comes to nutrition and weight management. This is a great opportunity for the coach but with it comes great responsibility. The coach is also charged with the overall management of the athlete and subsequently is commonly seen as the point of blame when the athlete is not performing well for whatever reason. Coaches are often called upon to address these issues with the athlete because the athlete, parent, official, etc. expects that the coach knows the cause of the problem and also what to do – which can be an inaccurate and unfair assumption. Nevertheless, the coach is often the one who has to deal with the situation.

Coaches must consider that they come from a place of great influence: words and actions have huge impact on the athlete. Yes, it may be the coach who first sees the need for adjustments to be made, and they may assume the sole responsibility of being the person to address these issues with the athlete. They should also learn when to seek help and to realize they are not in it alone.

Even when the coach has only the very best intentions for the athlete, misinformed words and actions can cause more harm than good. Negative effects from the coach-athlete interaction can have many causes: perhaps the goals of the coach are different than those of the athlete, or perhaps the focus on the athlete's achievement eventually supersedes the ability of the athlete and the athlete's body to keep up with the demands of the sport and leads to a chronic injury or illness.

The bottom line is that weight, in and of itself, is only one measure in the performance of an athlete or team, and the number on the scale, while convenient to obtain, is rarely the sole cause of a decrease in performance. Many other aspects related to weight are probably more relevant in figure skating: the strength to mass ratio, body composition, etc. and must be considered. Just because weight is an easy metric to obtain should not be an excuse to use it as the only measure in addressing an athlete when he/she is struggling or failing to advance in skills or results. In some situations, the coach feels he/she knows the athlete and is able to relate a specific weight with a specific performance level; even so, coaches should consider this is not going to be the case in all situations with all athletes.

The bottom line is that the coach is often the closest to the athlete, sometimes more so than family or friends, and this closeness can be a two-edged sword. The mental and physical health and well-being should always be the ultimate concern, not the outcome of a skating event.

Officials: Officials are charged with the duty of certifying that athletes meet the standards determined by U.S. Figure Skating, and in some cases the ISU, when it comes to advancing in proficiency tests and adjudicating competitions. Additionally, judges are asked to critique athletes with the goal of helping them perform better in competition.



U.S. Figure Skating officials are looked at by the skating community and the public as the face of the organization. In this capacity, officials must consider their place of authority, or perceived authority, over athletes, coaches, parents, etc. Their words are very powerful. They must consider that they are addressing first and foremost the performance of the athlete, not appearance or weight. In certain circumstances, where they feel the appearance of the athlete negatively impacts the possible outcome in performance, they need to measure out their comments and words in the context that is specific to the performance: this is rarely the weight of the athlete. Furthermore, the exact vehicle of feedback must be followed carefully, rather than going to the coach or athlete directly.

U.S. Figure Skating is privileged to have wonderful, dedicated and professional officials who, through great gifts of their own time and expertise, demonstrate nothing but the best wishes of the athletes and passion for the sport in their hearts. With this comes the responsibility to use words wisely when addressing athletes, and to be sure that the performance of the athlete is what is being critiqued, not appearance or weight.

Family and Friends: Family and friends provide the connection and the life that bridges the athlete's identity from being a skater to being an individual. The family commonly has the further duty of providing the financial support to allow young athletes to pursue their dreams.

This level of closeness and support, emotional, financial, etc., can have both positive and negative impact on the athlete. The demands put onto the athlete by a parent can trigger self-harmful behaviors that the athlete believes will help them achieve within the sport, and make the parents "happy" by fulfilling the goals the parents have set for the athlete. Parents in particular need to be sure that the words and attitudes they are putting out to the athlete are in a positive and supporting way, and that the needs and health of the athlete are more important than winning a certain medal or achieving a particular proficiency level within the sport.

Friends have a powerful social impact, which can work either to help support the athlete, or can have negative repercussions by teaching the athlete bad habits and harmful behaviors (unhealthy methods of weight management, etc.). Many times it is easier for an athlete to go to his or her friends rather than someone in a position of authority out of fear, embarrassment, kinship, etc. However, the peer group may not have the education and tools available to the coach, parent, or health professional. Furthermore, friends should consider that when they demonstrate, promote, or take part in negative behavior as it relates to weight management, they are potentially not harming just themselves, but creating a poor example for their peers.

