

INTRODUCING THE NEW DIVING-FITNESS TEST
GUIDELINES (1981 MODEL)

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It was only some 30 years ago that diving medicine first turned its attention to the question of sport-diving fitness. The guidelines existing at that time for naval and professional divers were only partly relevant for sport-diving. This meant that the various countries came up with their own individual solutions to the question of fitness-test guidelines.

The increasing popularity of amateur diving brought with it the need for standardised procedures, a task that fell to the CMAS at an international level. In accordance with the priorities of the time this was undertaken first of all for underwater spear-fishing, then for the individual sport disciplines and diving training.

At the urgent request of the smaller federations, a standardisation for fitness tests was also undertaken. The first CMAS fitness test guidelines were completed in 1970 under the aegis of Dr Lescure. They never became really influential outside France.

At the 3rd International Sport Diving Symposium in Martinique in 1975, a "Fitness" work-group was set up with a view to co-ordinating opinion on fitness tests for a new version of the guidelines.

As Chairman of the work-group, I had circulars sent to all the national medical commissions of the CMAS, requesting suggestions and comment. Apart from a few suggestions from France, nothing was forthcoming. In 1977 however, the Swedish federation as represented at the Brisbane general assembly of CMAS (not the assembly of CMP!) moved for amendments in the 1976 fitness guidelines. They suggested replacing it with the guidelines of the Scandinavian federations, urging in particular that the Flack test be dropped and the Harvard Step Test substituted for the Ruffier Test.

With a view to gathering further opinion on this Scandinavian proposal, a further circular was sent out to all the national commissions in 1978. In addition to the request for amendment suggestions it contained inquiries into the extent of diving accidents as a result of unknown causes or errors not detected in the course of fitness tests. Neither the circular itself nor personal conversations have provided a clear answer to this question. Two communications, again from France, were all that materialised in connection with the other questions.

In January 1979, in the course of a meeting of the "Fitness" work-group of the CMP in Monaco, the Swedish proposals were discussed and voted on. The decision was to retain Flack and Ruffier in the new guidelines and to preface these with a questionnaire on the patient's medical history.

The result is the draft that you have before you. It takes account of all the

fitness guidelines of federations represented in the CMAS that were available for perusal. As such it embodies 20 years of experience in the previously uncharted territory of sport-diving medicine.

Basic to this draft as it stands is the idea that our role as physicians is a purely consultative one. We advise the diver - as we do the patient - whether he should dive or not. Tests for the navies or professional diving (frogmen) make entirely different demands on the responsibility of the examining doctor. In civilian and sport diving, the "patient" must be allotted his share of the responsibility. The questionnaire in its new form is an attempt to serve this purpose, while at the same time making the examining physician's task easier.

A fitness test cannot of itself be a full scale clinical examination and this is not its purpose. Also, the CMAS guidelines must not be limited to the problems and possibilities of the industrial countries alone, they must be applicable for all the federations throughout the CMAS. Nor can these guidelines take account of statutory particularities in individual countries. They are meant as a guide, as a model.

The instructions for the examining doctor cannot be a complete vade-mecum. The experienced doctor doesn't need them, the inexperienced doctor probably won't read them anyway.

The Ruffier test is certainly adequate for the performance test. Of course there is nothing stopping the individual physician from running a test at the bicycle-ergometer or any other stress tests.

The Flack test is the simplest and most reliable test for detecting abnormalities in the neuro-vegetative system. The majority of diving doctors in Monaco came out in favour of its being retained.

The value of a fitness test depends on the quality of the doctor involved. It is a further task of the CMP to try to influence that quality for the better!

THE BS-AC SPORTS DIVER MEDICAL

The BS-AC medical history requirements are different. The candidate has to answer the following questions.

Ear trouble, earache, discharge deafness.

Sinus trouble.

Chest disease, including Asthma, Bronchitis or TB, Pneumothorax or collapsed lung.

Attacks of giddiness, blackouts or fainting.