

## MEDICAL REGULATIONS

### 1.1 CROWD DOCTORS

With effect from 1998/1999 all Doctors employed as “**Crowd Doctors**” must have successfully undertaken the two one-day Football Association courses in Immediate Medical Care or Pre-Hospital Care or equivalent. From 1998/1999 onwards, all new appointees would be expected to possess the Diploma in Immediate Medical Care or its equivalent.

## 2. MEDICAL REGULATIONS – FA PREMIER LEAGUE

2.1 Appointment of Medical Personnel Each Club shall appoint at least one part-time team Doctor and one part-time Crowd Doctor and employ one full-time physiotherapist.

### 2.2 *Qualifications of Medical Personnel*

The team Doctor and the Crowd Doctor appointed by a Club shall each be qualified medical practitioners. A Crowd Doctor appointed by a Club shall be a registered medical practitioner and either:

- hold the Diploma in Immediate Medical Care issued by the Royal College of Surgeons (Edinburgh) Faculty of Pre-Hospital Care (“the Faculty”) or its equivalent; or
- have successfully undertaken the Faculty’s Generic Crowd Doctor Training Course or its equivalent.

2.3 The therapist employed by a Club shall be a Chartered Physiotherapist and/or be a registered member of The Health Professions Council, or if employed prior to the commencement of the 1998/1999 Season, have undertaken The Football Association Diploma Treatment of Injury Course.

2.4 Any assistant therapist employed by a Club shall be a Chartered Physiotherapist and/or be a registered member of The Health Professions Council, or hold The Football Association’s Diploma in the Treatment and Management of Injuries.

### 2.5 *Continuing Professional Development*

Each therapist employed by a Club shall each calendar year undertake a minimum of 36 hours’ continuing professional development (of which at least 18 hours shall be provided by means of formally approved courses) and shall maintain a record thereof and produce the same for inspection by an officer of the League on demand.

### 2.6 *Attendance of Medical Personnel*

At every League Match:

- (i) The Home Club shall procure the attendance of its Team Doctor and its Crowd Doctor who shall be available throughout and for a reasonable time before and after the match.
- (ii) Each participating Club shall procure the attendance of a physiotherapist who is qualified as required by 2.3 above.
- (iii) No person other than a participating Club’s Team Doctor and therapist shall be permitted to treat Players or Match Officials on the field of play.
- (iv) The Home Club shall provide a minimum of two stretchers and a team of trained stretcher-bearers to remove injured Players or Match Officials from the field of play.

At any other match in which a Club team participates (except as required under the Rules of The FA Cup or the Football League Cup) the Home Club shall procure the attendance of the holder of an Emergency Aid Certificate approved by The Football Association.

2.7 *Head Injuries*

Any Player, whether engaged in a League Match, any other match or in training, who having sustained a head injury leaves the field of play, shall not be allowed to resume playing or training (as the case may be) until he has been examined by a medical practitioner and declared fit to do so.

2.8 *Medical Records*

Each Club shall keep medical records in respect of its Contract Players and Students in accordance with the requirements from time to time of the Medical Committee of The Football Association and shall make the same available for inspection by Doctors appointed by The Football Association to monitor the same.

2.9 Where the transfer including the Temporary Transfer of the registration of a Contract Player is being negotiated between Clubs, the Club holding the registration shall as the request of the other Club provide to it the medical records of the Contract Player in question.

2.10 *Medical Insurance*

During such time as there shall remain in force an agreement between the League and the Professional Footballers' Association for the subsidising of Player insurance schemes, each Club shall cause each of its Contract Players and Trainees to be insured under and in accordance with the terms of any private medical insurance scheme approved by the Board. In the case of Trainees such insurance may be limited to football related injuries.

### MEDICAL REGULATIONS - FOOTBALL LEAGUE

3. *Attendance of Qualified Medical Practitioner/Physiotherapist at Matches*

3.1 It is the responsibility of the Home Club in matches played under the jurisdiction of The League to ensure that a registered Medical Practitioner with the General Medical Council ('Team Doctor'); and at least one paramedic trained in emergency medicine dedicated to dealing with on field matters, are in attendance throughout the Match.

