SAI

SPORTS AUTHORITY OF INDIA

National Center for Sports Science and Research,
IGSC, New Delhi – 110002

File No.: 71/6/2023-NCSSR **02/01/2024**

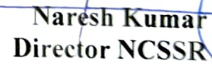
CIRCULAR

Subject: - Implementation of Return-to-Play (RTP) guidelines to return an injured or ill athlete to practice or competition without putting the individual at undue risk for injury or illness

Return-to-play (RTP) is the decision-making process of returning an injured or ill athlete to practice or competition. As per the directions of the competent authority, the RTP guidelines with regard to all the Sports streams, which have been prepared in consultation with all the stakeholders, are being released for implementation across all the centres of SAI with immediate effect. (Attached herewith).

All centres in charge are requested to ensure the immediate implementation of these guidelines at their respective SAI Centers. Compliance and regular updates regarding the implementation progress will be intimated to this office.

This issues with approval of the Competent Authority.



Naresh Kumar
Director NCSSR
02.01.24.

To,

1. All center incharge

Copy to: -

1. DD to DG SAI
2. DDG Stadia, DDG OPs.
3. RD/Divisional Heads
4. Office Copy

National Centre for Sports Sciences and Research (NCSSR)

Standard Operating Procedure for Return to Play

Return-to-Play (RTP) is the decision-making process of returning an injured or ill athlete to practice or competition. This ultimately leads to medical clearance of an athlete for full participation in sport. This consensus statement will focus on the process that addresses non-game day RTP decisions.

Goal:-

The goal is to return an injured or ill athlete to practice or competition without putting the individual at undue risk for injury or illness.

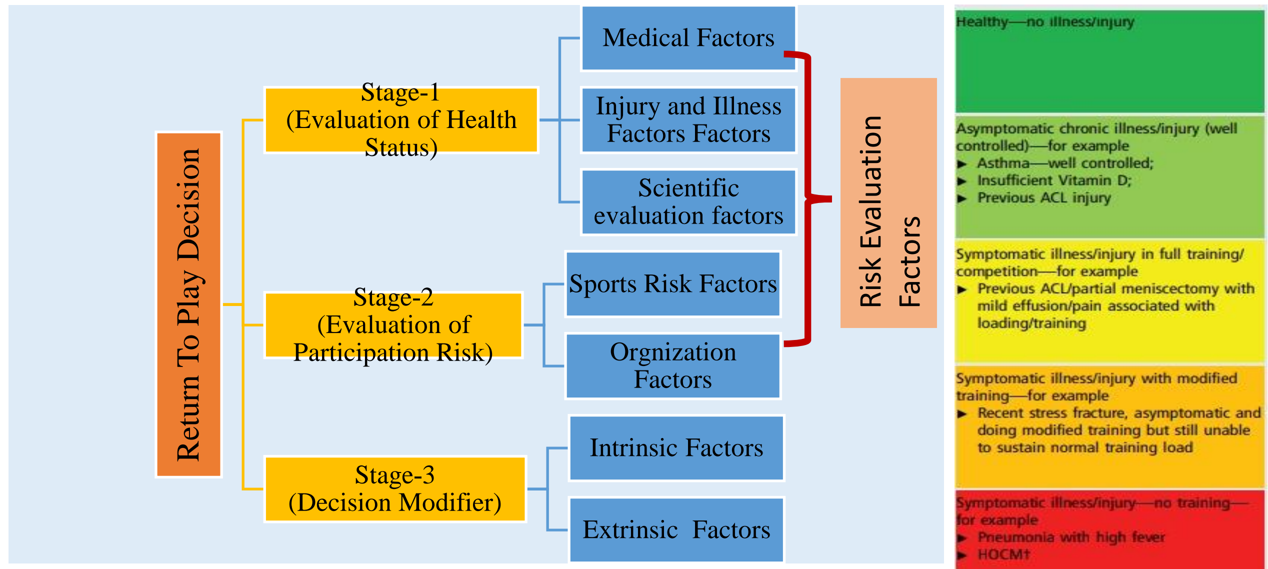
To accomplish this goal, the RTP decision making team should have knowledge of and be involved with:

