UIPM

2026 UIPM INJURY PREVENTION GUIDELINES

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UIPM INJURY PREVENTION GUIDELINES

For Coaches, Athletes and Athlete Support Personnel

Draft for Internal Review

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PUBLICATION NOTE

These Guidelines provide practical and medically relevant recommendations to reduce injury risk and support athlete health across all sports governed by UIPM. They are intended to assist coaches, athletes and athlete support personnel and should be read together with applicable UIPM Rules and Regulations, Medical Rules, Concussion Policy and competition regulations.

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1. INTRODUCTION

The Union Internationale de Pentathlon Moderne (UIPM) is committed to protecting the health, safety and welfare of all athletes participating in sports under its jurisdiction. These Guidelines are intended to support coaches, athletes, parents or guardians where relevant, athlete support personnel, National Federations, clubs and event organisers in adopting a practical and medically relevant approach to injury prevention in UIPM sports.

These Guidelines are designed to complement, and not replace, applicable UIPM Rules, Medical Rules, Concussion Policy, competition regulations and local law. They should be applied in a manner consistent with athlete-centred care and established good clinical practice.

2. PURPOSE

The purpose of these Guidelines is to establish a common framework for injury prevention across all UIPM sports and formats. These Guidelines aim to reduce the risk of injury and illness in training and competition, support safe athlete development, improve awareness of early warning signs, promote timely referral and reinforce an athlete-centred culture in which health protection is a shared responsibility.

3. SCOPE OF APPLICATION

These Guidelines apply to all sports governed by UIPM, including Modern Pentathlon, Obstacle, Obstacle Laser Run, Tetrathlon, Laser Run, Biathle, Triathle and UIPM Para Sports, and should be considered in training, competition, training camps and other UIPM-related sporting activities.

These Guidelines are intended for use by:

- athletes;
- coaches and technical staff;
- parents and guardians, where relevant;
- team managers and support personnel;
- medical and health professionals;
- National Federations and clubs; and
- organisers of UIPM events and camps.

4. DEFINITIONS

4.1 Athlete	Any person participating in a UIPM sport, whether at youth, recreational, development, elite or para level.
4.2 Athlete support personnel	Coaches, trainers, medical staff, physiotherapists, psychologists, team leaders, managers, parents or guardians and any other person supporting the athlete in training or competition.
4.3 Injury prevention	All reasonable measures designed to reduce the likelihood, severity or recurrence of injury or illness in sport, including appropriate training, recovery, education, medical monitoring, safe equipment, safe environments and early reporting of symptoms.
4.4 Training load	The total amount of stress placed on the athlete through training, competition and related demands, including intensity, volume, frequency, travel and environmental stress.
4.5 Mental health	A state of well-being in which an individual can cope with the normal stresses of life, function effectively and maintain personal well-being. Within sport, mental health is recognised as inseparable from physical health.
4.6 Concussion	A traumatic brain injury caused by a bump, blow or jolt to the head or body that disrupts normal brain function and may produce immediate or delayed symptoms.

5. GUIDING PRINCIPLES

5.1 Athlete health first	The health, safety and welfare of the athlete shall take priority over performance, ranking, selection, scheduling or return to competition.
5.2 Prevention is a core part of performance	Injury prevention shall be considered an integral part of performance development, not an optional add-on. Well-structured conditioning, recovery, load management, education and safe technique reduce injury risk and support sustainable performance.
5.3 Shared responsibility	Injury prevention is a shared responsibility of athletes, coaches, medical personnel, support personnel, National Federations, clubs and event organisers.
5.4 Early reporting and early action	Pain, fatigue, dizziness, concussion symptoms, recurrent illness, mood changes, sleep disturbance, persistent soreness, or a drop in performance shall not be ignored. Early recognition and management usually improve outcomes.

5.5 A whole-athlete approach

UIPM athletes frequently train across multiple disciplines and therefore experience combined physical, technical and psychological demands. Prevention strategies should address the whole athlete rather than a single body part or isolated discipline.

