MEDICAL REGULATIONS

1.1 CROWD DOCTOR

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 are expected to possess the Diploma in Immediate Medical Care or its equivalent.

2 MEDICAL REGULATIONS - 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 at least one full time physiotherapist as the Senior Physiotherapist. In exceptional circumstances and with prior permission from Head of FA Medical services the club may employ a graduate Sports Therapist with an accredited degree and who is a member of a recognised professional body and with appropriate indemnity insurance.

2.2 Qualifications of Medical Personnel

The team Doctor and the Crowd Doctor appointed by a Club shall each be qualified medical Practitioners registered and licensed to practice by the GMC.

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.

Team Doctor.

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.

2.3 The Senior Physiotherapist employed by the club must be registered with the Health Professionals Council and a Chartered Physiotherapist.

2.4 Any assistant physiotherapists or other therapists employed by a club shall be either,

(i) registered with the Health Professionals Council and a Chartered Physiotherapist,

(ii) be a graduate Sports Therapist with an accredited degree and is a member of a recognised professional body and with appropriate indemnity insurance,

(iii) Hold the Football Association 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 recruit a Team Doctor and a Crowd Doctor who shall be available throughout and for at least one hour before and one hour after the

match. Additional time of attendance may be necessary, and dictated by clinical demands.

(ii) Each participating Club shall recruit a physiotherapist who is qualified as required by 2.1 above. Attendance will be in line with the Team Doctor, and depend on clinical demands.

(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

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.

2.8 Medical Records

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

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.

3 MEDICAL REGULATIONS - FOOTBALL LEAGUE

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 Medical Practitioner registered and licensed by the General Medical Council ('Team Doctor'); and at least one paramedic, trained in emergency medicine dedicated to on field matters, are in attendance throughout the Match. Attendance should be from one hour before, until one hour after the match.

3.1.1 Each participating Club shall procure the attendance of a physiotherapist who is qualified as required by 2.1 above

3.1.2 Where a club employs directly, or by consultancy, one or more therapist then The Senior Physiotherapist employed by the club must be registered with the Health Professionals Council and a Chartered Physiotherapist.

3.1.3 Any assistant physiotherapists or other therapists employed by a club shall be either,

(i) Registered with the Health Professionals Council and a Chartered Physiotherapist,

(ii) Be a graduate Sports Therapist with an accredited degree and is a member of a recognised professional body and with appropriate indemnity insurance,

(iii) Hold the Football Association Diploma in the Treatment and Management of Injuries.

3.2 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.

3.3 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.

3.4 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. A log of these activities should be kept for appraisal purposes.

3.5 Crowd Doctors. Any doctors employed as Crowd Doctors must have successfully completed 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, registered and licensed by the GMC, to arrive at least 45 minutes before the match, be present throughout the match, and for an hour after the match.

The Home Doctor must visit both Home and Away Team dressing rooms before leaving the ground to check on players' status.. The name of the Doctor present at the game must be entered on the team sheet.

(ii) Each team should have a therapist that is one of the following:

a) A Chartered Physiotherapist, registered with the Health Professionals Council

b) A graduate Sports Therapist with an accredited degree who is a member of a recognised professional body and with appropriate indemnity insurance

c) A Holder of the Football Association Diploma in the Treatment and Management of Injuries.

5. MEDICAL REGULATIONS - FEEDER LEAGUES (PREMIER DIVISIONS ONLY)

(i) The Home Club must have a qualified medical practitioner who is registered and licensed to practice by the GMC, from 45 minutes prior to the match, until an hour after the match has ended.

The Home Doctor must visit both Home and Away Team dressing rooms before leaving the ground to check on players' status. The name of the Doctor present at the game must be entered on the team sheet.

(ii) Since 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) must be in attendance throughout matches to attend to 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 THE FA GUIDELINES ON HEAD INJURY AND CONCUSSION MANAGEMENT IN PROFESSIONAL FOOTBALL

The rules and regulations surrounding the management of head injury and concussion are based upon a consensus statement, reached after the latest international and inter-sport meeting to discuss these issues. This was held in Zurich in 2012, and the findings of that group were published in 2013.

For reference please see: Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012: Br J Sports Med 2013;47:5 250-258.

Following on from this, the guidelines for management of head injury and concussion in football have been harmonised with those from the consensus meeting.

Emergency Action Plan (EAP)

There should be an EAP in place for management of injury (which includes head injury) for stadia and training grounds. It should include a map of the facility, with emergency exit points, and ambulance siting/arrival points, clearly marked. This should be made available to any visiting teams' staff either prior to arrival via intranet, internet, or email, or given to the medical professional in charge of the visiting team on arrival at the venue. A clear communication pathway for summoning emergency services must be noted. All local hospital telephone numbers, and hosting club staff contact details, should be included.

Pre-season screening

1. Professional players should undergo baseline neuro-psychological testing at the start of each season. This should form part of the normal screening and profiling process undertaken in the pre-season conditioning period.
2. The recommendation is to use a web based neuro-psychological testing programme to profile players at an appropriate time during pre-season. An alternative method is to carry out a SCAT 3 assessment.
3. This pre-season testing acts as a baseline in the event of a player sustaining a head injury. The effects of this injury and the recovery process can be monitored by regular re-testing using the same method utilised during pre-season screening. This forms part of the advice on return to play (see below).
4. Any player with two or more documented concussive episodes in previous seasons should undergo mandatory detailed neuro-psychological testing as well as the routine SCAT 3 assessment.