- Establishing a RTP process.
- Evaluating injured or ill athletes.
- Treatment and rehabilitation of injured or ill athletes.
- Returning an injured or ill athlete to play

The objective of this guideline is to provide team who are responsible for the health care of athletes with a decision process for determining when to return an injured or ill athlete to practice or competition. Individual decisions regarding the return of an injured or ill athlete to play will depend on the specific facts and circumstances presented to the medical and decision-making team. Adequate insurance should be in place to help protect the athlete, the sponsoring organization, and the physician.

RTP decision is a multiple steps process and establishment of RTP by evaluation and assessment is the essential first step process in deciding when an injured or ill athlete may safely return to practice or competition. This process should include evaluation of the athlete's health status, participation risk and extrinsic factors.

The final RTP decision is made by using ***3 Steps Model*** ….



An Overview of Health status of Injured or Ill Athletes will examine by the Medical, Injury & Illness Factors and Scientific evaluation factors. The impact of these evaluation factors computed by using the following examination and assessment protocols.

The Athletes Examination for Medical Factors Evaluation of Injured or Ill Athletes done by the following ..

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BASIC FORM

Personal Particular

Name	…………………………………………………
Fathers Name	…………………………………………………
Sports	…………………………………………………
Contact No	…………………………………………………
Date of Birth	…………………………………………………
Height	…………………………………………………
Weight	…………………………………………………
Blood Group	…………………………………………………
Last Inter-National Competition	…………………………………………………

Athlete RTP Checklist

S. N.	Assessment Area	Description	Responsibility	Cleared (Y/N)	Signed off (incl date)
1	RTP Evaluation	Anamnesis MSK Screening	Physiotherapist		
2	RTP Evaluation	Resting ECG ECG stress test Echocardiography Medical Examination	Sports Medicine Doctor ± Sports Physiologist		
3	RTP Evaluation	Functional Movement Score	Strength & Conditioning Experts		
4	RTP Evaluation	Interview Questionnaires POMS Rest –Q PRIA-RS Tempa Kinesiophobia	Sports Psychologist		
5	RTP Evaluation	Blood Analysis	Nutritionist± Sports Medicine Doctor		
6	RTP Evaluation	Anthropometry Spirometry Gaz Exchange	Anthropometrsit ±Physiologist		
7	Technical	Coach recommendation	Head/ Chief Coach		
8	Clearance Certificate	Final Sign off for RTP	Signed by RTP Team members		

Department of Sports Physiotherapy

MUSCULOSKELETAL SCREENING

Athlete to be addressed to the physiotherapy department /Sports Medicine Department

COMPETITION HISTORY

Weight Category -

Dominant hand/leg ☐ left ☐ right

Number of matches/fights / competitions in last 12 months _____________

MUSCULOSKELETAL SYSTEM

Severe injury leading to more than 4 weeks of limited participation or absence from playing/training			
☐ NO	**Body**		
	Left Right	Lasted occurrence	Intervention
	☐ ☐ head/face	When_____________(year)	
	☐ ☐ cervical spine	When_____________(year)	
	☐ ☐ thoracic spine	When_____________(year)	
	☐ ☐ lumbar spine	When_____________(year)	
	☐ ☐ sternum/ribs	When_____________(year)	
	☐ ☐ abdomen	When_____________(year)	
	☐ ☐ pelvis/sacrum	When_____________(year)	
Details:			

☐ NO	**Upper body**		
	Left Right	Lasted occurrence	Intervention
	☐ ☐ shoulder	When______ (year)	
	☐ ☐ upper arm	When______ (year)	
	☐ ☐ elbow	When______ (year)	
	☐ ☐ forearm	When______ (year)	
	☐ ☐ wrist	When______ (year)	
	☐ ☐ hand	When______ (year)	
	☐ ☐ fingers	When______ (year)	
Details:			

