

Body-Related Assessments

Body-Related Assessments involve measuring physical characteristics such as body mass and the relative proportions of fat and muscle. Depending on the method used, this may include measurements such as height, weight, limb lengths, arm span, girths, bone breadths, and/or skinfolds.

In a sporting environment, the use of body-related assessments requires careful consideration. These practices can be sensitive, as both the process and the way results are communicated may influence an athlete's body image and overall well-being.

The Aquatics Integrity Unit (AQIU) is committed to safeguarding the physical and emotional health of athletes, with a heightened responsibility when the athlete is under 18 years of age (a minor). In this context, athletes under the age of 18 should not undergo body-related assessments unless they are competing at national and/or international level and informed consent has been obtained from a parent or legal guardian.

The primary objective of body-related assessments should be to support the health and development of the individual athlete. This includes identifying potentially harmful changes (such as rapid weight loss), monitoring overall well-being, and ensuring that training, nutrition, and recovery strategies are appropriate for the athlete's needs.

To support this, the AQIU has provided best practice guidelines for body-related assessment to ensure overall athlete wellbeing. These guidelines apply to all aquatic disciplines.

Best Practice Guidelines

The following guidelines should be applied whenever body-related assessments are conducted:

- Only qualified health professionals (such as registered dietitians, sports physicians, or trained anthropometrists) should conduct and monitor body-related assessments.
- Athletes must receive clear information and education in advance about the purpose and procedure of the assessment, as well as how the data will be collected and used. This should include the opportunity to ask questions.
- Consent from the athlete and, in case of a minor, their parent(s)/guardian(s) must be gained using a consent form. In the consent form, a clear explanation of the process along with why the body-related assessment is being taken, what will be done with the data and who the information will be released must be given. Assessments should only proceed once informed consent has been obtained.
- Athletes must be given the option of having a chaperone of their choice present during the assessment. All athletes under the age of 18 must have a chaperone present during the assessment. The coach should not be present unless this is agreeable to the athlete and serves a valuable purpose. Where possible, it is advisable for a member of the medical team to serve as the chaperone.
- Athletes must have the option to choose a practitioner of the same gender to undertake the assessment.
- Assessments should always be conducted in a private and respectful setting. It should be done in an area where no other individuals can see or hear the measurements except the person taking the measurements, with another appropriate adult present, especially if the athlete is a minor.
- All steps of the assessment process must be documented and kept on file. This should include details such as the date of the education session, the practitioner who delivered it, the date of the assessment, and the practitioner who conducted the assessment.
- Subjective comments concerning the athlete's physique (weight, shape or body composition) should not be made by anyone. Those conducting/present should always be sensitive to the feeling of athletes and how they may respond to any comments concerning their body.
- The interpretation of results and communication of findings to athletes should be carried out exclusively by qualified health professionals.

- Under no circumstances should assessment outcomes be used to punish, shame, or disadvantage an athlete.
- All data collected must be treated as confidential and must not be publicly displayed. Information should only be shared with others (including coaches or family members) with the explicit consent of the athlete and only with stakeholders identified in the consent form, such as members of the multidisciplinary team.
- The athlete must retain the choice of whether the body-related assessment is conducted, the decision should be rechecked regularly, even if medically indicated, and given the option to change their decision to participate without repercussions at any time.
- Athletes and their support teams should receive age-appropriate education on topics such as body composition, nutrition, training, and how these areas interact. This education should also address the importance of avoiding negative peer-to-peer or coach-led comments or ongoing discussions that may lead athletes to place excessive focus on their body, potentially resulting in harmful effects.
- If there are concerns related to an athlete's health, injury risk, or performance in relation to weight and/or body composition, it is recommended that clubs and coaches liaise with parent(s)/guardian(s) and seek advice from appropriately qualified practitioners, for example sports doctors, sport dietitians, psychologists, physiotherapists etc.
- Non-negotiable risk factors should be used to determine when body composition assessments must not be conducted. This includes cases where there are concerns related to eating behaviours or body image/physique anxiety. In such situations, body-related assessments should only be undertaken for medical purposes, if at all.

In all cases, monitoring should follow an athlete-centred approach that respects the athlete's rights and supports their involvement in decision-making.