



MALTA FOOTBALL ASSOCIATION

FORM LS (UEFA)

Application for a UEFA Semi Professional Licence

UEFA LICENSING & FINANCIAL FAIR PLAY REGULATIONS
APPLICABLE TO PREMIER DIVISION MEMBER CLUBS

APPENDIX 1

UEFA CLUB LICENSING SYSTEM CLARIFICATION MEMO No. 11

1. MEDICAL CARE OF PLAYERS

As announced in the UEFA Club Licensing Manual V2.0, UEFA in collaboration with its Medical Committee provides the licensors with additional guidance in respect of criterion S.03 - Medical Care of Players. This criterion, which will come into force as by season 2008/09, specifies the following:

The licence applicant must ensure that all its players eligible to play for its first squad undergo a yearly medical examination, including a cardiovascular screening.

1.1 INTRODUCTION

The objectives of this document are to define the following issues:

- which are players that are concerned by this criterion (1.2);
- how the clubs may demonstrate compliance with this criterion (1.3);
- which are the responsibilities of the different parties involved by this criterion (1.4);
- what is meant by the players' medical records (1.5); and
- which are the medical checks and their frequency that the players must undergo as a minimum (1.6).

According to the criterion, a "cardiovascular screening" must be part of the yearly medical examination. However, after consultation of the UEFA Medical Committee it has been defined that for the purpose of club licensing, **every first squad player must undergo a yearly medical examination (minimum content see 1.6 below), but a cardiological examination (see 1.6 D) does not need to be performed every year to every first squad player.**

Instead, it has been defined that every player who belongs to the first squad of a club must have in his personal medical records, as a minimum, **one electrocardiogram and one echocardiography**. For youth players being part of the first squad, these two cardiological examinations must be performed **at the latest before their 21st birthday**.

With the exception of the cardiological (1.6 D) and laboratory examinations (1.6, E), those checks defined as mandatory may be performed without any special equipment and should not cause high additional costs.

In addition to the mandatory minimum medical checks, section 1.6 also specifies a few optional examinations which are considered as best practice recommendations. Based on the results of the medical examinations and upon the professional judgement of the medical doctor, subsequent checks may be indicated to ensure an adequate medical follow-up of the player. However, such additional checks go beyond the scope of this criterion.

1.2 PLAYERS CONCERNED BY CRITERION S.03

In the context of criterion S.03, those “eligible” to play for the first squad of the club are **all those players**

- a) who had a professional contract to play for the first squad of the club **and/or**
- b) who were recorded on the official first squad list of the club, **and**
- c) who were transferred to the club’s first squad

during the domestic championship season prior to the one to be licensed.

1.3 DEMONSTRATING COMPLIANCE WITH CRITERION S.03

To demonstrate compliance with S.03, the clubs applying for a licence shall submit the following confirmation as part of their documentation related to the sporting criteria to the licensor:

1. the mandatory medical examinations defined by the licensor have been effectively performed to all players belonging to the first squad;
2. their medical records are up-to-date.

This written declaration must be signed by an authorised signatory of the club as well as by the club’s medical doctor (appointed as required by criterion P.06 of the UEFA Club Licensing Manual V2.0) **no more than 1 month prior to the deadline for the submission to the licensor.**

1.4 RESPONSIBILITIES

1.4.1 Licensor

On the basis of the mandatory minimum medical examinations and their minimum frequency set in this document (see 1.6), every licensor must define by its own the medical examinations which the first team players of its licence applicants must undergo.

In this respect, the licensors are free to

- a) define additional mandatory checks to be performed;
- b) ‘upgrade’ checks from optional to mandatory;
- c) extend the range of players concerned to any other teams of the clubs.

Therefore, the licensor is responsible for the following:

- Definition of exact mandatory minimum content** of the medical checks to be performed by the clubs’ doctor. In this respect, it is necessary to closely cooperate with the medical experts of the national association.
- Definition of exact scope of players** who need to have up-to-date medical records in order for the club to comply with the criterion (first squad of the club or even more?).
- Definition of template declaration for clubs to demonstrate compliance** (see 1.3) and inclusion in licensing documentation to be submitted to the clubs for 2008/09 season.
- Timely information of the clubs and their medical doctors.**

1.4.2 Club / Club doctor

The club’s medical doctor is responsible that defined mandatory medical examinations are performed to all those players which are concerned by this criterion. In principle, the medical doctor should be able to perform the defined checks, but the players may also be referred to a specialist.

In addition, the medical doctor is responsible that the players’ medical records are kept up-to-date and confidential and that any medical successor/deputy is appropriately briefed about the applicable procedures related to club licensing.

1.4.3 Medical experts of National Association

It is recommended that the national associations arrange regular medical advisory visits of clubs (e.g. by members of its medical committee) in order to exchange experiences on the set requirements and on the procedures put in place.