☐ NO	**Lower body**		
	Left Right	Lasted occurrence	Intervention
	☐ ☐ hip	When______ (year)	
	☐ ☐ groin	When______ (year)	
	☐ ☐ thigh	When______ (year)	
	☐ ☐ knee	When______ (year)	
	☐ ☐ lower leg	When______ (year)	
	☐ ☐ Achilles tendon	When______ (year)	
	☐ ☐ ankle	When______ (year)	
	☐ ☐ foot, toes	When______ (year)	
Details:			

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Surgical interventions / operations of the musculoskeletal system:

☐ NO	**Body**		
	Left Right	Lasted occurrence	Intervention
	☐ ☐ head/face	When_____________(year)	
	☐ ☐ cervical spine	When_____________(year)	
	☐ ☐ thoracic spine	When_____________(year)	
	☐ ☐ lumbar spine	When_____________(year)	
	☐ ☐ sternum/ribs	When_____________(year)	
	☐ ☐ Abdomen	When_____________(year)	
	☐ ☐ pelvis/sacrum	When_____________(year)	
Details:			

☐ NO	**Upper body**		
	Left Right	Lasted occurrence	Intervention
	☐ ☐ Shoulder	When______ (year)	
	☐ ☐ upper arm	When______ (year)	
	☐ ☐ Elbow	When______ (year)	
	☐ ☐ Forearm	When______ (year)	
	☐ ☐ Wrist	When______ (year)	
	☐ ☐ Hand	When______ (year)	
	☐ ☐ Fingers	When______ (year)	
Details:			

☐ NO	**Lower body**		
	Left Right	Lasted occurrence	Intervention
	☐ ☐ Hip	When_____________(year)	
	☐ ☐ Groin	When_____________(year)	
	☐ ☐ Thigh	When_____________(year)	
	☐ ☐ Knee	When_____________(year)	
	☐ ☐ lower leg	When_____________(year)	
	☐ ☐ Achilles tendon	When_____________(year)	
	☐ ☐ Ankle	When_____________(year)	
	☐ ☐ foot, toes	When_____________(year)	
Details:			

Current complaints of the musculoskeletal system

NO	**Body**		
	Left Right	Lasted occurrence	Intervention
	☐ ☐ head/face	When______ (year)	
	☐ ☐ cervical spine	When______ (year)	
	☐ ☐ thoracic spine	When______ (year)	
	☐ ☐ lumbar spine	When______ (year)	
	☐ ☐ sternum/ribs	When______ (year)	
	☐ ☐ abdomen	When______ (year)	
	☐ ☐ pelvis/sacrum	When______ (year)	
Details:			

NO	**Upper body**		
	Left Right	Lasted occurrence	Intervention
	☐ ☐ shoulder	When____________(year)	
	☐ ☐ upper arm	When____________(year)	
	☐ ☐ elbow	When____________(year)	
	☐ ☐ forearm	When____________(year)	
	☐ ☐ wrist	When____________(year)	
	☐ ☐ hand	When____________(year)	
	☐ ☐ fingers	When____________(year)	
Details:			

NO	**Lower body**		
	Left Right	Lasted occurrence	Intervention
	☐ ☐ hip	When______ (year)	
	☐ ☐ groin	When______ (year)	
	☐ ☐ thigh	When______ (year)	
	☐ ☐ knee	When______ (year)	
	☐ ☐ lower leg	When______ (year)	
	☐ ☐ Achilles tendon	When______ (year)	
	☐ ☐ ankle	When______ (year)	
	☐ ☐ foot, toes	When______ (year)	
Details:			