The bottom line is that family and friends provide the life outside of skating and the support needed for the athlete to reach his/her goals and dream and they should want this to be in a consistently positive manner.



Education and Accessing Professionals: In this document, an attempt has been made to address how all of the members in the athlete’s community can interact with the athlete in a helpful way when it comes to weight management and well-being.

The good news is that there are individuals who devote their professional lives to dealing with these issues. We should strive to know when to access these professionals. If we have had a poor or harmful or misguided interaction with our athletes, we should seek professional guidance and make it right. If we don’t know what to do, we should seek professional guidance sooner rather than later, and take due diligence to make the situation right.

In summary, these situations of athlete weight management are complex and sensitive and there is probably no one “right” answer – but as members of the athletes’ support network: coaches, officials, family, and friends, we strive to do our best to support their health and well-being both in and out of the sport.

U.S. Figure Skating Policy on Health and Well-Being:

Appearance, Weight Management, Disordered Eating and Eating Disorders

It is the position of U.S. Figure Skating that all of its constituents work together to advocate for the health and well-being – physically, mentally, and psychologically – of U.S. Figure Skating athletes throughout their competitive careers and beyond.

U.S. Figure Skating promotes the competitive success and achievement of personal athletic potential of its skaters within the rules and regulations of the sport, and without compromising the athletes' long term health and well-being.

U.S. Figure Skating recognizes that there can be challenges faced by employees, coaches, officials, parents and athletes in relation to addressing weight management, athlete presentation (encompassing physical appearance as well as execution on the ice), disordered eating (DE), and eating disorders (ED).

- U.S. Figure Skating recognizes that DE/ED is not intrinsically related to participation in the sport of figure skating or any other activity, and manifests from a multifaceted interaction of biology, psychology, and environmental factors. However, it is also well established in the literature that participation in athletics, particularly aesthetic/weight-sensitive sports like competitive skating, puts an individual at increased risk for the development of DE/ED.
- U.S. Figure Skating recognizes that along with performance and execution, presentation is an intrinsic part of the sport, and therefore appearance and “packaging” of athletes can impact competitive success.
- There exist differences in skaters' anthropometry, most often influenced by genetics, nutrition, and physical training. There is no recognized “norm” relating to an athlete's body or physical appearance that is supported by U.S. Figure Skating. It is the goal of U.S. Figure Skating to foster athletic success created by a healthy mind and body.
- Weight loss, in and of itself, is not directly related to either performance enhancement or competitive success in the sport of figure skating. Furthermore, body weight is only one parameter of many in an individual's ability to execute various skating skills. Other factors including strength to weight ratio should be considered a more important metric than weight alone.
- DE/ED is complex and best diagnosed and treated by qualified health care professionals, not officials, coaches, parents or athletes. Prevention is the primary goal of U.S. Figure



Skating. However, it is beneficial for all constituencies to be educated to recognize the risk factors, warning signs, and to understand when to seek assistance, and have resources in place for professional guidance and intervention.

It is the position of U.S. Figure Skating to address these issues through:

- 1) Education of its members at large: employees, officials, coaches, athletes, parents, etc. to assure that they possess the necessary awareness and knowledge to identify/attempt to prevent unhealthy behaviors and ultimately help athletes succeed in sport and beyond without the negative impacts of DE/ED.
- 2) Development of policy relating to actions all constituents can take to prevent potentially harmful, if unintentional, exposure of athletes to contributing factors of DE/ED.
- 3) Establishing links to resources and information to create open and seamless tracks for addressing symptoms and intervention for DE/ED.

Prevention and Education

U.S. Figure Skating strongly supports the adoption of the following criteria to mitigate any potential risks as they relate to athletic performance, weight management and DE/ED.

