

**2010/2011 PFA**

# **A-LEAGUE INJURY REPORT**



**May 2012 (5th edition)**



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Over the past six seasons, the A-League has established itself as one of the key competitions in Australian sport. The A-League is an exciting league with a vibrant playing culture and the on-field quality has improved each season.

Nonetheless, this very competitiveness of the A-League makes particular demands of its players, especially in relation to relatively hard playing and training surfaces, restricted rosters, heat and substantial travel.

The 2010/2011 PFA A-League Injury Report raises serious concerns about the impact of these factors as this Report demonstrates an increase in the overall number of injuries suffered by players in the A-League, and that this increase was greater than the increase in the number of matches played.

There are three key statistics which emerge from this report. These are:

1. 139 players suffered a total of 202 injuries in 2010/11;
2. The total number of games missed through injury for all A-League clubs increased by 29.82 % from 855 to 1,110 in 2010/2011 although the total number of matches only increased by 22.22%; and
3. The direct salary cost to the A-League clubs of injuries suffered

by players has now reached a total of over \$20 million since the competition's inception in 2005. Over 40% of the injuries are soft tissue injuries, meaning that more than \$8 million in direct costs have arguably been preventable.

Regrettably, injury management in the A-League has not always met the standards in other major sports. For instance, the Australian Football League (AFL) injury report of 2010 shows a steady decline of injury recurrence over the past 10 years, including a steady decline in the recurrence rate of all of the common muscle strains.

The injury statistics from the 2010/11 season demonstrate that A-League clubs have not implemented medical systems which provide greater focus on injury prevention. A-League clubs have not controlled non-contact soft tissue injuries, such as hamstring strains, which can be reduced through the implementation of proper medical regimes.

On top of this, the last three seasons have seen a significant increase in the number of knee injuries sustained by A-League players. Knee injuries prevented A-League players from being available for over 400 games in the 2010/11 season.

The failure to better manage soft-tissue injuries through appropriate medical interventions is a false economy on the part of clubs. The evidence from this report is that there is a correlation between success in the A-League and low levels of injury. The report does not suggest that it is possible to prevent all types of injury, but that where prevention could occur through better medical systems, a decision not to implement them is counter-productive for both the clubs' on-field performance and its financial bottom-line.

It is important to note that the A-League has now introduced minimum medical standards. These standards (which are found at Appendix 1), for example, mandate that A-League clubs conduct medical testing and have registered physiotherapists available to players immediately, prior to and during and after training and at all matches.

The 2010/2011 PFA A-League Injury Report (now in its 5th edition) collates and analyses available data to measure the impact and extent of injury within the A-League. It does so by reference to criteria such as the number of games missed, injury type and the number of players injured during the course of the season.

The survey uses publicly available sources to collate information, including:

- FFA's weekly A-League match previews and reviews; and
- Official A-League Club websites.

An injury is defined as any injury or other medical condition that prevents a player from participating in a match.

### Season Duration and Number of Players

The regular 2010/2011 season ran from early August 2010 to February 2011 with 30 home-and-away rounds consisting of 165 matches over 27 weeks. There were 30 mid-week matches. This was an increase in the number of games for players in the A-League and also involved an increase in the amount of travel.

The Final Series consisted of four rounds, the injury statistics of which are not included in this report.

As in 2009/2010, the rosters had a maximum of 23 players and a minimum of 20.