MUSCULOSKELETAL SYSTEM

A. SPINAL COLUMN AND PELVIC LEVEL

Spine form	☐ normal	☐ flat ☐ hyper-kyphosis ☐ hyper-lordosis ☐ scoliosis		
Pelvic level	☐ even	________cm higher	☐ left	☐ right
Sacroiliac joint	☐ normal	☐ abnormal		
Spinal Flexion				
Distance fingers to floor	____________cm			
Cervical rotation				
Right	____________degs	Painful	☐ no	☐ yes
Left	____________degs	Painful	☐ no	☐ yes
Thoracic rotation				
Right	____________degs	Painful	☐ no	☐ yes
Left	____________degs	Painful	☐ no	☐ yes

B. EXAMINATION OF THE SHOULDER, ELBOW AND FOREARM

Flexibility of the SHOULDER

SHOULDER JOINT AXIS					
Right	☐ normal	☐ Anteriorly translated			
Left	☐ normal	☐ Anteriorly translated			
CLAVICLE MOBILITY					
Right	☐ normal	☐ Posteriorly rotated			
Left	☐ normal	☐ Posteriorly rotated			
SCAPULA MOBILITY					
Right	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
FLEXION					
Right	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
ABDUCTION					
Right	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ______	☐ Painf	☐ no	☐ yes

C. EXTERNAL ROTATION (in 90 degs)

Right	☐ normal	☐ limited ________	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ________	Painful	☐ no	☐ yes

INTERNAL ROTATION (in 90 degs)

Right	☐ normal	☐ limited ________	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ________	Painful	☐ no	☐ yes

HAWKINS & KENNEDY

Right	☐ normal	☐+	☐++	☐+++
Left	☐ normal	☐+	☐++	☐+++

EMPTY CAN TEST

Right	☐ normal	☐+	☐++	☐+++
Left	☐ normal	☐+	☐++	☐+++

FULL CAN TEST

Right	☐ normal	☐+	☐++	☐+++
Left	☐ normal	☐+	☐++	☐+++

LIFT-OFF TEST

Right	☐ normal	☐+	☐++	☐+++
Left	☐ normal	☐+	☐++	☐+++

Muscles

UPPER TRAPEZIUS

Right	☐ normal	☐ shortened	Painful	☐ no	☐ yes
Left	☐ normal	☐ shortened	Painful	☐ no	☐ yes

PECTORALIS MUSCLES

Right	☐ normal	☐ shortened	Painful	☐ no	☐ yes
Left	☐ normal	☐ shortened	Painful	☐ no	☐ yes

INFRASPINATUS

Right	☐ normal	☐ shortened	Painful	☐ no	☐ yes
Left	☐ normal	☐ shortened	Painful	☐ no	☐ yes

Flexibility of the ELBOW

FLEXION

Right	☐ normal	☐ limited	Painful	☐ no ☐ yes
Left	☐ normal	☐ limited	Painful	☐ no ☐ yes

ELBOW Extension

Right	☐ normal	☐ limited ☐ hyper-ext	Painful	☐ no ☐ yes
Left	☐ normal	☐ limited ☐ hyper-ext	Painful	☐ no ☐ yes

VALGUS STRESS, IN 30degs FLEXION

Right	☐ normal	☐ +	☐ ++	☐ +++
Left	☐ normal	☐ +	☐ ++	☐ +++

VARUS STRESS, IN 30degs FLEXION

Right	☐ normal	☐ +	☐ ++	☐ +++
Left	☐ normal	☐ +	☐ ++	☐ +++

Flexibility of the WRIST **WRIST**

FLEXION

Right	☐ normal	☐ limited ________	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ________	Painful	☐ no	☐ yes

WRIST EXTENSION

Right	☐ normal	☐ limited ________	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ________	Painful	☐ no	☐ yes

HANDS

Right	☐ normal	☐ limited ________	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ________	Painful	☐ no	☐ yes

1.2 EXAMINATION OF THE HIP, KNEE AND ANKLE

Flexibility of the HIP

FLEXION

Right	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ______	Painful	☐ no	☐ yes

ABDUCTION

Right	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ______	Painful	☐ no	☐ yes

EXTERNAL ROTATION (in 90 degs)

Right	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ______	Painful	☐ no	☐ yes

INTERNAL ROTATION (in 90 degs)

Right	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ______	Painful	☐ no	☐ yes