6. ROLES AND RESPONSIBILITIES

6.1 Athletes

Athletes shall:

- report pain, injury, illness, concussion symptoms and relevant health concerns early;
- follow warm-up, recovery and rehabilitation instructions as reasonably directed;
- use approved and appropriate equipment;
- be honest regarding fatigue, sleep problems, mental distress and readiness to train; and
- respect safety rules, venue instructions and medical decisions.
- cooperate with injury and illness reporting processes established by UIPM, National Federations or event organisers, including the reporting of injuries to support injury surveillance and the development of evidence-based injury prevention strategies.

6.2 Coaches and technical staff

Coaches and technical staff shall:

- plan training progressively and in a manner appropriate to the athlete's age, level, health and recovery status;
- ensure every session includes appropriate preparation and safe technical instruction;
- recognise warning signs of injury, fatigue, concussion and reduced mental well-being;
  promote a psychologically safe environment and encourage early help-seeking;
- refer promptly for medical or mental health support when concerns arise; and
- not pressure athletes to continue or return when health risk is present.
- support the accurate and timely reporting of athlete injuries and illnesses through UIPM and National Federation reporting mechanisms in order to contribute to ongoing injury surveillance, risk assessment and injury prevention initiatives.

6.3 Medical and health professionals

Medical and health professionals should:

- support screening, periodic health evaluation and early management of injury and illness;
- provide medical advice, emergency care and return-to-sport guidance consistent with good clinical practice;
- contribute to concussion recognition, management and clearance procedures;
- provide or facilitate advice relating to mental health support where needed; and
- preserve confidentiality and athlete rights in accordance with applicable rules and law.

6.4 National Federations, clubs and organisers

National Federations, clubs and organisers should:

- provide safe facilities, adequate supervision and appropriate equipment;
- support coach education and athlete education in injury prevention;
- ensure risk assessments and emergency procedures are in place for training and competition environments;
- support medical coverage proportionate to the level and risk of the activity; and
- maintain an organisational culture in which athlete welfare is protected.

7. GENERAL INJURY PREVENTION STANDARDS

7.1 Periodic health evaluation

Athletes participating in a UIPM sport for the first time should be encouraged to undergo a pre-participation physical examination (PPE) before commencing organised training or competition. The PPE should include a review of medical history, previous injuries and illnesses, musculoskeletal assessment and cardiovascular screening appropriate to the athlete's age, medical history, family history and applicable national recommendations.

Particular attention should be paid to symptoms or history suggestive of cardiovascular disease, including exertional chest pain, unexplained syncope, palpitations, known cardiac conditions or a family history of premature cardiac disease or sudden cardiac death. Where clinically indicated, athletes should undergo further cardiovascular evaluation and obtain appropriate medical or cardiac clearance before participation.

Consideration should also be given to documenting known sickle cell trait status or undertaking screening where permitted under applicable laws and regulations. Athletes with known sickle cell trait should receive education regarding exertional sickling risks and appropriate preventive measures.

Training and competition plans for athletes with sickle cell trait should take account of factors that may increase risk, including intense exertion, dehydration, heat stress, humidity, altitude exposure and inadequate acclimatisation.

Periodic health review should, where appropriate, consider previous injuries, current symptoms, concussion history, medication use, nutritional concerns, menstrual or hormonal health where relevant, sleep, mental well-being and readiness to train.

