



**GUIDE FOR PHYSIO AND
MEDICAL SUPPORT STAFF
AT
HA MASTERS NATIONAL
CHAMPIONSHIPS**

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APPROVED BY:	ACT MASTERS HOCKEY COMMITTEE

ADOPTED BY ACT MASTERS HOCKEY: 20 JULY 2021



GUIDE FOR PHYSIO AND MEDICAL SUPPORT STAFF AT HA MASTERS NATIONAL CHAMPIONSHIPS

This guide is provided to assist ACT Masters Hockey Physio & Medical Support Staff while fulfilling their responsibilities to players at the Hockey Australia Masters National Championships.

The Committee will inform the successful physio and medical staff candidates of their selection and who will perform the Medical Team Leader role at the championships. Further dialogue will occur with the Committee, as to the travel and accommodation arrangements for each of the physio and medical staff.

Discussion will also occur regarding the requirements and provision of tapes and other medical supplies for the championships. Prior to the championships the Medical Team Leader will develop a roster for each of the scheduled games, and distribute the roster to each of the ACT Masters Team Managers.

At the championships and in fulfilling your role you should:

- Be available at least 90 minutes prior to the scheduled match commencement time.
- Have a pre-match discussion with the Coach and Team Manager, to include:
 - If there are any pre-existing injuries.
 - Any issues or concerns you may have regarding any of that team's players.
 - Other requirements or identified issues you have become aware of in the discussions.

During the games the Team Managers will provide any assistance, if or when identified. You should make note of any injuries players may have sustained during a game and at the end of each game have a brief discussion with the Coach and Team Manager to cover off if:

- There are any issues or concerns you may have experienced during the game.
- Whether there are recommendations for further medical treatment for any player.

During the championships the Medical Team Leader is to amend the medical staffing roster, where needed, to ensure adequate medical representation for those ACT teams playing in semi-finals and finals.

Post championships, the Medical Team Leader will co-ordinate a combined report from all Medical Support Staff to the ACT Masters Committee, which should include:

- Ongoing concerns or medical treatment recommendations for any player.
- An assessment of the quality of the facilities and assistance provided by the host state.
- An appraisal of each of the physio and medical staff's contributions during the championships.
- Any other recommendations to further enhance the quality of the medical support to be provided at future championships.

Medical Incident Report Serious Injury

Tournament:	
Dates:	
Venue:	
Medical Officer:	

Team:			
Name of injured player:		Shirt number:	
Gender:	Male	Female	
Date of incident:			
Location of incident (eg pitch, stadium, hotel):			

Description of incident: describe circumstances of incident and mechanism of injury if known	
Diagnosis:	

If the player was hospitalised, complete the following section	
Name and address of hospital:	
Reason for hospitalization:	
Names of attending doctors, surgeons etc:	
Admission diagnosis:	

Significant X-ray, CT, MRI, ultra-sound findings:	
Provisional diagnosis:	
Date and type of surgery/ procedure:	
Brief summary of hospital stay	
Date of discharge:	

Complete the following section in relation to follow-up plans	
Which doctor:	
Where:	
Disposition needs (eg wheelchair, braces, cast, splints, walking cane, crutches):	
Rehabilitation/therapy needs:	
Medication recommended:	

Any further comments

Signed:	
Date:	

Thank you for your help. Please send the completed form within one month of the end of the tournament to :

Competitions Manager
Hockey Australia, Level 5, 409 St Kilda Road, Melbourne Victoria 3004

email: HA@hockey.org.au

Team Report:
Injury Summary

To be completed at the end of the tournament by the Team Medical Personnel for serious injuries as requested by the Tournament Director

Tournament:	
Dates:	
Team:	
Team Medical Official:	

Player number	Date of injury	Resumed play in same match (yes/no)	Number of matches missed
Brief description of injury including cause and treatment			

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Brief description of injury including cause and treatment			

Any further comments

If you are word processing this form, the boxes will expand to accommodate your text.
 If completing the form by hand and there is insufficient space in a box, please attach an additional sheet of comments.

Signed:	
Date:	

Please give the completed form to the Tournament Director before the end of the tournament.

The information in this report will be dealt with in confidence but provides valuable information for Hockey Australia. For example, it enables HA to assess common causes of injuries and to ensure that appropriate treatment and support facilities are available at tournaments.