

# Club Licensing Manual Toolkit 2024

## SPO 1.03

### MEDICAL CARE OF PLAYERS



#### **A – CONTEXT AND AIM OF THE CRITERION**

The wellbeing of players has become a very important aspect of football. There have been many high profile cases recently which highlight the need for top quality medical care for players. From the 2008 season onwards, Club Licensing has required that all League of Ireland licence applicants comply with the Medical Care of Players criterion. These requirements have been clarified in this toolkit. There are two main elements to the Medical Care of Players criteria;

##### **Annual medical examinations**

Clubs must ensure that all first team squad players undergo an annual medical examination. The medical examinations must be carried out by a doctor who is registered with the Irish Medical Council. A guideline to the content of the annual medical examination is defined in section 1.6 (below). The medical history (Section 1.6, Table B) should include the questions contained in the cardiac screening questionnaire (See appendix C).

##### **Cardiac Screening**

Clubs must ensure that all first team squad players undergo cardiac screening which should include a cardiac screening questionnaire, cardiovascular examination and a resting electrocardiogram (ECG). Where abnormalities arise following the initial cardiac screening procedure, subsequent investigations and referrals should be carried out as deemed appropriate by the club doctor

**The cardiac screening procedure is to be repeated every three years. The cardiac screening programme began in 2008. The next 3-year cycle is at the beginning of the 2024 season**

**All new players to the league will require cardiac screening (questionnaire, cardiac examination and resting electrocardiograph) as part of their initial signing club medical examination.**

The suggested minimum content of the cardiac screening questionnaire and cardiovascular examination is listed in **Appendix C** and **Appendix D**.

## **B – GUIDANCE ON HOW TO COMPLY WITH THE CRITERION**

### **1.1 BACKGROUND**

In addition to the **mandatory** minimum medical checks, section 1.6 also specifies a number of **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.

### **1.2 PLAYERS CONCERNED BY CRITERION**

The players who must undergo the annual medical examinations are;

- a) All players who have a professional contract with the club.
- b) All players who are in the first team squad.

Note: When a club signs a player, they have up to one month to conduct and complete a medical examination (including the cardiac screening procedure) and provide evidence to the Club Licensing Department that it has been completed.

### **1.3 DEMONSTRATING COMPLIANCE WITH CRITERION**

Evidence of the examination being completed must be provided by 31st March, or within one month of the player signing a contract with the club.

To demonstrate compliance with the criterion, clubs must submit a written declaration (as per Appendix A), signed by an authorised signatory of the club and by the club doctor. This must be sent to the Club Licensing Department no more than one month prior to the submission date.

### **1.4 RESPONSIBILITIES OF CLUB DOCTOR**

The club doctor or a designated deputy should perform the defined medical assessments. Players may also be referred to a specialist for further investigation and/or assessment if indicated.

In addition, the club doctor is responsible for maintaining up to date and confidential records for each player. It is the responsibility of the club to ensure that any medical successor/deputy is appropriately briefed about the applicable procedures related to club licensing.

### **1.5 PLAYERS' MEDICAL RECORDS**

Club doctors must maintain an individual medical records file for each player, which includes results and reports of previously performed medical examinations and investigations. This file is strictly confidential to the doctor and the player. It must be kept in a secure file by the club doctor.

## 1.6 ANNUAL MEDICAL EXAMINATION GUIDANCE AND CARDIAC SCREENING TEMPLATE

Tables A), B), C), D), E), and F) explain those required examinations and tests that are required to be performed annually either on a **mandatory** or **optional** basis. These tables are for the guidance of doctors.

Table G) explains the requirements of the cardiac screening procedure which is to be repeated every three years. Further cardiac and other investigations should be carried out as deemed necessary by the club doctor.