The Home and Away Club shall each have a Therapist, who shall be either:-

3.1.1 chartered;

3.1.2 a registered member of the Health Professions Council: or

3.1.3 have passed The Football Associations Diploma in the Treatment of Injury Course, in attendance throughout the Match. Only those qualified as above shall be permitted to attend Players or Officials on the field of play. In exceptional circumstances an unqualified official may assist.

3.2 Where a Club employs directly or by consultancy one or more Therapists then the Senior Therapist must be either:-

3.2.1 chartered;

3.2.2 a registered member of the Health Professions Council: or

3.2.3 have passed The Football Associations Diploma in the Treatment of Injury Course.

3.3 All Clubs shall ensure that any Player having left the field of play with a head injury shall not be allowed to resume playing or training without the clearance of a qualified Medical Practitioner. The same provision shall apply where a head injury is sustained in training.

3.4 Team Doctors. All newly appointed Team Doctors (not previously having held an appointment as a Team Doctor with a Club in The League or The Premier League) prior to the 1st July 2003, are required to hold a Diploma in Sports Medicine or an equivalent higher professional qualification.

3.5 Team Doctors must fulfil a programme of Continual Professional Development (CPD) as determined from time to time by the profession; to attend education conferences and seminars organised by The Football Association and to support the medical education functions of The Football Association.

- 3.6 The Home and Away Club shall each have a Therapist, who shall be either:-
- chartered;
  - a member of The Health Professions Council entitling them to use the title 'physiotherapist'; or
  - have passed The Football Association Diploma in the Treatment of Injury Course, in attendance throughout the Match. Only those qualified as above shall be permitted to attend Players or Officials on the field of play. In exceptional circumstances an unqualified official may assist.

Save where the Senior Therapist employed directly or by consultancy at a Club held that role at a League Club or Premier League Club prior to 1st July 2005, then that Senior Therapist must be either:-

- chartered; or
- a member of The Health Professions Council entitling them to use a title 'physiotherapist'.

All other therapists employed directly or by consultancy by the Club must be either:-

- chartered;
- a registered member of The Health Professions Council entitling them to use a title 'physiotherapist'; or
- have passed The Football Association Diploma in the Treatment of Injury Course.

All Clubs shall ensure that any Player having left the field of play with a head injury shall not be allowed to resume playing or training without the clearance of a qualified Medical Practitioner. The same provision shall apply where a head injury is sustained in training.

For all matches at any level, other than the above (including at Centre of Excellence or Academies), there must be in attendance a holder of a Football Association approved Emergency Aid Certificate.

- 3.7 Crowd Doctors. Any doctors employed as Crowd Doctors must have successfully undertaken the 2 day FA course in Immediate Medical Care or Pre-Hospital Care or The Diploma in Immediate Medical Care; or an equivalent.

#### 4. MEDICAL REGULATIONS – FOOTBALL CONFERENCE

- (i) The Home Club must have a qualified medical practitioner throughout the game. The Home Doctor to visit both Home and Away Team dressing rooms before leaving the ground. The name of the Doctor present at the game must be entered on the team sheet.
- (ii) Each team should have either a therapist who is a registered member of The Health Professions Council or who is a Certified Therapist who has passed The Football Association's Diploma Course in the Treatment and Management of Injuries Course in attendance throughout matches to attend to injured players on the field of play and in the dressing room(s). Away Clubs should be accompanied by a Therapist as stated above for the same purpose.

#### 5. MEDICAL REGULATIONS – FEEDER LEAGUES (PREMIER DIVISIONS ONLY)

- The Isthmian League
  - The Northern Premier League
  - The Southern League
- (i) By the commencement of Season 1999/2000 a Doctor should be present for all home fixtures.