Head injury management and concussion diagnosis

1. If a head injury occurs, the medical team will enter the field to attend to the player. The referee will signal assent in a match situation.
2. The medical staff will assess the injured player. If there has been a confirmed or suspected period of loss of consciousness, the player must be removed from the field of play, and not be allowed to return. If here is any doubt as to the course of events, elucidation may be sought from officials or other players. In the event that there is video replay available pitch-side or in the players' tunnel, this could be used to clarify the course of events.
3. Where there is a head injury, but no loss of consciousness, an on-field or touchline assessment will take place using the Pocket Concussion Recognition Tool (Pocket CRT): http://www.fifa.com/mm/document/footballdevelopment/medical/01/42/10/50/130214_pocketscat3_print_neutral.pdf). This should be a standard part of any pitch-side medical kit. The decision whether the player is removed from the field should be made by the attending doctor.
4. If there is any suspicion of the payer having sustained a concussion, the player must be removed from the field of play, and not allowed to return.
5. If the player has been removed from the field of play because of a suspected or confirmed concussion, they should be monitored until deemed fit and able to leave the venue. If in doubt, further opinion from local hospital services should be sought via the accident and emergency department.
6. If allowed home, the player should not be allowed to drive, and should not be left alone, but with a responsible adult who is instructed that should there be any deterioration in the players' condition, urgent medical attention must be sought.

7. The medical attendant must ensure that the responsible adult is in possession of all contact details of that medical attendant.

8. If there is no medical attendant present, and if there is any suspicion of concussion, the player must be removed from the field of play and not allowed to return. In this case medical advice should be sought from the accident and emergency department.

Return to play guidelines following concussion:

Concussion is a brain injury. There is no blood test or scan currently available that can diagnose it. The diagnosis is made on the basis of history and examination. Return to play after head injury/concussion should be treated as with any other injury. A period of rest, which, in this case, includes mental activity, should be followed by a gradual return to play, closely monitored by medical staff. Serial evaluations using SCAT 3, or whichever pre-season assessment was employed, should be used as an objective adjunct of measure of recovery.

1. The player should undergo a period of physical and mental rest for at least 24 hours after the injury (which includes the playing of video games or similar).

2. The physical return to play 'steps' should follow the course shown below, only progressing to the next step if there are no persistent/recurrent concussion symptoms, such as such as headache, feeling in a fog, disturbed or blurred vision, sleep disturbance, or unusual emotional behaviour

3. This process should also include serial SCAT 3 assessments, or assessment with whichever pre-season neuro-psychological assessment tool was employed.

4. The chosen neuro-psychological testing should be carried out every 48 hours after the injury, until return to play, and should show a gradual return to baseline. Clinical assessment should be made daily, whilst following the rehabilitation programme as outlined below.

5. Any recurrence or persistence of concussion symptoms such as headache, feeling in a fog, disturbed or blurred vision, sleep disturbance, or unusual emotional behaviour are signs that the player should return to the previous 'return to play step'.

6. An improvement in the serial assessments, both clinical and neuro-psychological, whilst increasing the players' work load, is an indication that they are ready to progress to the next step.

   The physical activity 'steps' of rehabilitation should follow this protocol.

   a) No activity
   b) Light aerobic exercise
   c) Sports specific exercise
   d) Non-contact training drills
   e) Full contact practice
   f) Return to play

   Each of these steps takes at least one day

7. The player should not be allowed to return to play for at least 6 days after the injury (it often takes longer than this) and in strict accordance with the return to play guidelines (above). This will include a return to baseline of the SCAT 3, or web-based, neuro-psychological criteria. A baseline profile will be available from the pre-season assessment.

8. The player should be examined, and receive the 'all clear' from the club medical officer before returning to play.

9. If progression back to full fitness is delayed in any way, urgent specialist advice should be sought for further assessment.

10. Any player who has suffered two or more concussive episodes during a season should be discussed with a suitably qualified neurological specialist prior to return to play.

SCAT 3 form available at:
http://bjsm.bmj.com/content/47/5/259.full.pdf+html?sid=09f2fe20-f1ae-4ad8-9ebe-9afe6d453ceb

Pocket Concussion Recognition Tool (Pocket CRT) form available at:
http://www.fifa.com/mm/document/footballdevelopment/medical/01/42/10/50/130214_pocketscat3print_neutral.pdf

CogSport web based assessment
http://www.sportsconcussionaustralasia.com/

ImPACT web based assessment
http://www.impacttest.com

Position and consensus statements:

Faculty of Sport and Exercise Medicine
http://www.fsem.ac.uk/news/position-statements/c/concussion-management.aspx
Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2013
Br J Sports Med 2013;47:250-258 doi:10.1136/bjsports-2013-092313
http://bjsm.bmj.com/content/47/5/250.full

Head Injury decision tree