<b>A) Personal football history</b>	
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.	
<b>1. Total number of matches played in previous season (incl. friendly matches)</b>	<b>recommended annually</b>
<b>2. Dominant leg</b>	
<b>3. Position on the field</b>	

<b>B) Medical and family history of the player</b>	
This general part 'Medical and family history' 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.	
<b>1. Family history (1<sup>st</sup> generation, i.e. parents, brothers and sisters)</b> 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.	<b>mandatory, to be updated annually</b>
<b>2. Medical history of the player</b> 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. g) Infectious Diseases	<b>mandatory, to be updated annually</b>
<b>3. Present complaints</b> 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.	<b>mandatory annually</b>
<b>4. Medication / supplements</b> 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.	<b>mandatory annually</b>

<b>5. Vaccination status</b> Record of status of vaccination (incl. date); Tetanus: Hepatitis A: Hepatitis B: Other (please specify:) 	<b>Recommended annually</b>
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<b>C) General medical examination</b>	
<b>1. Height</b>	<b>mandatory annually</b>
<b>2. Weight</b>	
<b>3. Blood pressure</b> (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)	
<b>4. Head and neck (eyes with vision test, nose, ears, teeth, throat, thyroid gland)</b>	
<b>5. Lymph nodes</b>	
<b>6. Chest and lungs (inspection, auscultation, percussion, inspiratory and expiratory chest expansion)</b>	
<b>7. Heart (sounds, murmurs, pulse, arrhythmias)</b>	
<b>8. Abdomen (incl. hernia, scars)</b>	
<b>9. Blood vessels</b> (e.g. peripheral pulses, vascular murmurs, varicoses)	
<b>10. Skin inspection</b>	
<b>11. Nervous system</b> (e.g. reflexes, sensory abnormalities)	
<b>12. Motor system</b> (e.g. weakness, atrophy)	

<b>D) Laboratory examination</b>	
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. <b>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.).</b>	
<b>1. Blood count (haemoglobin, haematocrit, erythrocytes, leukocytes, thrombocytes)</b>	<b>Recommended annually</b>
<b>2. Urine test</b> ('dipstick test' to determine level of protein and sugar)	

<b>E) Orthopaedic examination and functional tests</b>
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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.

References to further assistance in respect of functional tests:

- Simple but reliable functional tests: *Ekstrand J, Karlsson J, Hodson A. Football Medicine. London: Martin Dunitz (Taylor & Francis Group), 2003:562;*

- Range of motion and tests for muscle tightness: *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;*

- One-leg hop test: *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.*

- SOLEC test: *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.*

**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**

**mandatory annually**

- a) Adductors
- b) Hamstrings
- c) Iliopsoas
- d) Quadriceps
- e) Gastrocnemius
- f) Soleus

**8. Muscle strength** (one leg hop test)

**9. Muscle balance test** (SOLEC-test: standing one leg eyes closed)

#### **F) 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.

#### **G) Cardiac screening**

Clubs must ensure that all first team squad players undergo cardiac screening which includes as a minimum cardiac screening questionnaire, examination and resting electrocardiogram (ECG). This screening procedure is to be repeated every three years in those players who on initial testing show no abnormalities. The minimum content of the cardiac screening is defined in section 1.6 (above).

In those players where abnormalities have been detected (on questionnaire, examination and/or resting ECG) the cardiac screening should be repeated annually.

**Electrocardiogram (12-leads ECG)**

**Mandatory**

## **1.7 PROCEDURE FOR MEDICAL CARE OF PLAYERS IN THE LEAGUE OF IRELAND FOR TRANSFER OF PLAYERS**

It is foreseen that players will move between clubs from time to time. The following procedure regarding the medical records of players should be followed during any transfer, as per criteria SPO 1.03 in the Club Licensing Manual.

Clubs can sign players under two different circumstances;

1. A player who has not yet undergone the medical assessments.
2. A player who has already completed the necessary medical assessments.

The following procedures should be followed under all of these circumstances to ensure that compliance with Club Licensing Criteria is achieved.

### **1. “Club A” signs a player who has not yet undergone the medical assessments**

“Club A” must ensure that the player undergoes the necessary medical examinations as per SPO 1.03. “Club A” has up to one month (i.e. corresponding date of following month) to provide evidence to the Club Licensing Department that the player has undergone the necessary medical assessments. This is the responsibility of the executive body of the club. A declaration form, Appendix A, should be signed by the doctor and an authorised signatory for “Club A” for each new player and sent to the FAI Club Licensing Department.