- (ii) By the commencement of Season 1999/2000 a Therapist trained to the level of The Football Association intermediate Treatment and Management of Injury Course (as a minimum) should be in attendance throughout matches to attend so injured players on the field of play and in the dressing rooms. "Away" clubs should be accompanied by a Therapist as stated above for the same purpose.

**6. HEAD INJURIES**

All Clubs shall ensure that any player in a league match having left the field with a head injury shall not be allowed to resume playing or training without the clearance of a qualified medical practitioner. The same provision shall apply where a head injury is sustained in training.

## MEDICAL STAFF IN FOOTBALL ACADEMIES

### 1. QUALIFICATIONS OF MEDICAL STAFF

#### 1.1 *Academy Doctor*

The Academy doctor shall be either the full-time club doctor or a doctor who shall be itinerant or part-time and have no duties or responsibilities for the Club's first team squad.

#### 1.2 *Academy Physiotherapists*

Two full-time Therapists to be employed by an Academy to provide the medical services stated in the medical criteria governing Academy status. One shall be a fulltime Chartered Physiotherapist or a registered member of The Health Professions Council. The second shall be full-time who shall be either an additional Chartered Physiotherapist or a registered member of The Health Professions Council or a Therapist who holds The FA's Diploma in the Treatment and Management of Injuries.

*Note:* The second post can be of full-time equivalent status through the employment of two or three therapists holding the stated qualifications.

#### 1.3 *Coaching Staff – Medical Training Recommendation*

Every coach must have attended an FA Emergency Aid Training Course (valid for three years).

Each Team should have a representative in attendance for all games who holds the following medical qualifications:

- FA Emergency Aid Training Attendance Certificate (valid for three years)
- FA Recognised Valid First Aid Qualification (valid for three years)

## MEDICAL REQUIREMENTS FOR FOOTBALL ACADEMIES

### 1. MEDICAL SCREENING

Football Academies to conduct medical screening of Academy players in the form of:

- Cardiovascular Screening
- Orthopaedic Screening
- Cardiological Screening

#### *Cardiological Screening*

##### a. On Entry (9 Years Old or at Any Age up to 16 Years Old)

Each registered Academy Player to undergo a medical examination by the Academy doctor that includes standard cardiovascular system assessments. Referral for specific cardiological assessment test to be organised by The Academy Doctor where there are clinical indications following the medical examination in line with The FA Cardiological Screening Policy on Entry. All costs incurred for these specific tests to be met by The Academy.

##### b. U17 Age Group Screening

All U17 age group players so be given the opportunity to undergo cardiological assessment free of charge financed by the Joint FA /PFA Funding mechanism. FA Regional Cardiology Units and Consultant Cardiologists for Scholars Cardio-Vascular Screening to be used for Academy screening. Orthopaedic Medical Screening (U17 Age Group Players)

All players in Football Academies to be offered the opportunity to undergo an Orthopaedic assessment carried out by an FA appointed regional orthopaedic surgeon free of charge financed by the joint FA/PFA Funding Mechanism.

**2. MEDICAL RECORDS**

Up to date Medical Records for all Academy players to be maintained and securely controlled by Academy Medical Staff. Total player confidentiality to be observed. The Medical Record content to be designed by The FA Medical Education Centre for use by Academy medical staff.

**3. ADVISORY VISITS**

Visits to be made by the staff of The FA Medical Education Centre to Academies to advise on medical procedures and provide an opportunity for feedback from Academy Medical Staff.

**4. MEDICAL INSURANCE OR MANAGED CARE FOR ACADEMY PLAYERS**

The medical insurance or managed care cover should be of an adequate level to offer the young player expedient and quality diagnostic procedures and, where necessary, specialist assessment, treatment, surgery or rehabilitation when accidents have occurred or injuries have been sustained.

The insurance or managed care policy should offer benefits for the following medical provision for both 'Personal Accident' and 'Injury' sustained by an Academy player:

- (i) Full diagnostic services and clinical investigative procedures
- (ii) Medical expenses for medical, surgical, specialist fees, hospital, Nursing Home, nursing attendance charges, physiotherapy costs, residential hospital services costs and ambulance hire.
- (iii) All forms of 'injury' should be covered, both 'traumatic' and 'non-traumatic' in nature.
- (iv) There should be no 'excess' to each claim.