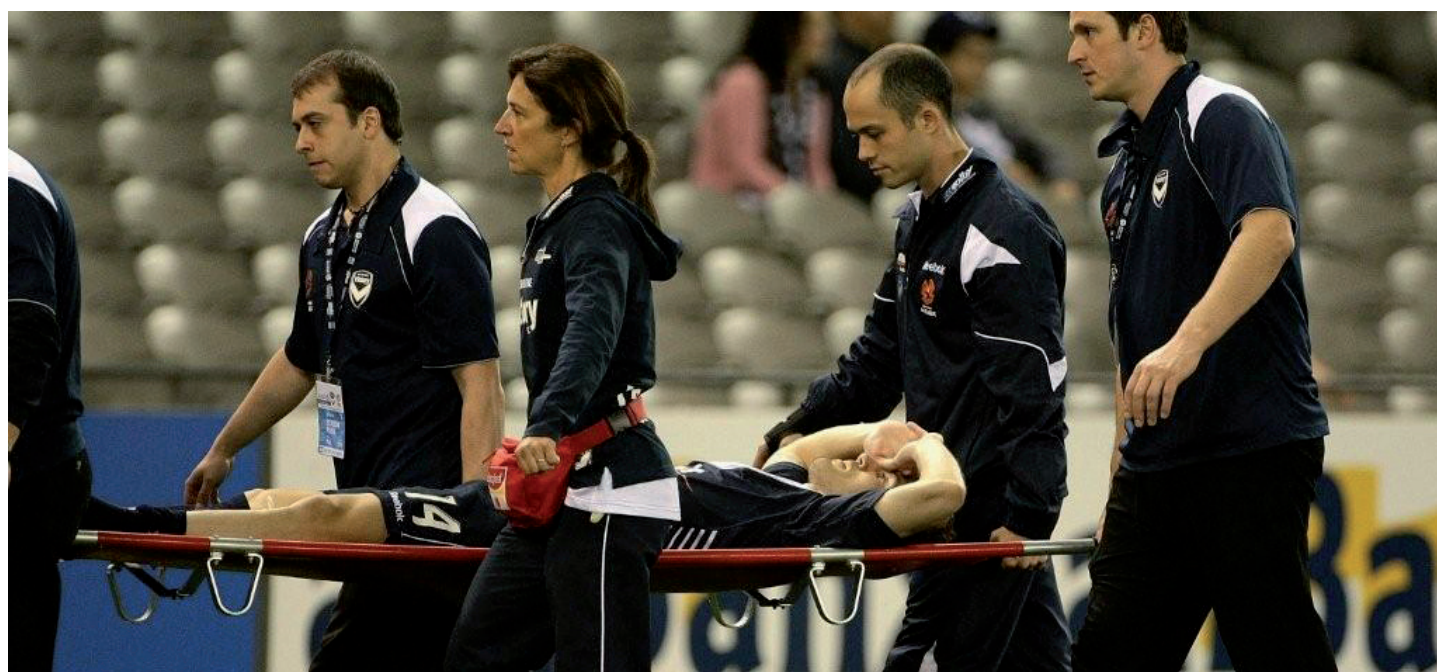
A-League clubs were permitted to sign Replacement Players on short term contracts during the season as cover for listed squad players who were suffering from injuries which were to last longer than six weeks or who were absent on national team duty.

### Important Note on Results

As with previous Reports, the accuracy of the results is dependent upon the accuracy of the sources of information which are the FFA's media releases and club reports. Accordingly, the PFA

does not warrant that the results are an exact and complete record of player injuries. They are, however, an accurate summation of the publicly available official information provided by FFA and club sources.

Note that there was incomplete or unavailable data for approximately 7 rounds of the 2005/2006 season. Accordingly, where appropriate, 2005/2006 results have been increased pro rata from 14 rounds to 21 rounds.



## GAMES MISSED THROUGH INJURY

**Table 1** details and compares the number of games missed at each club for the first 6 seasons of the A-League (2005/2006 - 2010/2011) with each club's table position at the end of the season.

**Table 1 shows:**

- The total number of games missed through injury for all A-League clubs increased by 29.82% from 855 to 1110 in 2010/2011 although the total number of matches played only increased by 22.22%;
- Newcastle Jets recorded the highest number of games missed through

injury for the season with 187 which is also the highest number ever recorded by an A-League team.

- Seven of the eleven A-League Clubs had increases in the number of games missed through injury during the 2010/2011 season. Wellington had the highest increase: from 35 to 98 (180%).

The PFA's Injury Report has repeatedly found a relationship between the on-field performance of a club and the number of players unable to play due to injury. This has again occurred in 2010/11.

In particular, the A-League Champion Brisbane Roar had the best injury record of all teams as well as a substantial decrease in injuries from the previous season, notwithstanding the increase in the number of games played by each club. Brisbane reduced the number of games missed due to injury from 89 to 51 (a drop of 42.7%). This relatively lower incidence of injury is consistent with the performance of championship winning clubs in the past, most notably the Melbourne Victory (2006/07) and (2008/09) and the Newcastle Jets (2007/08).