- Athletes should annually receive a preparticipation examination performed by a qualified health care professional (see Appendix E: Examples of Preparticipation Exam Form): this is recognized as probably the best way to both detect potential medical conditions of all types and reduce the risks of potential health issues that may be encountered as a developing athlete.
- Nutrition should be integrated as a part of the training program. Just as any athlete needs proper equipment to safely and effectively participate in a sport, they also need to know how to properly use food as fuel. The current training climate seems to support the notion that athletes access a Sports Dietitian when experiencing issues related to body composition and/or weight management – i.e. when a problem is recognized. However, nutrition as a part of optimal training and competition, performance enhancement, and injury prevention should be promoted as a positive and necessary day-to-day aspect of the sport.
- All U.S. Figure Skating constituents should have awareness that DE/ED is an issue for young people in the general population, and that being an athlete, particularly in a weight sensitive/aesthetic sport, can increase that risk. The effects of disordered eating and eating disorders are serious, potentially even fatal; therefore, everyone in an athlete's support network – coach, trainer, official, parent, other athletes, etc. – must be aware of these conditions and work to prevent the negative impacts of DE/ED.
- Constituents should support creating/maintaining an environment open to the discussion of nutrition as it relates to development. Athletes in all sports are potentially being exposed to misinformation along with unhealthy ideas and behavior by peers, the media, the internet and social networking. Creating environments that invite frank and open discussion serve to remove the stigma and secrecy surrounding DE/ED. Recognizing that there is easy access to a multitude of deleterious information (particularly via the internet) that supports and promotes DE/ED is another indication that active discussion and education is necessary for prevention and to combat the potential long-term negative effects of these diseases.
- There should be sensitivity to both genders. Stereotypes about weight, appearance, and weight management cross gender lines. DE/ED can have many manifestations and these issues occur in males as well as females.

Athlete Appearance and Weight Management:

Guidelines and Policy for Coaches' Communication With Athletes

- Physiological conditioning, level of focus/mental training, appropriate fueling, etc. are recognized performance factors, whereas body mass is a secondary outcome of nutrition, training, and genetics. Therefore, discussions regarding weight loss as a means to enhance performance are appropriately conducted/facilitated by experts in the field more so than the skating coach.
- Choosing to ignore issues surrounding weight management is potentially as harmful as placing inappropriate demands on an athlete to change weight/body composition. Nutrition education and discussion about 'food as fuel' should be a part of creating an optimal training environment at all levels of skating.
- Athletes, parents, and coaches need to agree to work together to prevent and reduce the potential risks for development of DE/ED, including agreeing to share information with each other and the proper professionals when risks appear. Coaches are ethically bound to not engage in words or actions that would knowingly cause or increase DE/ED in an athlete. Furthermore, coaches are ethically bound to report dangerous or harmful behavior, regardless of perceived potential effect on an athlete's career.
- Establishing a clear course of action proactively (i.e. prior to a problem developing) facilitates identification and treatment of any potential medical issues.

Example: "As part of our training program, we engage in a multidisciplinary approach to the overall health and well-being of you, the athlete. We want to foster a safe environment in which concerns and potential risks related to body composition, weight, fitness, and nutrition can be discussed, prevented, identified, and treated as needed. You can bring your concerns to me/us, your parents, a sports dietitian, your family doctor, or trainer, sports psychologist, etc. [Relevant contact information *must* be presented to the athletes and parents.] We, as your coaches, are advocates for your health and well-being physically and psychologically. If your health or well-being becomes threatened by you engaging in unhealthy weight loss or eating behaviors, I am obligated to work with you and your parents to ensure your continued safe and healthy participation in the sport." [Coaches may use this text verbatim in communication with athletes. Please refer to Appendices A, B, C for more information on approaching the athlete and a list of resources.]

- Coaches must maintain the highest level of confidentiality with athletes and their families, and stress confidentiality as an important aspect of open and honest communication. Establish an “open-door” policy for discussion with the coach, or a pre-determined health care professional (sports dietitian, family doctor, etc.). Coaches need to clearly communicate to athletes that there will be no negative repercussions for expressing concerns, asking for help or reporting a problem. However, the health, well-being, treatment and recovery of the athlete will take precedence over participation in the sport.
- A coach should only weigh an athlete with a specific cause and use the utmost sensitivity and confidentiality (i.e. why are you weighing the athlete and what is being done with this data? How does it pertain to you training the athlete? Would it be better if a health professional conduct athlete weighing?). If concerns arise related to body composition/weight, coaches are obligated to refer the athlete to a qualified professional – sports dietitian, exercise physiologist, etc. – who will consult with the athlete for assessment, goal setting, and modification of the training plan. Weight and/or body composition assessments need to be given in a confidential setting and data should NEVER be collected publicly nor shared with identifying data. This is not to say that the coach should be kept ignorant of data important to training the athlete, and athletes should be allowed access to their own personal data.
- Coaches should recognize that weight gain and/or change in body composition is a natural part of growth and development, and realize that there is neither established weight nor body composition norm(s) related to figure skating performance. The development of the athlete’s body is influenced through a combination of genetics, training, and nutrition.
- Language/word choice has impact. Use words sensitively and non-judgmentally. Focus on performance and fitness rather than appearance and body weight.