FABER

Right	☐ normal	☐+	☐++	☐+++
Left	☐ normal	☐+	☐++	☐+++

TENDERNESS ON GROIN PALPATION

Right	☐ normal	☐+	☐++	☐+++
Left	☐ normal	☐+	☐++	☐+++

EXTENSION

Right	☐ normal	☐ limited ______	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ______	Painful	☐ no	☐ yes

<u>**Muscles**</u>

ADDUCTOR

Right	☐ normal	☐ shortened	Painful	☐ no	☐ yes
Left	☐ normal	☐ shortened	Painful	☐ no	☐ yes

HAMSTRINGS (AKET)

Right	☐ normal	☐ shortened	Painful	☐ no	☐ yes
Left	☐ normal	☐ shortened	Painful	☐ no	☐ yes

ILIOPSOAS (Thomas Test)

Right	☐ normal	☐ shortened	Painful	☐ no	☐ yes
Left	☐ normal	☐ shortened	Painful	☐ no	☐ yes

RECTUS FEMORIS (Thomas Test)

Right	☐ normal	☐ shortened	Painful	☐ no	☐ yes
Left	☐ normal	☐ shortened	Painful	☐ no	☐ yes

TENSOR FASCIA LATAE/ ILIOTIBIAL BAND (Ober's Test)

Right	☐ normal	☐ shortened	Painful	☐ no	☐ yes
Left	☐ normal	☐ shortened	Painful	☐ no	☐ yes

<u>**Flexibility of the KNEE**</u>

KNEE JOINT AXIS

Right	☐ normal	☐ Genu varum	☐ Genu valgum
Left	☐ normal	☐ Genu varum	☐ Genu valgum

FLEXION

Right	☐ normal	☐ limited ________	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ________	Painful	☐ no	☐ yes

EXTENSION

Right	☐ normal	☐ limited ________ ☐ hyper-ext ______	Painful	☐ no	☐ yes
Left	☐ normal	☐ limited ________ ☐ hyper-ext ______	Painful	☐ no	☐ yes

LACHMAN TEST

Right	☐ normal	☐+	☐++	☐+++
Left	☐ normal	☐+	☐++	☐+++

ANTERIOR DRAWER SIGN

Right	☐ normal	☐+	☐++	☐+++
Left	☐ normal	☐+	☐++	☐+++

POSTERIOR DRAWER SIGN

Right ☐ normal ☐ + ☐ ++ ☐ +++

Left ☐ normal ☐ + ☐ ++ ☐ +++

VALGUS STRESS, IN EXTENSION

Right ☐ normal ☐ + ☐ ++ ☐ +++

Left ☐ normal ☐ + ☐ ++ ☐ +++

VALGUS STRESS, IN 30degs FLEXION

Right ☐ normal ☐ + ☐ ++ ☐ +++

Left ☐ normal ☐ + ☐ ++ ☐ +++

VARUS STRESS, IN EXTENSION

Right ☐ normal ☐ + ☐ ++ ☐ +++

Left ☐ normal ☐ + ☐ ++ ☐ +++

VARUS STRESS, IN 30degs FLEXION

Right ☐ normal ☐ + ☐ ++ ☐ +++

Left ☐ normal ☐ + ☐ ++ ☐ +++

Flexibility of the ANKLE /FOOT

TENDERNESS OF ACHILLES TENDON

Right ☐ no ☐ yes

Left ☐ no ☐ yes

ANTERIOR DRAWER SIGN

Right ☐ normal ☐+ ☐++ ☐+++

Left ☐ normal ☐+ ☐++ ☐+++

DORSIFLEXION

Right __________degs Painful ☐ no ☐ yes

Left __________degs Painful ☐ no ☐ yes

PLANTARFLEXION

Right __________degs Painful ☐ no ☐ yes

Left __________degs Painful ☐ no ☐ yes

TOTAL SUPINATION

Right ☐ normal ☐ decreased ☐ increased

Left ☐ normal ☐ decreased ☐ increased

TOTAL PRONATION

Right	☐ normal	☐ decreased	☐ increased
Left	☐ normal	☐ decreased	☐ increased

FOOT JOINTS

Right	☐ normal	☐ decreased	☐ increased
Left	☐ normal	☐ decreased	☐ increased

KNEE TO WALL

Right _______________cm

Left _______________cm

PROPRIOCEPTION (single leg 45 second hold)

