SCHEDULE 12: BODY COMPOSITION GOVERNANCE

DOCUMENT CONTROL

Name:	Body Composition Governance Framework
Version:	5.0 *(evolution of the Body Composition Assessment Guidelines)*
Effective date::	1 July 2026
Review due:	30 June 2027
Owner:	Lead Sports Performance Dietitian, Deputy CMO, Mental Health Lead
File location:	AMS and AC Performance Services ZenDesk
Document type (& enforceability):	Framework (recommendation)
Responsible parties:	Dietitians, Doctors, Psychologists, ISAK accredited Physical Performance Coaches or Sport Scientists
Beneficiaries:	All contracted players and pathways players
Applicable setting:	All HP training and clinical environments

RELATED DOCUMENTS & LINKS

Document Name	Location
Kinanthropometry and Exercise Physiology- Anthropometry Standards	*Anthropometry Standards*
AC Guidelines for Dual Energy X-Ray Absorptiometry (DXA)	*Schedule 13 – ZenDesk*
AC Flowchart for Determining Appropriateness of Body Composition Change	*AC Flowchart for Determining Appropriateness of Body Composition Change*
AC Flowchart for Body Composition Modification Strategies	*AC Flowchart for Body Composition Modification Strategies*
AIS Physique Assessment Decision Tree	*AIS Physique Assessment Decision Tree*

AC Disordered Eating Early Identification and Prevention Guidelines	*Schedule 14 – ZenDesk*
AIS What to Expect During Your Anthropometry Assessment - Video	*AIS What to Expect During Your Anthropometry Assessment*

1. PURPOSE

The AC Body Composition Considerations Framework (The Framework) provides guidance and rationale for decision-making regarding player body composition assessment and management. This Framework should be operationalised within daily practice across Australian Cricket. The Framework outlines the key factors that must be considered when addressing body composition-related matters and is designed to support respectful, evidence-based performance and health focused conversations and practice in this area.

2. SCOPE

2.1 This Framework applies to:

a) to all national and State/Territory programs,

b) pathway environments,

c) contracted and externally engaged practitioners,

d) performance team personnel (including coaches, and performance services staff)

3. INTRODUCTION

Body composition assessment and/or modification must only be undertaken where there is a clear, justified performance, health, or injury-related rationale, and where the anticipated benefits outweigh any potential risks to the individual player.

All decisions regarding body composition management must adhere to the principle of “first do no harm” and prioritise player wellbeing, consent, and autonomy.

The process for considering, discussing, and implementing body composition management must be collaborative, involving the player, relevant Sports Science and Sports Medicine (SSSM) staff and coaches to ensure alignment with performance and health objectives.

The process must be clinically led by the AC Sports Dietitian or an AC Medical Officer with AC Dietitian involvement, who are solely responsible for initiating body composition assessment, recommending or approving any body composition modification strategy, and ensuring appropriate justification and safeguarding of the player.

4. BODY COMPOSITION ASSESSMENT

4.1 Body composition assessment can provide valuable insight into the effectiveness of nutrition strategies and training interventions. However, in some players, these processes may contribute to distress.

4.2 Accordingly, structured protocols must be implemented before, during, and after all assessments to minimise risk and ensure appropriate support is in place. Considerations for undertaking body composition assessment are summarised in *Appendix 1*.

4.3 Any body composition assessment must only be conducted by appropriately qualified Sports Science and Sports Medicine (SSSM) personnel under the instruction and supervision of the AC Sports Dietitian.

4.4 For the purposes of this Framework, the term "body composition assessment" will be used to describe a range of methods including but not limited to: body mass weighing (via scales), surface anthropometry (including skinfolds), and body composition assessment using dual X-ray densitometry (DXA).

4.5 Best practice protocols to optimise the reliability and precision of these techniques can be found elsewhere (Anthropometry Standards and AC Guidelines for Dual-Energy X-Ray Absorptiometry (DXA)); the current considerations represent complimentary information that consider the impact of the protocol on the player.

5. MODIFICATION OF BODY COMPOSITION

5.1 All body composition modification strategies must be individualised, confidential, and supported by appropriate medical, nutrition, and psychological expertise.

5.2 Players must be fully informed and actively involved in the decision-making processes.

5.3 Body composition goals or interventions must not be punitive, prescriptive, or applied without appropriate contextualisation, and must be reconsidered or avoided where there is elevated risk, including but not limited to the presence of disordered eating, body image concerns, or insufficient support systems.

5.4 The *AC Flowchart for Determining Appropriateness of Body Composition Change* should be used when body composition changes are proposed for a player.

5.5 The *AC Flowchart for Body Composition Modification Strategies* should be used once the need for body composition change has been established (see 1.2 d).

6. PRINCIPLES OF BODY COMPOSITON ASSESSMENT AND MANAGEMENT

6.1 Justified Assessment and Management

a) Body composition assessment and any associated management (including maintenance or modification of body composition) must be justified, with a clearly defined, evidence-informed rationale. Routine or non-essential screening and prescriptive body composition change practices are not supported in Australian Cricket.

b) Assessment and modification must demonstrate clear individual benefit in relation to performance, nutrition, training adaptation, illness or injury management, and must not be undertaken in a punitive, comparative, or non-informative manner.

c) *AIS Physique Assessment Decision Tree* and the AC Flowcharts mentioned in 1.2 d) and 1.2 e) should be used when making decisions around body composition assessment and body composition modification respectfully.

