

ACTAS



ACTAS BODY COMPOSITION ASSESSMENT POLICY

JULY 2025

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Overview

Body composition assessment has been routinely used in sport for many years without much consideration for the implications it might have on an athlete's body image, disordered eating and/or eating disorders. Whilst body composition is a tool that can assist athletes to perform, every athlete must be considered and assessed by a sports psychologist, sports dietitian, or sports physician on an individual level to determine the appropriateness of body composition assessment.

Body composition assessment is one tool which can be used to determine the impact of nutrition and/or training interventions. However, caution must be taken for all athletes when performing body composition assessment due to the identified risk of developing poor body image and/or disordered eating behaviour.

At ACTAS we believe that there are potential harmful consequences of body composition assessment through routine skinfold assessment, including the potential to develop long-term psychological disorders. These consequences outweigh the reported benefits of routine skinfold assessments. Therefore, at ACTAS skinfold assessments will not be conducted. When it comes to other forms of body composition assessment, any sport or individual at ACTAS that requests body composition assessment must be justified and provide a supporting rationale. Unjustified routine periodic screening will not be undertaken.

This policy is specific to the assessment of body composition. The same principles should be considered whenever athletes' bodies are undergoing any related assessment. This includes, but is not limited to:

- Monitoring changes in body mass to assess hydration status
- Assessing power to weight ratios in strength testing
- Marking up for movement analysis
- Assessing body mass for weight class categorisation

Methods of Body Composition Assessment

Body composition assessment can take place in a range of forms. For the purpose of this policy these forms will apply to:

- Body mass weighing (via scales)
- Anthropometry (breadths, heights, span, lengths and girths)
- Dual X-ray densitometry (DXA)

It is recommended that within the high-performance sport environment at ACTAS, only the above forms of body composition assessment are carried out. Other forms (for example, bioelectrical impedance) do not have a sound evidence base and will not be done at ACTAS.

Skinfold testing (surface anthropometry) will not be conducted on athletes at ACTAS. Where other NSO policies are in place the ACTAS Body Composition Policy will precede the NSO policy.

Principles of Body Composition Assessment

- First principle: do no harm - with the aim to ensure positive outcomes for the athlete now and in the future
- Every athlete should be empowered to have ownership over their body composition assessment through the provision of clear information, informed consent processes, appropriate education, and respectful involvement in decision making regarding the purpose, process, timing, and communication of body composition assessment conducted within ACTAS-approved practices and protocols. Body composition assessments are always voluntary and must only be conducted with informed consent from the athlete every time. Athletes are free to withdraw from body composition assessment at any stage during the process with no ramifications
- Body composition assessment should be conducted on an individual nature, and results are given individually and sensitively. Body composition results are considered as medical data
- The sharing of body composition data amongst a group of athletes and/or stakeholders is to be avoided. The ACT Academy of Sport confidentiality policy should be adhered to at all times
- Benefits and risks of body composition assessment must be identified and considered for each individual athlete. This is to be done by an appropriate staff member, including sports physician, sports dietitian, or sports psychologist and discussed with the athlete and the athlete's parent/guardian if the athlete is under the age of 18
- Body composition assessment will be completed within an appropriate timeline, i.e. DXA scans should be at least 3 months apart and weighing should only be completed when necessary
- Body composition assessments should not be undertaken without appropriate planning and opportunity for ongoing support post-assessment
- Feedback must be given by an appropriate staff member, including sports physician, sports dietitian, or sports psychologist. Feedback should be given in a timely manner following assessment and athletes should feel safe to discuss any questions or concerns when receiving feedback

The physical location of body composition assessment tools is covered by this policy. This encompasses equipment including but not limited to:

- Anthropometry equipment
- Scales
- DXA machine

It is recommended that the anthropometry equipment be stored in a locked cupboard out of field of vision. Scales are to be located appropriately in a discreet location that allows for some privacy when an athlete is being weighed. Scales are not to be placed near the entrance/exit or common walkways. The DXA machine must be stored appropriately within radiation and privacy guidelines. ACTAS staff use the AIS DXA machine which fully complies with all the radiation and privacy guidelines.

