Paratriathlon 101: Multi-Sport Competition for People with Physical Disabilities

Mike Lenhart
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mlenhart@getting2tri.org
Let me tell you about my last time at Agnes Scott College....
Speaker: Mike Lenhart

- West Point graduate (1990)
- Army Infantry officer (1990-1997)
  - Company commander in 82<sup>nd</sup> ABN Div
- Corporate America: Prudential, IBM, Novell
- Getting2Tri Foundation (2006)
- USA Triathlon
  - SE regional board chairman since 2010
  - USAT Paratriathlon committee since 2011
- Sports-lover
  - Multiple marathon and Ironman finisher
- Social Media:
  - Twitter (@G2Tprez), Facebook, LinkedIn
Today’s Program

- Background
- Triathlon/Paratriathlon 101
- Evolution: AWAD/PC Athletes to “Paratriathletes”
- ITU Categories and Rules Governance
- Notables in the Sport
- Why and How to participate in Paratriathlon?
- Training for Paratriathlon
- The Future….what’s next?
- Take-aways

Scott Rigsby and Jason Fowler, Gulfcoast Tri, 2008
Background

2006-2007:
- Working with an bi-lateral, amputee athlete
- Getting integrated into the athlete’s life
  - Prosthetist
  - Medical (Physical Therapist and Family Practice professionals)
  - Diet
  - Work and Family
  - Reality
- Races….Iterative goal-setting, performance feedback, and goal adjustment
  - Road races (Peachtree Road Race, Half Marathon, Marathon)
  - Triathlons (Relays, Olympic distance, SC Half ironman, Ironman Coeur d’Alene)
- 2007 Ironman World Championship (Kona, Hawaii)
- 2008 – Present: Focus on grass-roots development; inclusion activities; growth of paratriathlon in USA
Triathlon/Paratriathlon 101

• Three sports disciplines: swimming, cycling, running

• Types of Triathlons:
  • Sprint (400 m swim, 14 mile bike, 5 km run)
  • Olympic/International (1500 m swim, 40 km bike, 10 km run)
  • Half-Ironman (“70.3” or “long-course”) (1.2 mile swim, 56 mile bike, 13.1 mile run)
  • Full-Ironman (2.4 mile swim, 112 mile bike, 26.2 mile run)

• Special considerations for athletes with disabilities:
  • Hand-cycle is a substitute for bike
  • Racing chair is a substitute for run
  • Visually impaired athletes: Compete with a Sighted Guide

Rebecca Hernandez (Atlanta) and Deanna Babcock (Raleigh), San Diego Challenge, 2008
Evolution:
AWAD/PC now Paratriathlete

- International governance: International Triathlon Union (ITU)
  - Called AWAD: Athletes With A Disability

- United States governance: USA Triathlon (USAT)
  - PC Athletes: Physically Challenged Athletes

- Demeaning? Accurate? Confusing? maybe

- NEW term in March 2009 (ITU and USAT) is “Paratriathlete”
Paratriathlete Categories

The six (6) categories as of January 1, 2008 are as follows:

TRI 1
Handcycle: Paraplegic, Quadriplegic, Polio, Double Leg Amputee. Must use hand cycle on bike course and racing wheel chair on run.

TRI 2
Severe leg impairment: Above knee amputees. Athlete must ride bicycle and run with above knee prosthesis (or similar prosthesis) or run using crutches.

TRI 3
Les Autre: Includes athletes with Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, double leg amputee runners or paralysis in multiple limbs. These athletes will ride a bicycle and run. They may use braces or prosthesis if required.

TRI 4
Arm impairment: Including paralysis, above elbow amputees and below elbow amputees, or impairment in both upper limbs. Athletes may use prosthesis, brace or sling on the bike and/or run.

TRI 5
Slight leg impairment: Including below knee amputees. Athlete rides bicycle and runs with prosthesis.

TRI 6
Visual Impairment: legally Blind (20/200 vision with best corrective vision). A handler of the same sex is mandatory throughout the race. Athlete is tethered during the swim. Athlete uses a tandem bicycle and may be tethered during the run.

REF: http://usatriathlon.org/pages/4076
Some Observations

Classification on Race Day?:
- Hand-cycle or non Hand-cycle categories
- “I’m the only one in my category….where’s my award?”
- Single AK amputee rides bike and racing chair??

- Race Director’s discretion

- ITU rules and USAT rules will most likely take precedence for any championship events.
Notables in the Sport

Worth doing a Google search on any of these folks...

• David Bailey
• Jason Fowler
• Patrick Doak
• Carlos Moleda
• Scott Rigsby
• Sarah Reinertsen
• MAJ David Rozelle
• Hans Koppen
• Deanna Babcock

• Kelly Bruno
• Trisha Downing
• Jason Lester
• Oz Sanchez
• Amy Dodson
• Paul Martin
• Willie Stewart
• Jason Wening
• Rudy Garcia-Tolson

Former US Paralympic swimming gold medalist, Jason Wening, providing instruction at G2T’s 2009 National Paratriathlete Training Camp (Atlanta).
Why Compete??
Growing Concerns: SCI/Paralysis

Paralysis and Spinal Cord Injuries:
• Number of Americans living with SCI is 40% higher than originally thought
• Americans: 1.3 million (SCI) and 5.6 million (paralysis)
• Risks: shoulder pain, joint deterioration, rotator cuff tears, skin sores, etc.
• Sedentary lifestyle means increased risk for secondary conditions such as depression, diabetes, obesity

REF: Christopher & Dana Reeve Foundation

Mohamed Lahna from Morocco jokes with Jeremy Newman from Los Angeles at G2T’s 2009 National Paratriathlete Training Camp (Atlanta).
Why Compete??
Growing Concerns: Limb Loss

Diabetes:

• 47% increase in the need for prosthetic care by year 2020 (American Academy of Orthotists and Prosthetists)
• Over 7,000 cases of limb loss (new) in US each month
• Perspective: Iraq/Afghanistan: 7-8 cases per month
• Estimated 47 million diabetics in US by 2050
• Assume 10% eventually have amputations: 4.7 million Americans
• Approx. 3,500 school trained prosthetists and orthotists (current)

REF: Amputee Coalition of America (ACA)
Why Compete??