6.2 Self-Determination

a) Players must be supported to exercise autonomy over body composition assessment and management, including decisions to maintain or alter body composition.

b) Players must be provided with sufficient information and opportunity to make informed decisions.

c) Players must have access to a confidential process to decline or raise concerns regarding any aspect of body composition assessment or management.

6.3 Individual Focus

a) All body composition assessment and management practices must be individualised and conducted in a private setting. Where body weight is recorded for physical testing purposes, care must be taken to ensure this is done as privately as possible.

b) Group-based assessment, comparison, or the application of group benchmarks to inform body composition goals is not permitted.

c) Assessment outcomes and any proposed body composition change must be interpreted within the context of the player's health, performance, and injury profile.

6.4 Respectful and Qualified Practice

a) All body composition assessment and management must be conducted respectfully and in accordance with the *AC Disordered Eating Early Identification and Prevention Guidelines*. Only appropriately qualified practitioners are permitted to undertake or prescribe body composition assessment and management strategies.

b) Practitioners are recommended to complete the AIS Eating Disorders in Sport (EDiS) course prior to undertaking body composition-related practices.

7. CONSENT

7.1 Informed consent is required for all body composition assessment procedures and any associated management strategies aimed at maintaining or altering body composition.

7.2 Consent must be voluntary, informed, and appropriately documented within the AMS.

7.3 Players must be provided with clear information regarding:

a) The rationale for assessment and/or management

b) The methods, frequency, and duration involved

c) Available options and the recommended approach

d) The intended use, storage, and communication of data

e) The implications of results, including potential management strategies

f) Data sharing arrangements

7.4 Players may withdraw consent at any time without consequence.

7.5 Where consent is not provided, players must continue to receive appropriate support without requirement to engage in body composition assessment or management.

7.6 The player must be given at least one (1) week notification as to when skinfold or DXA body composition assessment measures are scheduled. This is to allow for sufficient time for the player to decide whether they will provide consent.

7.7 A player who is undertaking anthropometry assessment for the first time should watch the AIS Video What to Expect During Your Anthropometry Assessment in addition to the other expectations stated within this clause.

7.8 Data trends and their relevance to a player's performance, injury or health may be discussed with AC coaches working directly with the player only with the player's consent, and only where these trends are relevant to a player's performance goals.

8. CONFIDENTIALITY

8.1 All information relating to body composition assessment and management, including data, discussions, and prescribed strategies, must be treated as confidential medical information (sensitive health information). Data must be collected, stored, used, shared and managed accordingly (see *Schedule 2: HP Data Governance*).

8.2 Access is restricted to AC SSSM staff directly involved in the player's care, unless otherwise consented to by the player.

8.3 Body composition data, targets, or management strategies must not be displayed or discussed in group or public settings.

8.4 Players have the right to access their body composition data.

9. FACTORS THAT PRECLUDE BODY COMPOSITION ASSESSMENT OR MODIFICATION

9.1 Body composition assessment and/or modification must not be undertaken where:

a) Informed consent is not obtained

b) Appropriately qualified personnel are unavailable

c) Appropriate equipment or protocols are unavailable (for assessment)

d) There is no clear, individualised rationale

e) Adequate medical, nutrition, and psychological support is not available to support potential body composition change

f) The performance environment presents an increased risk of harm related to body image or eating behaviours

9.2 Assessment and/or modification should be avoided or carefully reconsidered where risk factors are present, including:

a) Current or previous disordered eating or eating disorders

b) Body image concerns

c) Age under 18 years

d) Psychological or personality risk factors (e.g., low self-esteem, perfectionism)

9.3 In such cases, decisions must be made in consultation with the relevant multidisciplinary team. Where appropriate safeguards cannot be implemented, assessment and management must not proceed.

10. BODY COMPOSITION MODIFICATION PLANS

10.1 Body composition modification interventions must prioritise performance, health, and long-term player availability.

10.2 Strategies must be implemented progressively, moving from low-risk, high-impact foundational practices (to higher-risk or medicalized approaches only when clearly indicated (as per *AC Flowchart for Body Composition Modification Strategies*).

11. CONFIDENTIAL PROCESS TO DISCUSS CONCERNS

11.1 Players must have access to a confidential process to raise concerns regarding body composition assessment and/or management.

11.2 Concerns may be raised with the Sports Dietitian, Psychologist, Medical Officer, Player Development Manager, or another trusted staff member.

11.3 A player's decision to decline or cease body composition assessment or management must be respected. This decision should be communicated to the SSSM team, with confidentiality maintained where requested.

11.4 Decisions to refrain from body composition assessment or management should be reviewed periodically in collaboration with the player and relevant SSSM staff.

REVISIONS

Date	By
27 July, 2023	CA Lead Sports Performance Dietitian, Australian Women's Team Medical Officer, CA Senior Manager- Mental Health, CA Mental Health Lead, AIS Senior Dietitian and Disordered Eating Project Lead
16 July 2024	CA Lead Sports Performance Dietitian, Australian Women's Team Medical Officer, CA Senior Manager- Mental Health, CA Mental Health Lead
3 July 2025	CA Lead Sports Performance Dietitian, CA Senior Manager- Mental Health, CA Mental Health Lead, CA Head of SSSM
30 June 2026	CA Lead Sports Performance Dietitian, CA Senior Manager- Mental Health, CA Mental Health Lead, CA Head of Performance Services