**5. MEDICAL RESEARCH REQUIREMENT**

The Academy Medical Staff to comply with and actively undertake The Football Association's Medical Research Projects currently involving:

An Audit of Injuries in Academy Football – Longitudinal Study. This research project to cover Academy players of all age groups in order to:

- Identify the prevalence of injuries in specific age-group Academy players
- To identify potential injury risk factors of young players
- To reduce the prevalence of injury through preventative strategies.

**6. IN-SERVICE MEDICAL TRAINING**

The guidelines regarding the provisions outlined in this paper will be provided to Football Academy Medical Staff as part of their annual 36 hours specific in-service medical training provided by The Football Association.

## MEDICAL CRITERIA GOVERNING FOOTBALL CENTRES OF EXCELLENCE

### 1. Medical Staff

#### 1.1 *Medical Practitioner Support*

All Centres of Excellence attendees will have a registered General Practitioner available for referral following Accident or Injury. The club doctor should hold a register and relevant medical history notes of Centre of Excellence Players in order that he/she is aware of the medical history of young players attached to the Club and is in a position so liaise with a player's General Practitioner.

#### 1.2 *Therapist*

Centres of Excellence operating a three-year scholarship with players registered on one-way options (19–21 years of age) should employ a Chartered Physiotherapist and/or be a therapist who is a registered member of The Health Professions Council or a holder of The FA Diploma in the Treatment and Management of Injuries to treat scholarship players aged 16–21 years old.

### 2. Coaching Staff

All Centres of Excellence coaching staff must attend an FA Emergency Aid Training Course (valid for three years). Each Centre of Excellence team must have a representative in attendance who holds a recognised First Aid at Work qualification (valid for three years).

### 3. Medical Screening

All Under-17 age group players should be offered the opportunity to undergo Medical Screening offered, through The Association Football Medical Screening Programme organised and financed by The FA/P.F.A. The medical screening involves:

- Cardiological Screening

### 4. Medical Records

All significant accidents or injuries sustained by Centre of Excellence attendees should be reported and recorded. The records should be maintained and stored confidentially by Centre of Excellence medical staff,

### 5. Medical Insurance

The Centre of Excellence to organise "Personal Accident Insurance" as minimal insurance for Centre of Excellence players.

## MEDICAL RECOMMENDATIONS/GUIDELINES

### 1. First Aiders

All Clubs affiliated, directly or indirectly, to The Football Association should have at least one member trained and certified in the Emergency Aid FA Training Scheme or be in possession of a recognised up-to-date First Aid Qualification.

Re-certification is required every three years.

### 2. Feeder Leagues (Isthmian, Northern Premier, Southern Football Leagues)

It is strongly recommended that all Clubs below the Premier Division have Therapists in match attendance who have attended and passed FA Medical Education Courses up to and including The FA Basic Treatment of Injury Course level.

### 3. Head Injuries – for The Management of "On-Field" Head Injuries Sustained in Football

A head injury is a potentially serious injury which can lead, in a small number of cases, to significant complications. No head injury is trivial. The following is a simplified classification for everyday management:

**1. SCALP LACERATION WITHOUT CONCUSSION**

The patient should be removed from the field of play in order that the wound may be fully assessed. The wound should be cleaned and secured by suture or other means, in the treatment room. Preferably the wound should be covered by a dressing. The player's tetanus status should be checked. When the wound is secured the player may return to the field of play.

**2. HEAD INJURY WITH CONCUSSION**

Concussion is a clinical state where there is transient alteration in mental processing but without loss of consciousness. Clinical features of this transient state are dazed appearance, delayed response, disorientation, slurring of speech, headache, dizziness, nausea, blurred or double vision, incoordination of movements.