1.5 PLAYERS' MEDICAL RECORDS

Under the medical records of a player is typically understood a file containing the results and reports of previously performed medical examinations. The content of this file is subject to medical confidentiality which must be ensured by the club's doctor.

As specified above, to demonstrate compliance with S.03, the club must confirm in writing that the medical records of the players belonging to its first squad are kept up-to-date.

1.6 EXAMINATIONS AND TESTS

The following tables A) to G) explain those required examinations and tests that are required to be performed either on a mandatory or optional basis, and within the specifically stated timeframe (e.g. annually):

A) Personal football history	
The personal football history represents the football-specific basis for the medical examination. It should be documented and kept up-to-date throughout the player's career. UEFA recommends these recordings as best practice following several football-specific medical research studies that would assist medical doctors with their internal medical audit.	
1. Total number of matches played in previous season (incl. friendly matches)	recommended annually
2. Dominant leg	
3. Position on the field	
B) Medical history and heredity of the player	
This general part 'Medical history and heredity' is the starting point for the player's medical record. It is essential that the outcome of these checks is kept up-to-date throughout the player's career.	
1. Family history (1st generation, i.e. parents, brothers and sisters) a) Hypertension, stroke; b) Heart conditions incl. sudden cardiac death; c) Vascular problems, varicose, deep venous thrombosis; d) Diabetes; e) Allergies, asthma; f) Cancer, blood disease; g) Chronic joint or muscle problems; h) Hormonal problems.	mandatory, to be updated annually
2. Medical history of the player a) Heart problems, arrhythmias, syncope; b) Concussion; c) Allergies, asthma; d) Recurrent infections; e) Major diseases; f) Major injuries causing surgery, hospitalisation, absence from football of more than 1 month.	mandatory, to be updated annually

<p>3. Present complaints a) Symptoms such as pain in general (muscle, articulation); b) Chest pain, dyspnoea, palpitation, arrhythmia; c) Dizziness, syncope; d) Flu-like symptoms, cough, expectoration; e) Loss of appetite, weight loss; f) Sleeplessness; g) Gastrointestinal upset.</p>	mandatory annually
<p>4. Medication / supplements a) Current specific medication being taken by the player; b) Evidence that a TUE (Therapeutic Use Exemption) has been granted (if required); c) Nutritional supplements being taken by the player; d) Player educated about Anti-Doping Codes.</p>	mandatory annually
<p>5. Vaccination Record of status of vaccination (incl. date); <u>Strongly recommended:</u> Vaccination against Tetanus and Hepatitis A and B</p>	mandatory, to be updated annually
C) General medical examination	
This is the 2 nd part of the doctor's routine physical examination.	
<p>1. Height</p>	mandatory annually
<p>2. Weight</p>	
<p>3. Blood pressure (to ensure validity of continuous testing, it is recommended to always use the same arm and to specify it in the player's medical records)</p>	
<p>4. Head and neck (eyes with vision test, nose, ears, teeth, throat, thyroid gland)</p>	
<p>5. Lymph nodes</p>	
<p>6. Chest and lungs (inspection, auscultation, percussion, inspiratory and expiratory chest expansion)</p>	
<p>7. Heart (sounds, murmurs, pulse, arrhythmias)</p>	
<p>8. Abdomen (incl. hernia, scars)</p>	
<p>9. Blood vessels (e.g. peripheral pulses, vascular murmurs, varicoses)</p>	
<p>10. Skin inspection</p>	
<p>11. Nervous system (e.g. reflexes, sensory abnormalities)</p>	
<p>12. Motor system (e.g. weakness, atrophy)</p>	
D) Special cardiological examination	

As a principle, a standard 12-lead electrocardiogram (ECG) and an echocardiography must be performed at the earliest opportunity during the career of a player and in particular if indicated by clinical examination. If indicated by anamnestic and clinical indication it is recommended to perform repeated testing including an Exercise-ECG and an echocardiography

For the purpose of club licensing, it is mandatory to perform one standard 12-lead ECG and one echocardiography

I) to all players who belong to the first squad at the latest before their 21st birthday; and

II) to all players who are older than 21 years and belong to the first squad if they have not yet an ECG and echocardiography in their personal medical records.

The result of the performed examinations must be contained in the player's medical records.

1. Electrocardiogram (12-leads ECG)	mandatory according to I) and II) above
2. Echocardiography	

E) Laboratory examination

Clubs involved in UEFA competitions will normally have a multinational squad. Therefore mandatory and strongly recommended tests are detailed below as a means of conducting a comprehensive laboratory screening. This list is by no means complete.

All laboratory tests must be conducted with the informed consent of the player and be in accordance with national legislation (cf. confidentiality, discrimination issues etc.).