Athlete Appearance and Weight Management:

Policy for Officials' Communication

- It is the duty of U.S. Figure Skating judges and technical panel (heretofore referred to as “officials”) to officiate. This includes adhering to and upholding all U.S. Figure Skating and ISU rules (as applicable), fairly and accurately judging competitions, and in certain circumstances serving on selection committees.
- It is the duty of officials to promote the sport of figure skating and the health and well-being of participating athletes. Supporting the health and well-being of athletes includes refraining from discussions or activities that can bring physical, mental, or psychological harm to said athletes.
- It is the duty of officials to fairly and accurately evaluate the PERFORMANCE of figure skaters as established by U.S. Figure Skating’s Rule Book.
- As representatives of U.S. Figure Skating, officials’ words and actions carry great impact. Even the most altruistic intentions have the potential to be poorly interpreted, sometimes resulting in serious negative consequences.
- It is not the responsibility, duty, or right of any U.S. Figure Skating official to comment or critique, whether directly or indirectly, publicly or privately, on the weight and/or body composition of any skater at any level.
- Within the routine function of officiating, meetings are often held in confidence. However, even discussions considered “behind closed doors” can be disseminated publicly and worse, inaccurately. Therefore, it is in the best interests of all constituents to refrain from engaging in discussions regarding an individual athlete’s weight and/or body composition.
- It is suggested that if the fitness level of an athlete, as it relates to his/her performance, is of concern to an official, that the official addresses the specifics of PERFORMANCE he/she has observed.
- In the case where an official suspects serious issue with DE/ED, the official is ethically compelled to discretely and confidentially contact U.S. Figure Skating Sports Sciences and Medicine to voice his/her concerns, which will similarly be kept in the strictest confidence. The official may not contact the coach or athlete directly.
- Therefore, it is the policy and stance of U.S. Figure Skating to expressly prohibit its officials from engaging in discussion about an individual athlete’s weight and/or body

composition. However, it is understood/acknowledged that figure skating is an aesthetic sport, and that appearance and presentation can positively or negatively impact the competitive success of the athlete – and that officials are there to help the athletes succeed, in part by evaluating how each athlete presents his/herself in competition.

- The challenge to the official is to make comments related to appearance and presentation contextual and specific. Comments regarding appearance should be restricted to costumes, make-up, etc. and must not include statements regarding an athlete's weight or body composition. Appearance-based feedback should be clearly specific to the aspect of appearance that needs correction as well as how the athlete's performance is being adversely affected. This reduces the chance for misinterpretation.

Example: "The skater's costume appears to fit too tightly and constricts his/her ability to move well/extend fully within the choreography." Please refer to Appendix C for more examples and practical information on addressing these issues.

Appendix A: Resources for Education, Intervention and Treatment

All U.S. Figure Skating athletes, coaches, trainers, and parents:

- To find a sports dietitian in your area consult U.S. Figure Skating's National Referral Network – <http://nationalnetwork.usfigureskating.org> or Sports, Cardiovascular, and Wellness Nutrition – <http://www.scandpg.org>
- *Disordered Eating: Recognition and Prevention, A Guide for Coaches* – a publication of U.S. Figure Skating
- Your primary physician, ideally a primary care Sports Medicine physician experienced with figure skaters
- Healthy Body Image – <http://www.olympic.org/hbi>

Health care professionals:

- *IOC Medical Commission Position Stand on The Female Athlete Triad* – http://multimedia.olympic.org/pdf/en_report_917.pdf
- ACSM The Female Athlete Triad – http://www.acsm.org/AM/Template.cfm?Section=home_page&Template=/CM/HTMLDisplay.cfm&ContentID=9664

U.S. Figure Skating officials, national competitors and their parents/coaches/support staff **only**:

- Please contact Mitch Moyer or Peter Zapalo, Athlete High Performance (719) 635-5200

A and B Envelope athletes and their parents/coaches/support staff **only**:

- Confidential hotline: (719) 866-4513

This number is outside of U.S. Figure Skating and 100% confidential.