7.2 Load management	Training load shall be progressed in a planned and proportionate manner. Sudden increases in volume, intensity or frequency, especially when combined with travel, competition stress, heat exposure or academic/work stress, may increase injury risk. Coaches should plan hard and easy days, allow recovery after competition and adapt sessions when the athlete is unwell, returning from injury, excessively fatigued or showing warning signs.
7.3 Warm-up and movement preparation	Every training session and competition should begin with an appropriate warm-up. A sound warm-up generally includes gradual cardiovascular preparation, dynamic mobility, activation of key muscle groups, balance and coordination activities, and sport-specific drills progressing toward the demands of the session.
7.4 Strength, balance and neuromuscular control	Regular strength and neuromuscular training should form part of injury prevention in all UIPM sports. Such work improves the ability of the athlete to tolerate load, control movement, stabilise joints and reduce recurrent injury risk.
7.5 Recovery	Recovery is a necessary part of performance and injury prevention. Athletes should obtain sufficient sleep, adequate fuelling, appropriate hydration and regular opportunities for reduced load or rest. Persistent fatigue, irritability, repeated illness, reduced motivation or falling performance may indicate insufficient recovery and should prompt review of the training plan and athlete health status.
7.6 Nutrition and hydration	Adequate energy intake and hydration are essential to support performance, tissue repair, safe adaptation to training and injury prevention. Athletes should avoid prolonged low energy intake during periods of significant training. Low energy availability may impair health, increase injury risk and affect recovery, mood and performance.
7.7 Equipment, surface and venue safety	All training and competition shall be conducted with equipment and facilities that are suitable for the discipline and maintained in a safe condition. Unsafe surfaces, poorly fitted footwear, damaged fencing equipment, unsafe obstacle installations, crowded training spaces or inadequate supervision increase risk and shall be addressed before activity begins.
7.8 Record keeping and monitoring	Member Federations are encouraged to keep records of athlete health, injury and illness. Such monitoring supports retrospective evaluation of trends and more informed prevention planning.

8. DISCIPLINE-SPECIFIC INJURY PREVENTION CONSIDERATIONS

8.1 Fencing

Fencing may involve repeated lunging, rapid directional change, unilateral loading, upper-limb strain and impact-related incidents. Priority prevention measures should include progressive footwork teaching, single-leg strength and balance training, hip and adductor conditioning, trunk control, shoulder and forearm conditioning, sufficient training space and regular equipment inspection.

8.2 Obstacle

Obstacle disciplines require climbing, hanging, swinging, gripping, jumping and landing, and may expose athletes to shoulder overload, elbow and finger tendon strain, falls, ankle injury and head impact. Prevention should emphasise technical progression before speed, grip-load management, upper-body pulling strength, scapular control, landing mechanics, safe surfaces and clear fall zones, and immediate assessment after significant impact or suspected concussion.

8.3 Swimming

Swimming may produce repetitive shoulder loading, lower back strain, knee pain depending on stroke and overuse when volume is poorly managed. Prevention should include good stroke technique, gradual volume progression, shoulder and scapular strengthening, trunk control, safe poolside behaviour and early review of persistent shoulder pain.

8.4 Laser shooting

Laser shooting presents lower impact but may involve prolonged static posture, neck and upper-back fatigue, shoulder load and concentration decline under fatigue. Prevention measures should include postural training, trunk endurance, scapular stability, appropriate equipment fit and technical session planning that does not rely on excessive repetition when the athlete is fatigued.

8.5 Running and Laser Run

Running-based disciplines may involve bone stress, tendon overload, calf and hamstring strain, foot problems and fatigue-related movement breakdown. Prevention should include progressive running load, event-appropriate footwear, calf-foot-hip strengthening, running technique appropriate to the athlete, structured exposure to speed and adequate recovery after hard sessions.

8.6 Biathle and Triathle

Biathle and Triathle combine running and swimming, with Triathle also adding laser shooting. Open-water and transition environments may add slip, fatigue, hydration and environmental risks. Prevention measures should include supervised transition practice, open-water safety procedures where relevant, progressive conditioning across disciplines, hydration planning and careful load progression in younger or developing athletes

8.7 Tetrathlon and Modern Pentathlon

Multi-discipline formats create cumulative load across sessions and across the season. Prevention planning should therefore consider the athlete's total weekly and seasonal demand rather than each discipline in isolation. Coaches working across disciplines should coordinate load, technical emphasis and recovery strategies to avoid hidden overload.