Impact on Wounded Veterans

• Promotes self-confidence, pride and maintains competitive spirit

• More wounded veterans staying on Active Duty

• Integration into local communities for discharged veterans (MAJ Doug Rink example)

• Reduces likelihood for PTSD

• Identifies possible future US Paralympians for USOC-Military Programs. KEY IS “Sustainable Programs” are best!

SGT Michael Fradera participates in G2T’s 2009 National Paratriathlete Training Camp (Atlanta) with volunteers, Dannielle Grabol and Natalie Jackson.
Addressing the Needs

• President’s Council on Physical Fitness & Sports:
  • “Moderate physical activity is necessary to prevent unnecessary disease.”

• Participation in active lifestyles significantly reduces the probability of secondary conditions.

• Building communities increases self-esteem and accountability

Wheelchair racing clinic, Atlanta.
How to Get Training:
Cross-Training!

• Many of you may already be competing in one or two of the disciplines

• Equipment: Expensive but ways around that…..!
  • Loaners: US Paralympic Clubs, BlazeSports clubs
  • Grants: CAF, Wounded Warriors Project, etc.

• Connect with existing training and sports programs in your LOCAL communities; great for accountability! Don’t be afraid to train with able-bodied triathletes!
  • Triathlon clubs, running clubs, etc.
  • Civic organizations with emphasis on wellness, healthy living
  • Prosthetists and Orthotists in your community
  • Colleges and Universities; Military bases (Warrior Transition Units)

• Look for online resources

• Attend training camps with other Paratriathletes

• Go watch or volunteer at a triathlon; learn something!
Emphasis in Training:
Four races rolled into ONE!

• Swim Race comes first
• Next is the Bike race
• Then it’s the Run race
• But don’t forget to practice your Transitions!

• Include physical therapists, healthcare prof.

• Expect shortcomings…everyone has these!

ABOVE: Scott Rigsby, Rajesh Durbal, and Mike Lenhart, volunteering at Ironman 70.3 world championship (2009).
LEFT: Jason Gunter, volunteering at Ironman 70.3 world championship (2009).
The Future...What’s Possible??
G2T Focus for 2012 and beyond

Paratriathlete Training Camps (Training)
- Two, 3-day camps in Atlanta (March, June)
- 100 + volunteers per day
- Sport as the vehicle; focus on information sharing
- Goal for 2012: 50 paratriathletes (total) trained through camps
- www.G2Tcamps.org

Getting2Tri Online Resource Center (Educating)
- Functionality: training plans, media, race reviews, forums, relational database for on-demand resourcing
- Where to go “post camp”

Getting2Tri Consulting Services (Empowering)
- Go to communities who’ve raised their own money and need assistance planning and executing a paratriathlon class, clinic or camp
- Fee-based with goal that the organization “owns” the event from the start
Take-aways
Status of USA Paratriathlon

- New committee formed in 2011
- Objectives of new committee:
  - Grass roots
  - Medals for Team USA
- USAT Paratriathlon National Championship
  - Regional championships?
Sample 9-12 month curriculum

Phase 1: Pre-Event: Recruitment, Assessments, and Preparation

Phase 2: During-Event: Paratriathlon Class/Clinic/Camp

Phase 3: Post-Event: Integration into Local Communities and Monitoring
1.1: Use outreach opportunities to develop list of potential camp attendees.

1.2: Provide information to potential attendees and request completion of initial skills assessment survey.

1.3: Schedule camper interviews via telephone or in-person visits event leadership.

1.4: Determine assessment levels of perspective camp attendees.

1.5: Publish invite list.

1.6: Determine equipment needs of invitees and determine possible sources to meet equipment needs.

1.7: Source necessary equipment and location venue(s) as required.

1.8: Conduct final preparations phone calls with attending campers.

1.9: Provide appropriate insurance documentation as required to determine training venue(s).

1.10: Determine clinic logistics and operations needs.
1.1: Clinic participants will receive expert training from at least three (3) US Paralympic athletes or other qualified coaches. Coaches will provide written training schedules for each participant identifying specific training needs and goals and training plans.

1.2: All clinic attendees will have their progress during Days 1 and 2 of the camp recorded in individual “Smart Books”.

1.3: Coaches will work with each athlete to determine an individualized training.

1.4: A variety of adaptive equipment will be provided for use by disabled participants, including racing chairs and handcycles with accessories.
1:1: Schedule post-clinic interview between athlete and at least one clinic coach either in-person or via telephone not to exceed 30 minutes and to be completed within 2 weeks post-camp/clinic. Basis of discussion will be the athlete’s clinic Smart Book.

1.2: Develop list of potential local clubs (triathlon, running, etc) who would be willing to work with the participant with on-going, regular training events.

1.3: Conduct joint meeting via telephone between athlete and local club leadership.

1.4: Determine annual goal or goals for the individual athlete, such as a key race to be completed within 9 months, post-camp/clinic.
Setting Up as PSC or USAT Club
Questions and Discussion