**Table 1: Injury Rank and Table Position, A-League Clubs, Seasons 1 – 6**

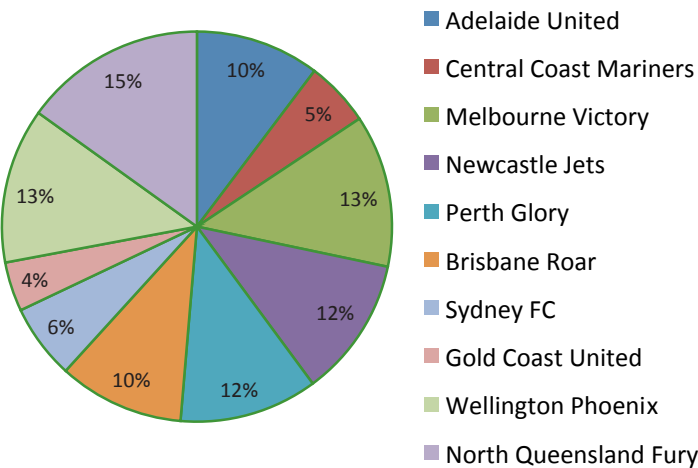
	2005/2006 Home and Away Season*			2006/2007 Home and Away Season			2007/2008 Home and Away Season			2008/2009 Home and Away Season			2009/2010 Home and Away Season			2010/2011 Home and Away Season		
CLUB	#	Injury Rank	Table Position	#	Injury Rank	Table Position	#	Injury Rank	Table Position	#	Injury Rank	Table Position	#	Injury Rank	Table Position	#	Injury Rank	Table Position
Adelaide United	57	5	1	59	6	2	93	7	6	77	6	2	88	4	10	136	10	3
CC Mariners	118	8	3	97	8	6	54	5	1	66	5	4	46	2	8	104	8	2
Melbourne Victory	27	1	7	12	1	1	51	3	5	25	1	1	108	8	2	84	5	5
Newcastle Jets	115	7	4	38	3	3	40	2	2	62	3	8	99	7	6	187	11	7
NZ Knights	49	4	8	83	7	8	-	-	-	-	-	-	-	-	-	-	-	-
Perth Glory	61	6	5	52	5	7	67	6	7	96	8	7	98	6	5	81	4	10
Brisbane Roar	43	3	6	23	2	5	53	4	4	62	3	3	89	5	9	51	1	1
Sydney FC	27	1	2	44	4	4	98	8	3	91	7	5	53	3	1	70	2	9
Wellington Phoenix	-	-	-	-	-	-	26	1	8	27	2	6	35	1	4	98	6	6
Gold Coast United	-	-	-	-	-	-	-	-	-	-	-	-	110	9	3	122	9	4
North Queensland Fury	-	-	-	-	-	-	-	-	-	-	-	-	129	10	7	99	7	11
Melbourne Heart	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	78	3	8
TOTAL	497			408			482			506			855			1110		
A-League Average	62.1			51.0			60.3			63.3			85.5			100.9		

\* Information available for approximately 14 rounds has been scaled upwards, pro rata, to 21 rounds to enable comparison.



Figure 1: illustrates the breakdown in games missed by club for seasons 5 and 6 of the A-League.

A-League Injuries - Season 5 (2009/10)  
(Total Games 855)



A-League Injuries - Season 6 (2010/11)  
(Total Games Missed 1110)