Individual Athlete Consent

Athlete consent can be provided in either a verbal or written form. Valid consent should involve several components:

- Consent must be voluntarily given. There should be no actual or perceived ramifications for self-exclusion from body composition assessment
- Consent must be informed. Practitioners breach their duty of care if they fail to warn the athlete of the risks associated with treatments or procedures, that they are going to perform
- In the case of an athlete under the age of 16 years or over 16 years with limited capacity to consent, consent must be obtained from a parent or legal guardian
- In the case of verbal consent, the athlete's permission should be noted at the time in the relevant AMS record or clinical notes
- Consent must be given before each individual body composition assessment
- In the case of personnel changes in the athlete's coaching or support team, consent must be re-confirmed
- Consent to share body composition assessment data with others (coaches, support team members) is to be given by the athlete
- Consent can be withdrawn at any time

Exclusion Criteria

ACTAS will not perform the following body composition assessments on athletes under the following circumstances

- Skinfold testing (surface anthropometry) will not be conducted on athletes at ACTAS. Where other NSO policies are in place the ACTAS Body Composition Policy will precede the NSO policy
 - Other Anthropometry (Height, span, girths, lengths and breadths) will be considered with sound reasoning and the support of an appropriate practitioner (dietitian, sport psychologist, sports physician) along with the consent of a parent or legal guardian if the athlete is under the age of 16
- DXA body composition testing will not be performed on athletes under the age of 16
 - Exemptions will be considered with sound reasoning such as medical justification (Bone mineral density (BMD) or for Resting metabolic rate test if at risk of low energy availability or relative energy deficiency in sport (REDs).and the support of an appropriate practitioner (dietitian, sport psychologist, sports physician) along with the consent of a parent or legal guardian
 - For DXA Body composition assessments, consent of a parent or legal guardian is required if the athlete is under the age of 18
- If body mass is deemed necessary by an appropriate practitioner (dietitian, sport psychologist, sports physician) for athletes aged 16years and under for the purpose of growth monitoring, weighing on scales and height using a stadiometer will be the preferred method. Ensuring the consent of a parent or legal guardian
- Once off body composition assessments are deemed inappropriate and body composition assessments will be excluded if there are no plans for appropriate repeat testing

Confidentiality

All data related to body composition assessment will be treated as confidential medical information and stored in an appropriate manner.

- The athlete will be informed of where the data is stored and for how long
- An athlete has the right to access their body composition data
- Body composition data is not to be displayed in a public place
- Individual data is not to be discussed in a group setting
- An athlete has the right to define who receives access to their body composition data
- An athlete has the right to change their mind at any time

Factors That Preclude Body Composition Assessment

- Failure to obtain consent
- Lack of appropriately trained and credentialed personnel
 - ACTAS requires all staff that conduct anthropometric measurements (height, weight, span, girths, breadths and lengths) to hold current International Society for Kinanthropometry (ISAK) accreditation (minimum level 1)
 - As per AIS requirements, radiation training and certification is required for any staff conducting DXA assessment. This must be completed through the Australian and New Zealand Bone Mineral Society (ANZBMS) and through the AIS DXA training protocols
- Lack of availability of appropriate equipment
 - All equipment must be maintained and calibrated according to the NSSQA requirements
 - Lack of valid purpose for testing
- The data from the assessment must be used to assess or inform training and/or health interventions. The assessment must not be used in a punitive, derogatory, or non-informative way