Appendix B: Guide to Approaching an Athlete about Disordered Eating

- 1) The coach/trainer/etc. who has the best rapport with the athlete (and/or parent, where appropriate) should arrange a private meeting.
- 2) In a calm and respectful manner, indicate to the athlete and/or parent what specific observations were made that aroused your concerns. Give the athlete time to respond.
 - Use “I” statements. (*“I’m concerned about you because you refuse to eat breakfast or lunch. It worries me to hear you vomiting.”*)
 - Avoid “You” statements and discussions about weight or appearance. (*“You are too thin and you have to eat! You’re out of control!”*)
 - Avoid offering simple solutions. (*“If you’d just eat more, everything would be fine!”*)
 - Affirm that the athlete’s competition assignments will not be jeopardized solely by voicing his/her concerns or by the admission that a problem exists.
 - Suggest that you will follow up with the athlete and/or parent in one week to confirm that he or she has scheduled an appointment with a professional.
- 3) The athlete’s (and/or parent’s) reaction may be one of denial or perhaps hostility. Particularly in the case where the athlete is a minor and the parent refuses to acknowledge the problem this can cause you great frustration and concern for the athlete to get help. Firmly encourage the athlete to meet with a professional for an assessment, acknowledging that outside help is often necessary for eating problems and is not a sign of weakness. This is another reason for having a pre-existing action plan, establishing the course of action so that the athlete and parent can have an expectation of what will occur.

Revised with permission of Jennifer Carter, PhD: The Center for Balanced Living, OSUMC.

Appendix C: Guide for Officials Addressing Weight Management Issues

Weight management is a very sensitive subject and despite one’s best intentions, improper interactions can have unintended and serious negative repercussions with the athletes. Please do not discuss weight issues with the skaters or coaches directly. If you have concerns that the physical appearance, fitness level, or packaging of an athlete or team could be improved, please bring this to the attention of the senior director, athlete high performance.

The high performance department has been working closely with the USOC and the U.S. Figure Skating Sports Sciences and Medicine Committee to establish the appropriate routes of communication and athlete support through sports psychology and nutrition professionals who work specifically with the international athletes and coaches.

In addition, U.S Figure Skating and the USOC have established a confidential hotline for the A and B envelope coaches and athletes to call to receive consultation and/or advise on issues concerning weight management.

Examples on how to give a factual, performance based report, rather than commenting on the skater’s physical appearance:

Less helpful statement

More specific/performance statement

- He/she needs to lose weight.

- It looked like he/she was skating slower than usual today.

- They are out of shape.

- I saw they were really out of breath at end of the program.

- He/she looked tired.

- He/she skated the opening with less energy/expression than I’ve seen.

- The costume was ugly.

- In my opinion, that particular costume does not package him/her in the best way. Have you considered other ideas/looks?

Appendix D: DSM IV Definitions for Common Eating Disorders

1) DSM IV-TR Criteria for Anorexia Nervosa:

- Refusal to maintain body weight at or above a minimally normal weight for age and height: Weight loss leading to maintenance of body weight <85% of that expected or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected.
- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way one's body weight or shape are experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- Amenorrhea (at least three consecutive cycles) in postmenarchal girls and women. Amenorrhea is defined as periods occurring only following hormone (e.g., estrogen) administration.