Right _______________

Left _______________

Remarks:…………………………………………………………………………………………………

…. ………………………………………………………………………………………………...……

…………………………………………………………………………………………………..……

Physiotherapist
(Signature)

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Department of Sports Medicine

Athlete to be addressed to the Sports Medicine Department

General Physical Examination

Date of examination:-

Height:________cm/_______inches Weight:_______kg

- Built of body
- Pallor
- lcterus

Thyroid gland

Lymph Nodes/Spleen

Lungs

Breath sounds normal abnormal

Please specify ______________________________

Abdomen

Palpation normal abnormal

Please specify ______________________________

Genitourinary (males only) ____

Skin ____

Eyes visual acuity R . L (corrected/uncorrected) equal pupils R . L

Dental

DMF Index = Number of decayed, missing or filled teeth :__________
Oral Hygeine assessment: Good Fair Poor Visible Oral
Infection: . No Yes
Presence of Worn, Broken or Loose/Mobile teeth: No Yes
Dental appliances (bridge, plate, braces or orthodontic appliance): No Yes

CARDIOVASCULAR SYSTEM

Rhythm	normal	arrhythmic
Heart sounds	normal	abnormal, please specify: split
Heart murmurs	no	yes, please specify
Peripheral oedema	no	yes
Jugular veins (45-degree position)	normal	abnormal
Hepatojugular reflux	no	yes

Circulation / blood vessels

Peripheral pulses *(i.e. radial, femoral arteries)*	palpable	not palpable plz specify:___________
Vascular bruits *(i.e. carotid artery)*	no	yes, please specify:

MEDICAL HISTORY

PRESENT AND PAST COMPLAINTS

(A) General	**No**	Yes, within **the last 4 weeks**	Yes, **prior** to the last 4 weeks
Flu-like symptoms	☐	☐	☐
Infections (esp viral)	☐	☐	☐
Rheumatic fever	☐	☐	☐
Heat illness	☐	☐	☐
Concussion	☐	☐	☐
Allergies to food, insects	☐	☐	☐
Allergies to drugs	☐	☐	☐
(B) Heart and Lungs	**No**	Within the last 4 weeks **at rest...during/after exercise**	Within the last 4 weeks **at rest...during/after exercise**
Chest pain or tightness	☐	☐ ☐	☐ ☐
Shortness of breath	☐	☐ ☐	☐ ☐
Asthma	☐	☐ ☐	☐ ☐
Cough	☐	☐ ☐	☐ ☐
Bronchitis	☐	☐ ☐	☐ ☐
Palpation/ Arrhythmias	☐	☐ ☐	☐ ☐
Other heart problems	☐	☐ ☐	☐ ☐
Dizziness	☐	☐ ☐	☐ ☐
Syncope	☐	☐ ☐	☐ ☐
	No	Yes, within **the last 4 weeks**	Yes, **prior** to the last 4 weeks
Hypertension	☐	☐	☐
Heart murmur	☐	☐	☐
Abnormal lipid profile	☐	☐	☐
Seizures, epilepsy	☐	☐	☐
Advised to give up sport	☐	☐	☐
More quickly tired than other team mates	☐	☐	☐
Diarrhea illness	☐	☐	☐

FAMILY HISTORY

Male relatives < 55 years / Female relatives < 65 years

	NO	FATHER	MOTHER	SIBLING	OTHER
Sudden cardiac death	☐	☐	☐	☐	☐
Sudden infant death	☐	☐	☐	☐	☐
Cardiomyopathy	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Recurrent syncope	☐	☐	☐	☐	☐
Arrhythmias	☐	☐	☐	☐	☐
Heart transplantation	☐	☐	☐	☐	☐