8.8 UIPM Para sports

In UIPM Para sports, prevention strategies should be individualised to the athlete's impairment profile, equipment needs, skin integrity, transfer safety, temperature regulation, mobility demands and classification context. The same athlete-centred principles apply, but they should be adapted to the athlete's individual circumstances and medical needs.

9. MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING

Mental health is an essential part of athlete health and cannot be separated from physical health. Athletes may experience stress, anxiety, low mood, sleep problems, burnout, unhealthy eating patterns or emotional difficulty related to injury, performance pressure, travel, selection, success, failure or transition into or out of sport. Such difficulties should not be treated as weakness and should be addressed early and respectfully.

Coaches and athlete support personnel should be alert to warning signs such as persistent low mood, excessive worry, irritability, withdrawal, sleep disturbance, unhealthy eating behaviour, loss of motivation, marked changes in behaviour, substance misuse or a drop in performance associated with distress.

A psychologically safe environment should be promoted in all UIPM sports. This includes respectful communication, discouraging stigma, encouraging early help-seeking, adjusting load when needed, paying attention to athletes who are injured or under unusual stress and ensuring access to qualified mental health support when concerns arise.

Coaches are not expected to diagnose mental health disorders; however, they do have a responsibility to notice concerning changes, respond appropriately and refer when needed. Mental health care should be regarded as a normal part of athlete care and injury prevention.

10. CONCUSSION AND HEAD INJURY

Any athlete suspected of having sustained a concussion during training or competition must be removed immediately from activity. Symptoms may include headache, dizziness, nausea, blurred vision, confusion, light or noise sensitivity, fatigue, balance problems, memory difficulty or unusual behaviour. Symptoms may appear immediately or may be delayed.

An athlete suspected of concussion shall not return to training or competition on the same day. Return to sport must follow a structured, stepwise process and requires appropriate medical clearance in accordance with UIPM Concussion Policy and accepted clinical practice.

The principle shall be: if in doubt, sit the athlete out.

11. ENVIRONMENTAL CONDITIONS, HYDRATION AND HEAT RISK

Environmental conditions can materially affect athlete safety. Training and competition should be adapted when heat, humidity, cold, altitude, poor water conditions or unsafe surfaces create additional risk. Access to fluids, cooling opportunities, shade where possible and acclimatisation to environmental stress should be considered.

Additional precautions may be warranted for athletes with medical conditions that increase susceptibility to heat- or exertion-related illness, including sickle cell trait, particularly during high-intensity exercise, hot environments or training and competition at altitude.

12. YOUTH ATHLETE CONSIDERATIONS

Children and adolescents are not small adults and should not be trained as such. Youth athletes require gradual progression, age-appropriate technical development, appropriate recovery and close attention to growth-related symptoms, motivation and enjoyment.

Coaches and parents or guardians should be attentive to knee pain, heel pain, back pain, unusual fatigue, mood changes, reduced appetite, repeated illness or excessive sport pressure. Early intervention is preferable to continuation under avoidable strain.

13. FEMALE ATHLETE HEALTH CONSIDERATIONS

Female athletes may face additional health considerations related to puberty, menstrual function, low energy availability, iron deficiency, bone health and return to sport after pregnancy.

Irregular or absent menstrual cycles, recurrent bone stress injury, unexplained fatigue, declining performance or disordered eating patterns should be treated as health concerns requiring appropriate assessment and support. Coaches and support personnel should approach such issues respectfully and without stigma.

14. CRITERIA FOR MEDICAL ASSESSMENT AND ACTIVITY RESTRICTION

Training or competition shall be stopped and urgent medical assessment arranged where the athlete presents with any of the following:

- suspected concussion or significant head impact;
- chest pain, collapse or breathing difficulty;
- signs of severe heat illness;
- major deformity, suspected fracture or inability to bear weight;
- repeated vomiting, progressive neurological symptoms or marked confusion; or
- severe or worsening pain, especially when associated with fever, systemic illness or significant loss of function.