2) DSM IV-TR Criteria for Bulimia Nervosa:

- Recurrent episodes of binge eating characterized by both:
 - 1) Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 - 2) A sense of lack of control over eating during the episode, defined by a feeling that one cannot stop eating or control what or how much one is eating.
- Recurrent inappropriate compensatory behavior to prevent weight gain.
- Self-induced vomiting.
- Misuse of laxatives, diuretics, enemas, or other medications.
- Fasting.
- Excessive exercise.
- The binge eating and inappropriate compensatory behavior both occur, on average, at least twice a week for 3 months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

3) DSM IV-TR Criteria for Eating Disorder Not Otherwise Specified:

- Eating disorder not otherwise specified includes disorders of eating that do not meet the criteria for any specific eating disorder.
- For female patients, all of the criteria for anorexia nervosa are met except that the patient has regular menses.
- All of the criteria for anorexia nervosa are met except that, despite significant weight loss, the patient's current weight is in the normal range.
- All of the criteria for bulimia nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur less than twice a week or for less than 3 months.
- The patient has normal body weight and regularly uses inappropriate compensatory behavior after eating small amounts of food (e.g., self-induced vomiting after consuming two cookies).
- Repeatedly chewing and spitting out, but not swallowing, large amounts of food.
- Binge-eating disorder is recurrent episodes of binge eating in the absence if regular inappropriate compensatory behavior characteristic of bulimia nervosa.

Source: <http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/psychiatry-psychology/eating-disorders/>

Appendix E: Example of Preparticipation Exam Form

Note: This is an embedded PDF documents. If you are reading an electronic form of this document you can click to access the PDF form.

Revised 7/1/05
Mandatory

HISTORY FORM

Preparticipation Physical Evaluation

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal Physician _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ Phone (W) _____

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

	Yes	No		Yes	No																
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>																
2. Do you have an ongoing medical condition (like diabetes or asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>																
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>																
4. Do you have allergies to medicines, poisons, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>																
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>																
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>																
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>																
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>																
9. Has a doctor ever told you that you have (check all that apply):			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> High blood pressure			33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> High cholesterol			34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> A heart murmur			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/> A heart infection			36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>																
10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>																
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>																
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>																
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>																
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>																
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>																
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>																
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>																
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>																
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>																
<table border="1" style="font-size: small; border-collapse: collapse; width: 100%;"> <tr> <td style="padding: 2px;">Head</td> <td style="padding: 2px;">Neck</td> <td style="padding: 2px;">Shoulder</td> <td style="padding: 2px;">Upper Arm</td> <td style="padding: 2px;">Elbow</td> <td style="padding: 2px;">Forearm</td> <td style="padding: 2px;">Hand/Fingers</td> <td style="padding: 2px;">Chest</td> </tr> <tr> <td style="padding: 2px;">Upper Back</td> <td style="padding: 2px;">Lower Back</td> <td style="padding: 2px;">Hip</td> <td style="padding: 2px;">Thigh</td> <td style="padding: 2px;">Knee</td> <td style="padding: 2px;">Calf/ Shin</td> <td style="padding: 2px;">Ankle</td> <td style="padding: 2px;">Foot/Toes</td> </tr> </table>			Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/Toes			
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest														
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/Toes														
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>																
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	48. How old were you when you had your first menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>																
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	49. How many periods have you had in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>																
23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY Explain "Yes" answers here: _____ _____ _____ _____																		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

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Appendix F: Document History and Acknowledgements

The purpose of this document is to attempt to address the issues surrounding the physical development and training of athletes in an aesthetic sport such as figure skating, particularly with respect to appearance, weight management, disordered eating, and eating disorders.

In December, 2010, the Athlete High Performance Department of U.S. Figure Skating held a Nutrition Summit in conjunction with the USOC, which was attended by top sports dietitians, sports psychologists, exercise physiologists/sports scientists, world and Olympic coaches, team physicians, and athlete advocates, all of whom were concerned with the health, safety, and overall well-being of the athletes.

The Summit focused on three concepts considered critical to addressing these issues:

- 1) Integrating nutrition as a routine part of training in the sport: “food as fuel.”
- 2) Issues faced by the coach and/or official concerned about weight management in the athlete.
- 3) Dealing with disordered eating/eating disorders.

This document was authored in December 2010 by Peter Zapalo (pzapalo@usfigureskating.org) with extensive contribution by:

- Dr. Caroline Silby
- Dr. Nanna Meyer, UCCS and USOC
- Lisa Ervin
- Jennifer Kirk

U.S. Figure Skating would like to extend its sincere thanks to these individuals for their contribution to the sport and their concern for its athletes, as well as to all Summit attendees for their invaluable input to this document.

Last updated August, 2011.