1. Blood count (haemoglobin, haematocrit, erythrocytes, leukocytes, thrombocytes)	Mandatory annually
2. Urine test ('dipstick test' to determine level of protein and sugar)	
3. Sedimentation rate	recommended
4. CRP	
5. Blood fats (cholesterol, HDL- and LDL cholesterol, triglycerides)	
6. Glucose	
7. Uric acid	
8. Creatinine	
9. Aspartate amino-transferase	
10. Alanine amino-transferase	
11. Gamma-glutamyl-transferase	
12. Creatine kinase	
13. Potassium	
14. Sodium	

15. Magnesium	recommended
16. Iron	
17. Ferritin	
18. Blood group	
19. HIV test	
20. Hepatitis screening	
F) Orthopaedic examination and functional tests	
<p>The mandatory checks are common in a sports medical examination. Points 7 to 9 are recommended to assist club doctors with preventive strategies and tests in the rehabilitation of injured players. In addition, the club doctors are advised to consider the exclusion of the condition of spondylolysis and spondylolisthesis.</p> <p>References to further assistance in respect of functional tests:</p> <ul style="list-style-type: none"> - Simple but reliable functional tests: <i>Ekstrand J, Karlsson J, Hodson A. Football Medicine. London: Martin Dunitz (Taylor & Francis Group), 2003:562;</i> - Range of motion and tests for muscle tightness: <i>Ekstrand J, Wiktorsson M, Öberg B et al. Lower extremity goniometric measurements: a study to determine their reliability. Arch Phys Med Rehabil 1982;63:171-5;</i> - One-leg hop test: <i>Ageberg E, Zatterstrom R, Moritz U. Stabilometry and one-leg hop test have high test-retest reliability. Scand J Med Sci Sports 1998;8-4:198-202.</i> - SOLEC test: <i>Ageberg E, Zatterstrom R, Moritz U. Stabilometry and one-leg hop test have high test-retest reliability. Scand J Med Sci Sports 1998;8-4:198-202.</i> 	
1. Spinal column: inspection and functional examination (tenderness, pain, range of movement)	mandatory annually
2. Shoulder: pain, mobility and stability	
3. Hip, groin and thigh: pain and mobility	
4. Knee: pain, mobility, stability and effusion	
5. Lower leg: pain (shin splint syndrome, achilles tendon)	
6. Ankle and foot: pain, mobility, stability and effusion	
7. Range of motion (ROM) and test for muscle tightness a) Adductors b) Hamstrings c) Iliopsoas d) Quadriceps e) Gastrocnemius f) Soleus	recommended
8. Muscle strength (one leg hop test)	
9. Muscle balance test (SOLEC-test: <u>s</u> tanding <u>o</u> ne <u>l</u> eg <u>e</u> yes <u>c</u> losed)	

G) Radiological examination and ultrasound scan

If indicated by clinical and functional findings out of the medical examination performed, a radiological examination including ultrasound scan, X-ray and MRI may be appropriate.
Performed radiographies, particularly after injuries, must be part of the player's medical records.

2. MEDICAL SUPPORT FOR YOUTH PLAYERS

According to criterion S.02 of the UEFA Club Licensing Manual V2.0 the clubs ('licence applicants') must have a written youth development programme which describes, among other things,

the medical support for youth players including medical checks.

Depending on the national legislation, the responsibility for medical care of youth players up to 14 years belongs to the family and school doctor and requires parental consent. Therefore, the club doctor shall not be required to perform any specific sports / football medical examination to youth football players below the age of 15. However, the club must ensure prompt medical care in case of emergency for all players of its youth teams.

The organisation in terms of medical care which has been put in place for the youth teams at home and away matches (incl. travelling) must be described in the club's youth development programme.

2.1 MANDATORY MINIMUM ISSUES RELATED TO MEDICAL CARE

The clubs' youth development programme must cover at least the following issues related to the medical care of the youth team players:

- a) Name/address/phone number of the responsible doctor at home matches and training;
- b) Location of first-aid kit at stadium and training facilities;
- c) Location and contact details of closest hospital;
- d) Organisation of medical support at away matches (☺ in many national associations the doctor of the host club takes also care of the players from the visiting club);
- e) Responsibilities of youth coaches in case of accident/injury (e.g. first-aid, contact with parents);
- f) Education of youth players in first-aid and procedure in case of accident/injury;
- g) Specific organisation put in place by the club in respect of the medical examination of youth team players within the age range 15 to 21 (including who takes over the costs) and the maintenance of medical records.

2.2 MEDICAL EXAMINATION OF YOUTH PLAYERS

The UEFA Medical Committee recommends that **youth team players** within the age range 15 to 21 - in particular those being involved in a full-time education programme (e.g. youth academy) and those selected for a national youth team – are also examined as defined under 1.4 above).

For players between the age 15 to 21 **who belong to the first squad of the club**, it is mandatory to undergo a medical examination as defined under 1.6 above.

2.3 CLUB RESPONSIBILITIES

The clubs are responsible to define which medical checks are carried out and which youth team players within the age range of 15 to 21 are concerned and to specify the corresponding arrangements in their youth development programme.