On-field or touchline assessment should include tests for orientation, concentration by describing months of the year in reverse and memory of recent events, such as the last game played, the venue, the score. Simple tests of co-ordination, finger-nose-finger and walking balance. It is important to give the player exertion provocation tests with a short 20 yard sprint and six knee bends (squats) and sit-ups since the patient may appear to be symptom-free only for the symptoms to return on exercise provocation.

Where the patient's symptoms and/or signs of concussion clear within a matter of a few minutes, and do not return with provocation exercise testing, the player may return to the field of play.

Where the clinical features/symptoms of concussion last for more than a few minutes (3–5) the player should be removed from the field of play and not be allowed to return in that game or training session.

Where the player has experienced clinical concussion which clears quickly and has been allowed to return to the field of play, should he have a second concussion, however brief, he must be removed from the field of play.

**3. UNCONSCIOUS PLAYER (WITNESSED CLINICAL UNCONSCIOUSNESS)**

Where a player has been rendered clinically unconscious, for however brief a period, he must be removed from the field of play, and should not be allowed to return to that game.

**WHEN TO RETURN TO COMPETITIVE PLAY OR TRAINING**

The above classification gives guidance with regard to the player with scalp laceration without concussion, and the concussed player whose symptoms and signs clear quickly and are not provoked by exertional testing. Such players may return to the game.

Since all head injuries are different in terms of the effects on the brain no fixed time periods are applicable in professional football as to when the player should return to training and playing. The brain's response to the injury determines the time of return to training and playing and must be clinically assessed by the Club Medical Officer or a Specialist Neurosurgeon/Neurologist.

The clinical rule is that no player should return to training or playing until symptom-free and sign-free at rest and on provocation.

This may vary considerably from player to player and must be assessed medically. Return to training and playing should be graduated through a programme of low level aerobic training, then noncontact activity training and then contact play. Recurrence of symptoms necessitates scaling back the activity and awaiting the healing process.

## REFERRAL TO HOSPITAL/NEUROSURGICAL DEPARTMENT

Certain head injuries require referral to hospital. These include a player who has been clinically unconscious, those with clinical evidence of skull fracture, any convulsive convulsions in the early stage after injury, any player with C.S.F. leak or any player with focal neurological signs. The local hospital and/or the Regional Neurosurgical Unit telephone numbers should be kept in the medical room and be available to home and visiting medical personnel.

## POST HEAD INJURY CARD

Players who have sustained a head injury, and who are allowed home, should be given a head injury card and it must also be established that the player will be accompanied in the next 24 hours by another person. A card should also be given to the accompanying person and should contain the following data;

- (a) Name, address and telephone number of injured player
- (b) Age
- (c) Date and time of injury
- (d) Emergency telephone numbers of;
  1. Club Doctor
  2. Local hospital
  3. Ambulance services

A doctor should be contacted or the patient taken to hospital if any of the following occur:

- the player vomits;
- headache develops or increases;
- the player becomes restless or irritable;
- the player becomes drowsy or less responsive;
- the player has an epileptic fit

Otherwise the patient should rest for the first 24 hours and not consume alcohol and not drive a motor vehicle.

**FOOTBALL ASSOCIATION HEAD INJURY CARD – PLEASE READ CAREFULLY**

Name: .....

Address: .....

Tel: .....

Time of Head Injury: .....

Date: .....

**EMERGENCY TELEPHONE NUMBERS**

Hospital: .....

Club Doctor: .....

General Practitioner: .....

Ambulance: .....

**IMPORTANT WARNING:**

He/she should be taken to a hospital or a doctor immediately if the following occurs:

- Vomits
- Headache develops or increases
- Becomes restless, irritable
- Becomes dizzy, drowsy or cannot be roused
- Has an epileptic fit (convulsion)
- Anything else unusual occurs

**FOR THE REST OF TODAY HE/SHE SHOULD:**

- Rest quietly
- Not consume alcohol
- Not drive a vehicle

**I have given a completed card to a spouse/guardian/relative/carer and another to the player**

Doctor/First Aider (Please circle title)

Name (BLOCK CAPITALS): .....