Heart surgery	☐	☐	☐	☐	☐
Pacemaker/Defibrillator	☐	☐	☐	☐	☐
Marfan syndrome	☐	☐	☐	☐	☐
Unexplained drowning	☐	☐	☐	☐	☐
Unexplained car accident	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐
Others	☐	☐	☐	☐	☐

ROUTINE MEDICATION WITHIN THE LAST 12 YEARS

	NO	YE S
Non-steroidal anti-inflammatory drugs	☐	☐
Asthma medication	☐	☐
Anti-hypertensive drugs	☐	☐
Lipid lowering drugs	☐	☐
Anti-diabetic drugs	☐	☐
Psychotropic drugs	☐	☐
Others:	☐	☐

HOSPITAL VISIT

To be done by Medical Doctor

- ☐ Blood grouping & RH Type
- ☐ CBC with ESR
- ☐ Blood Glucose (including fasting)
- ☐ Lipid profile
- ☐ Liver Function Tests
- ☐ CRP
- ☐ DLC
- ☐ Kidney Function Tests
- ☐ Thyroid Function Tests (TSH, Free T3 & T4)
- ☐ Electrolytes
- ☐ Vitamin D
- ☐ Vitamin B12
- ☐ Iron
- ☐ Ferritin
- ☐ % Transferrin saturation
- ☐ Folate
- ☐ Ionic Calcium
- ☐ Magnesium

- ☐ Iodine
- ☐ Albumin
- ☐ Prealbumin

Cardiac Screening:

- ☐ ECG
- ☐ Colour Doppler

- **GENERAL PHYSICAL EXAMINATION** *TO BE COMPLETED IN HOSPITAL*
- **CARDIOVASCULAR SYSTEM** *TO BE COMPLETED IN HOSPITAL*
  - **12 LEAD RESTING ECG** *TO BE COMPLETED IN HOSPITAL*
  - **ECHOCARDIOLOGY** *TO BE COMPLETED IN HOSPITAL*
- **BLOOD SAMPLING** *TO BE COMPLETED IN HOSPITAL*
- **VERIFICATION THAT EXAMS HAVE BEEN DONE AT HOSPITAL**

Consultation	12 lead ECG	Echocardiography	Blood sampling
yes - no	yes - no	yes - no	yes - no

Remarks:

Medical Officer

(Signature)

Date:………………..

Department of Strength & Conditioning

Athlete to be addressed to the Sports Medicine Department

Test	L/±	R/±	Raw Score		Final Score	Comments
			L/±	R/±		
DEEP SQUAT						
HURDLE STEP						
INLINE LUNGE						
SHOULDER MOBILITY						
SHOULDER CLEARING Test						
ACTIVE STRAIGHT-LEG RAISE Test						
TRUNK STABILITY PUSHUP Extension CLEARING TEST						
ROTARY STABILITY						
FLEXION CLEARING TEST						
Total Screening Score						

*Raw Score: This score is used to denote right and left side scoring. The right and left sides are scored in five of the seven tests and both are documented in this space.

Final Score: This score is used to denote the overall score for the test. The lowest score for the raw score (each side) is carried over to give a final score for the test. A person who scores a three on the right and a two on the left would receive a final score of two. The final score is then summarized and used as a total score.

Clearing Test: A positive indicates pain. A negative indicates no pain. If pain is present (+),the score for that test would result in a 0.

Remarks:

Strength & Conditioning Expert

(Signature)

Date………………..

Department of Sports Psychology

Athlete to be addressed to the Sports Psychology Department

Assessment Name	Remarks
RESTQ – sports (Recovery Stress Questionnaire)	
POMS (Profile of Mood States)	
PRIA-RS (Psychological Readiness of Injured Athlete to Return to Sport)	
Tempa Kinesiophobia Scale	
Conclusion:	
	Psychologist **(Signature)** Date……………….