Factors that may Preclude Body Composition Assessment

- Past or current history of disordered eating (DE) or an eating disorder (ED)
 - The athlete and relevant members of the Core Multidisciplinary Team (CMT – sports dietitian, psychologist and/or physician) should discuss the appropriateness of body composition assessment
- Body image concerns
 - An evaluation should be made of the risk that the assessment may exacerbate body image concerns, with considerations of processes and support that are in place to safeguard the athlete
- Para athletes
 - Depending on the level of impairment, assessment protocols and interpretation of results may need to be modified. If these cannot be accommodated, then the assessment should not go ahead. For an athlete with an intellectual impairment, considerations around the level of understanding need to be considered
- Athlete support systems
 - Consideration must be given to the support systems around the athlete in the daily training environment. There should be medical, psychological and/or nutrition support systems available. If a change in body composition is indicated as a result of the assessment, adequate expertise and support need to be provided. If no support is available, body composition assessment should be avoided
- Athlete age and level of competition
 - ACTAS will not perform body composition assessment on anyone under the age of 16 unless there is a strong supporting reason for example growth monitoring is required. Variation in testing methods and frequency of testing is required according to athlete's age and level of competition

If appropriate safeguards concerning the above factors cannot be put in place, the rationale to proceed with body composition assessment should be reconsidered.

Appendix

Table 1 is adopted from the AIS body composition guidelines and summarises considerations that should be addressed when body composition assessments are undertaken.

Table 1

Issue	Comments
Assessment method	Consideration will be given to the suitability and availability of different techniques
Assessment frequency	Protocols need to consider the precision and reliability of the technique in comparison to the likely change in body composition of the athlete ISAK guidelines recommend that anthropometric assessments (e.g. “girths”) are not undertaken less than 6 weeks apart. Skinfolds will not be conducted at ACTAS. ANZBMS guidelines typically recommend that there should be at least 3 months between DXA assessments of body composition It is important to manage or integrate all assessments into a single program to ensure that the athlete is not having different assessments within different squads or activities in which they are participating
Assessment safety	DXA scans involve exposure to a small radiation dose
Gender	Ideally the athlete will be able to choose the gender of the practitioner conducting the assessment. If this is not possible, a recorder/observer chosen by the athlete should be present.
Location and environment	Adequate privacy will be provided to the athlete during assessment. Assessment will occur in a designated room rather than in an open space. If the practitioner is communicating results to a recorder, they should not be able to be overheard by others. The coach will not be involved in the body composition assessment process.
Assessment scheduling	Although it is tempting to schedule a body composition assessment with an efficient and rapid timetable, particularly in the case of a sporting group, it is important to build enough time into each assessment to address any concerns of the individual athlete.
Data storage	The data will be treated as confidential medical information and stored appropriately
Pre assessment education	Prior to a new assessment, the athlete will be supported with education regarding the rationale for the testing, the protocol itself, and how results will be used and stored. Group education may be appropriate but should also allow for athletes to discuss their individual concerns. Rushing through a tight time schedule can compromise the athlete’s experience of an already potentially compromising situation
Communication of results	Careful decisions should be made about the timing of the communication of the results (e.g. at the point of collection or at a specific consultation), and the personnel involved in the communication. Results will be discussed confidentially and separately with each athlete, rather than in a group forum or posted in a common space. Athletes will be encouraged not to share their results with other athletes. It is advised that images of the athlete generated from the body composition assessment tool not be provided to the athlete.
Access to results	The athlete will be aware of (and have consented to) the group of people with whom their results will be shared and the reason for this access.
Performance plans/contracts	Performance plans and/or contracts will not include weight or body composition targets for athletes.

Follow up

Any concerns that arise during body composition assessment and feedback activities should be discussed with the athlete's medical, psychology or nutrition core multidisciplinary team (CMT). Communication processes for referral should be established where the practitioner conducting the body composition assessment is not a member of this CMT.

Additional resources:

ACTAS Disordered Eating and Early Identification Policy

[AIS Body Composition Guidelines](#)

[AIS-NEDC Position Statement on Disordered Eating in High Performance Sport](#)

Revision History

DATE	VERSION	REVIEWED BY	UPDATES MADE
June 2025	1.1	Demi Patterson, ACTAS Performance Dietitian Harley De Vos, ACTAS Performance Psychologist Gavin Thornley, ACTAS Performance Services Manager Warren McDonald, ACTAS Sports Physician	Guidelines created
January 2027			Review Due

Building 20, AIS Campus
Leverrier St Bruce
Canberra ACT 2000

+61 6207 4388
sport.act.gov.au



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 @theACTAS