PILOT EVALUATION OF RISK ASSESSMENT AND ENHANCED PROTOCOLS REGARDING CONTACTS AT AN INTERNATIONAL PROFESSIONAL GOLF EVENT

Background Following conversations with the International Chief Medical Officer Group for Sport, the World Health Organisation Mass Gatherings team, and host public health teams, a risk assessment and managed risk approach was piloted for professional golf at the Gran Canaria Lopesan Open 17th to 25th April 2021. Objective The aim of this study was to assess if a risk-assessed approach to contact tracing was practical to undertake at a major sporting event while also enabling a safe environment for those participating. Design Prospective cohort study Setting Professional golf event. Patients (or Participants) Attendees of event. Interventions (or Assessment of Risk Factors) All participants required a minimum of one negative RT-PCR test prior to travelling to each tournament. High risk contacts were isolated for 10 days. Moderate risk contacts received education regarding enhanced medical surveillance, had daily rapid antigen testing for 5 days, with RT-PCR day 5, mandated mask use, and access to outside space for work purposes only. Low risk contacts received rapid antigen testing every 48 hours and PCR testing on day 5. Main Outcome Measurements RT-PCR positive test. Results A total of 550 persons were accredited and were required to undergo RT-PCR testing before the event. Two of these tests were positive (0.36%). Of these, Case 1 had one high, 23 moderate, and 48 low risk contacts. Case 2 did not have any significant travel history within 2 days of positive test, and had one high risk contact. There were no further positive tests on site in the wider cohort of attendees, from a total of 872 RT-PCR and 198 rapid antigen tests. Conclusions This pilot study showed it is practical, feasible, and well accepted to provide enhanced (daily) virus testing and risk-mitigating measures at a professional golf event.

MAXIMISING THE RELEVANCE AND DISSEMINATION OF THE IOC MEDICAL CONSENSUS STATEMENTS: KEY STAKEHOLDER’S PERCEPTIONS OF THE IOC CONSENSUS STATEMENTS IN A DEVELOPING COUNTRY (SOUTH AFRICA)

Background Balance tests are often selected to screen for injury risk, but only evaluate pre-planned movements. Recently, adaptability was put forward as a key driver in injury prevention. Adaptability is defined as athletes’ ability to adequately adapt their responses under a comprehensive variety of conditions. The reactive balance test (RBT) is designed as a neurocognitive functional test that integrates environmental perception and decision-making to evaluate adaptability while maintaining unilateral balance. Objective To determine test-retest, intra- and inter-rater reliability of the RBT in healthy recreational athletes. Design Test-retest reliability study design. Setting Primary prevention in clinical setting. Participants Twenty-one healthy recreational athletes (age = 22 ± 1 years, height = 175.9 cm, weight = 69.7 kg). Interventions Two experimental trials were separated by an average of 33±15 days. During experimental trials participants performed the Y-balance test (to determine maximal reach distances) four times and the RBT once. The LED lights of the RBT were set at 80% of the maximal reach distance on each axis of the Y-balance test. The RBT consists of 36 randomised stimuli. Main Outcome Measures Test-retest accuracy and visuomotor response time. Intraclass correlation coefficients (ICC), standard errors of measurement and prediction, and minimal detectable difference were calculated. Results Excellent intrarater reliability was observed for visuomotor response time (ICC: 0.997, [0.981;0.997]) and accuracy (ICC: 0.925, [0.827;0.969]). Excellent inter-rater reliability was also observed for both visuomotor response time (ICC: 0.978, [0.946;0.991]) and accuracy (ICC: 0.920, [0.803;0.968]). Test-retest reliability for visuomotor response time could be considered good (ICC: 0.831, [0.629;0.928]), while moderate test-retest reliability was found for accuracy (ICC: 0.706, [0.420;0.820]). Conclusions Our results indicate that overall test-retest, intra- and inter-rater reliability of the RBT was moderate to excellent. Thus, the RBT possesses acceptable reliability to use in group level analyses. Future research should further determine the clinimetric properties of the RBT in specific populations and research the RBT along the sport injury continuum.