### **2. “Club A” signs a player who has already completed the necessary the medical assessments**

- a) A player is transferred to “Club A” from “Club B”.
- b) It is the responsibility of “Club A” to prove that the player has undergone the required medical assessments.
- c) A member of the executive of “Club A” contacts a member of the executive of “Club B” and requests a copy of the medical records for the player to be sent to the Doctor for “Club A”. The player must give his written consent.
- d) Doctor for “Club B” forwards a copy of the medical file to Doctor for “Club A”.
- e) Doctor for “Club A” files the copy of the medical records for the player along with the files of the rest of the players on the squad for “Club A”.
- f) “Club A” notify the Club Licensing Department, via Appendix B, that the player has undergone the necessary medical assessments.

#### **Notes:**

- (i) In relation to players on loan it is the responsibility of the signing club to ensure the player has undergone the necessary medical assessments and provide evidence of this to the Club Licensing Department.

**(ii) Clubs must not send the results of the medical assessments to the FAI.**

<b>Appendix A</b> <b>Medical Care of Players</b> <b>Annual General Medical Examination Declaration</b>	
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This declaration must be signed by the club's medical doctor as well as by an authorised signatory of the club <b>by 31<sup>st</sup> March 2024</b>
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The medical doctor, named \_\_\_\_\_,  
appointed by the licence applicant, named \_\_\_\_\_,  
hereby confirms the following:

- 1. All those players who currently belong to the first squad of the club (see first squad list attached) have undergone an annual medical examination including cardiac screening as indicated;**
- 2. The performed examination has been in conformity with the minimum content defined by the FAI Club Licensing Manual Criteria SPO 1.03 – Medical Care of Players;**
- 3. The players' medical records are kept up-to-date.**

_____ Date	_____ Name of medical doctor of the licence applicant	_____ Signature
_____ Date	_____ Name of authorised signatory of the licence applicant	_____ Signature



**List of First team Squad Players who have undergone annual medical examination**



	Player Name	Date of Medical	
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Doctors Signature and Stamp: \_\_\_\_\_

**Appendix C**  
**Medical Care of Players**  
**Cardiac Screening Questionnaire**



NAME:

DATE OF BIRTH:

ADDRESS:

PARENT/GUARDIAN:

CONTACT NUMBER:

- Have you any previous history of heart disease?

• Yes ☐ No ☐

- Is there any family history of sudden cardiac death in close relatives (brothers, sisters, parents), under 50 years of age?

• Yes ☐ No ☐

- Is there any family history of cardiac disease in close relatives (brothers, sisters, parents), under 50 years of age?

• Yes ☐ No ☐

- Do you suffer from or have you suffered with chest pains when exercising?

• Yes ☐ No ☐

- Do you suffer from or have you suffered with breathlessness when exercising?

• Yes ☐ No ☐

- Do you suffer from or have you suffered with dizziness when exercising?

• Yes ☐ No ☐

- Do you suffer from or have you suffered with palpitations (a very fast or skipped heart beat) when exercising?

• Yes ☐ No ☐

NAME .....

DOB: .....

ADDRESS: .....

GENERAL PRACTITIONER: .....

CONTACT NUMBER: .....

DATE OF EXAMINATION: .....

**CLINICAL EXAMINATION**

• General Appearance	NORMAL	ABNORMAL
• Finger clubbing	PRESENT	ABSENT
• Hyperextensible joints	PRESENT	ABSENT
• Skin colour	NORMAL	ABNORMAL
• Evidence of cyanosis	PRESENT	ABSENT
• Pulse rate and rhythm	RATE	RHYTHM
• Radio-Femoral delay	PRESENT	ABSENT
• Assessment of JVP	NORMAL	ABNORMAL
• Respiratory rate	.....	

• Blood Pressure	SYSTOLIC	DIASTOLIC
• Position of Apex Beat	.....	
• Palpation of Praecordium	NORMAL	ABNORMAL
• Auscultation of Heart	NORMAL	ABNORMAL
• Auscultation of Lungs	NORMAL	ABNORMAL
• Evidence of Hepatomegaly	PRESENT	ABSENT
• Evidence of Peripheral Oedema	PRESENT	ABSENT
• Auscultation for Renal Bruits	PRESENT	ABSENT
• Evidence of Marfan's Syndrome	PRESENT	ABSENT

## **CLINICAL NOTES**

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**SIGNED:** ..... **(Examining Doctor)**

**NAME:** ..... **(Please Print)**