Date: .....

A copy of the Head Injury Card given to the accompanying person should be retained by the Club Doctor and signed for.

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**THE LOCATION AND ADDRESSES OF NEUROSURGICAL UNITS IN ENGLAND AND WALES PROVIDING NEUROSURGICAL SERVICES AND NEUROSURGICAL CONSULTATIONS IN CASES OF HEAD INJURY**

Department of Neurosurgery  
Newcastle General Hospital, Newcastle upon Tyne

Department of Neurosurgery  
Middlesbrough General Hospital, Middlesbrough

Department of Neurosurgery  
Leeds General Infirmary, Leeds LS1 3EX

Department of Neurosurgery  
Hull Royal Infirmary, Hull

Department of Neurosurgery  
Preston Royal Infirmary, Preston

Department of Neurosurgery  
North Manchester General Hospital, Crumpsall, Manchester

Department of Neurosurgery  
Hope Hospital, Salford, Lancs

Department of Neurosurgery  
Manchester Royal Infirmary, Oxford Road, Manchester

Department of Neurosurgery  
Walton Hospital, Liverpool

Department of Neurosurgery  
Royal Hallamshire Hospital, Sheffield

Department of Neurosurgery  
Queen's Medical Centre, Nottingham

Department of Neurosurgery  
North Staffordshire Royal Infirmary, Stoke on Trent

Department of Neurosurgery  
Queen Elizabeth Hospital, Birmingham

Department of Neurosurgery  
Midland Centre for Neurosurgery, Smethwick, West Midlands

Department of Neurosurgery  
Walsgrave Hospital, Coventry

Department of Neurosurgery  
The Radcliffe Infirmary, Oxford

Department of Neurosurgery  
Frenchay Hospital, Bristol

Department of Neurosurgery  
Heath University Hospital, Cardiff

Department of Neurosurgery  
Morrison Hospital, Swansea

Department of Neurosurgery  
Derriford Hospital, Derriford Road, Plymouth

Department of Neurosurgery  
Southampton General Hospital, Southampton

Department of Neurosurgery  
Addenbrooke's Hospital, Cambridge

Department of Neurosurgery  
St Bartholomew's Hospital, London

Department of Neurosurgery  
Atkinson Morley Hospital, Wimbledon, London

Department of Neurosurgery  
Queen's Square, London

Department of Neurosurgery  
Brook General Hospital, Shooters Hill, London SE18 4LW

Department of Neurosurgery  
Oldchurch Hospital, Romford, Essex

Department of Neurosurgery  
Charing Cross Hospital, Fulham Palace Road, London W6 8RF

Department of Neurosurgery  
Hurstwood Park Neurological Centre, Haywards Heath, West Sussex RH17 75T

**APPENDED ALSO IS A LIST OF NEUROLOGICAL SURGEONS WITH A SPECIAL INTEREST  
IN HEAD INJURY WHO MAY BE AVAILABLE FOR A SECOND OPINION OR SPECIAL  
CONSULTATION**

Mr R. Myles Gibson  
35 Park Lane, Leeds, West Yorkshire LS2 2EY  
Telephone: 01532 661998

Mr P. T. van Hille  
Leeds General Infirmary, Great George Street, Leeds, West Yorkshire LS1 3EX  
Telephone: 01532 432799

Professor Edward Hitebeock  
Midland Centre for Neurosurgery and Neurology  
Holly Lane, Smethwick, Warley, West Midlands B67 7JX  
Telephone: 0121 558 3232

Mr Brian Cummings  
Frenchay Hospital, Bristol BS16 1LE  
Telephone: 01272 565656

Mr Peter Richards  
Charing Cross Hospital, Fulham Palace Road, London W6 8RF  
Telephone: 0171 748 2040

Mr John Firth  
Queen's Medical Centre, Nottingham

Mr Peter Crawford  
Newcastle General Hospital Westgate Road, Newcastle upon Tyne NE4 6BE  
Telephone: 0191 273 8811