Medical assessment should also be considered when pain persists, repeatedly recurs, changes technique or prevents normal training progression, or when psychological distress is affecting daily function or safe participation.

15. RETURN TO TRAINING AND RETURN TO COMPETITION

Return to sport shall be progressive, criteria-based and athlete-centred. Athletes should not return solely on the basis of calendar time or competition pressure. Return should be based on symptom improvement, restoration of function, tolerance of progressively increased load, successful completion of sport-specific tasks and, where required, medical clearance.

A staged approach should generally include:

1. control of symptoms and protection of the injured area;
2. restoration of mobility, strength and basic function;
3. progressive reloading and conditioning;
4. sport-specific drills and technical reintegration;
5. full training participation; and
6. return to competition.

Premature return increases the risk of reinjury, prolonged symptoms and reduced long-term performance.

16. EDUCATION, REPORTING AND RECORD KEEPING

National Federations, clubs and coaches should promote basic injury prevention literacy among athletes and support personnel.

Systematic recording supports follow-up, safer return-to-sport decisions and review of injury and illness trends over time.

UIPM encourages National Federations, event organisers, medical teams, coaches and athletes to contribute to systematic injury and illness surveillance. Reported data may be used in anonymised and aggregated form to identify injury patterns, evaluate risk factors and support the continuous development and refinement of injury prevention strategies across UIPM sports.

Where a UIPM injury reporting mechanism exists, injuries and illnesses occurring during training and competition should be reported in accordance with applicable procedures and data protection requirements.

17. FINAL PROVISIONS

These Guidelines are intended to support safer practice across all UIPM sports by promoting prevention, early recognition, appropriate referral and coordinated athlete care. They should be applied alongside relevant UIPM Rules and Regulations, Medical Rules, Concussion Policy and any applicable local legal or medical requirements.

Athlete protection is strengthened when coaches, athletes, medical personnel, National Federations and organisers act together. Injury prevention is both a welfare obligation and a performance advantage.

ANNEX 1. PRACTICAL WEEKLY PREVENTION CHECKLIST

- Has training load increased too quickly this week?
- Is the athlete sleeping and recovering well?
- Is the athlete eating and drinking enough for the workload?
- Is any pain changing technique, movement quality or confidence?
- Has the athlete had a recent head impact, illness or unusual fatigue?
- Has the warm-up been completed appropriately?
- Is the equipment and venue safe for today's session?
- Has the athlete shown changes in mood, motivation, sleep, eating habits, concentration or behaviour that may suggest reduced mental well-being?
- Is the athlete genuinely ready to train today?

If several concerns are present, the session should be adapted and further review considered.

ANNEX 2. SUGGESTED MINIMUM PREVENTION COMPONENTS BY DISCIPLINE

A. Fencing	• progressive footwork and lunge mechanics; • single-leg strength and balance; • adductor, calf and trunk conditioning; and • equipment inspection and safe spacing.
B. Obstacle	• progressive skill teaching before speed; • grip-load management; • shoulder and scapular strengthening; • landing control; and • fall-zone and head-injury awareness.
C. Swimming	• stroke technique quality; • shoulder stability and trunk control; • gradual volume progression; and • safe poolside practice.
D. Running / Laser Run	• progressive running exposure; • calf-foot-hip strengthening; • appropriate footwear and surface selection; and • transition practice under control.
E. Biathle / Triathle	• supervised transition rehearsal; • swimming and running load balance; • hydration planning; and • environmental and open-water safety where relevant.

F. Para UIPM	• individualised equipment and support planning; • skin and pressure-area monitoring where relevant; • safe transfer and mobility support; and • athlete-specific strength and recovery planning.

REFERENCES FOR INTERNAL DRAFTING

This draft was prepared with reference to UIPM medical and regulatory documentation and relevant Olympic and international federation guidance on athlete health, injury prevention, concussion, mental health, youth athlete development and environmental risk.

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