This infographic presents a summary of the prehospital management of exertional heat stroke (EHS) at sports competitions for Para athletes. Our original article was designed to provide Para athlete-specific modifications to the original EHS algorithm that was developed and implemented at the Tokyo 2020 Olympic Games. Both the Olympic and Paralympic algorithms were successfully rolled out during educational workshops leading into the games, and implemented with support of the organising committee medical volunteers in Tokyo. It is the authors’ intention that these algorithms can be used at other events where Para athletes compete, given that competitive Para sport opportunities are expanding. For example, we now see Para athletes appearing at the Diamond league athletic programme and at integrated elite sport events such as the Commonwealth Games, which recently featured fully integrated national teams in ten events in five different Para sports. As a sport and exercise medicine community, we must ensure that Para sports medicine is discussed, challenged and shared for the benefit of all involved.

It is well documented that different thermoregulatory responses exist in Para athletes when compared with their non-disabled counterparts due to the nature of their physical impairment and associated pathophysiology. This infographic (figure 1) first depicts the importance of understanding the individual athlete’s medical history and impairment type prior to the competition. For example, it is well documented that heightened thermal strain is evident in athletes with tetraplegia (upper thoracic and cervical spinal cord injury) compared with athletes with paraplegia (lower thoracic and lumbar spinal cord injury). Medical providers must follow the same four basic steps for EHS prehospital care in all athletes—these are early recognition, early diagnosis, rapid on-site cooling and advanced clinical care. Yet, it is apparent that slight differences related to athlete physiology (eg, autonomic dysfunction in athletes with spinal cord injury) and mechanisms for hands-on management (eg, transferring the collapsed athlete or techniques for whole-body cooling) may require adaptation for the Para athlete. This infographic was field tested directly with select Para athletes and with the translational team who work regularly within a Para sports environment as researchers and/or Para sport medicine clinicians.
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Correction notice This article has been corrected since it published Online First. The figure legend has been corrected.

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