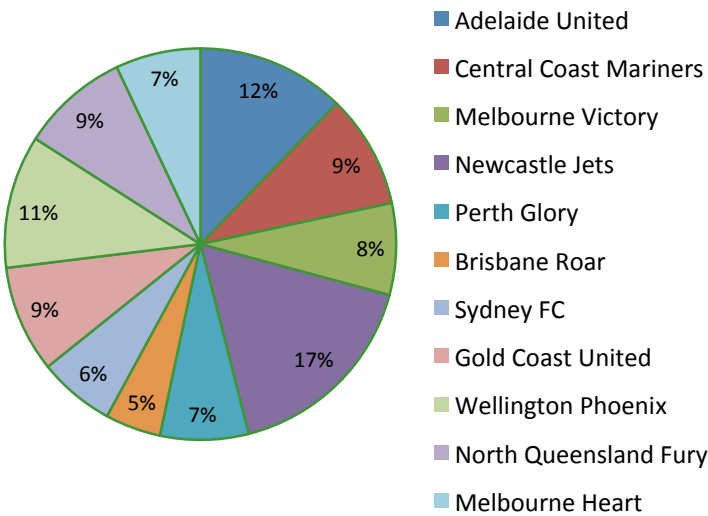


Table 2: Injury Rank of Top 2 A –League Clubs at the conclusion of the Home and Away Season

Club	Table Postion	Injury Rank
2005/06 Home and Away		
Adelaide United	1	5
Sydney FC	2	1
2006/07 Home and Away		
Melbourne Victory	1	1
Adelaide United	2	6
2007/08 Home and Away		
CC Mariners	1	5
Newcastle Jets	2	2
2008/09 Home and Away		
Melbourne Victory	1	1
Adelaide United	2	6
2009/10 Home and Away		
Sydney FC	1	3
Melbourne Victory	2	8
2010/11 Home and Away		
Brisbane Roar	1	1
CC Mariners	2	8

Table 2: Highlights some of the data from Table 1 by concentrating on the injury ranks of the Clubs that finished first and second at the end of the home and away season. The data demonstrates that the best performing clubs over the course of a season tend to have better than average injury performance. Indeed on three occasions, the most recent being Brisbane Roar at the 2010/11 season, the Club which finished top at the conclusion of the home and away season was also the team which had the best injury ranking.



## UNAVAILABILITY OF PLAYERS

**Table 3** details the number of players unavailable at each club during each round of the 2010/2011 season due to injury. Noteworthy trends include:

- Newcastle Jets had the highest average, with an extraordinary number of 6.2 injured players per round. Adelaide had the second highest average with 4.5;
- Clubs have playing rosters of between 20 and 23 players. Injury rates of 4 or more will mean that a club would have approximately 20% of the playing roster unavailable each week. However, A-League Champion Brisbane Roar had the lowest weekly injury rate of 1.7. The Club played six consecutive matches (Rounds 22 to 27) without injury; and
- Newcastle Jets had between 10 and 14 players unavailable through injury in rounds 25 to 30, meaning that on some occasions more than half of the club's playing roster was injured. The injury of 14 players in round 26 was the highest for the season of any club and the highest in A-League history. The Jets lost this match 1-0 against Wellington Phoenix.

**Table 3: Unavailability of A-League Players per Round/Club, 2010/2011**

A-LEAGUE CLUB												
Round	ADU	BNE	CCM	MEH	GCU	MEV	NUJ	NQF	PER	SFC	WPX	Average
1	4	3	0	2	2	3	2	1	3	1	1	2.1
2	4	3	0	2	3	3	2	1	3	1	1	2.1
3	6	2	1	3	3	5	2	1	3	2	2	2.7
4	5	2	1	4	3	3	2	1	4	2	2	2.5
5	5	2	1	4	3	2	6	2	4	2	2	3.0
6	4	1	2	4	4	2	3	2	2	2	2	2.5
7	4	1	2	4	4	4	3	2	1	2	3	2.7
8	4	1	3	3	4	4	3	4	2	3	4	3.2
9	4	2	3	2	4	4	2	2	3	1	2	2.6
10	3	1	4	1	5	4	2	1	2	1	2	2.4
11	2	2	4	2	3	3	2	1	2	9	2	2.1
12	3	2	4	2	2	3	3	1	1	0	3	2.2
13	4	2	4	2	2	3	5	2	1	1	3	2.6
14	5	1	4	1	2	3	5	3	2	1	3	2.7
15	5	2	4	5	4	3	5	4	4	2	3	3.7
16	4	2	6	6	7	2	6	4	3	1	6	4.3
17	3	3	6	6	7	3	9	5	3	1	4	4.5
18	3	3	5	5	6	2	8	8	2	2	5	4.5
19	4	3	5	4	4	3	8	8	2	3	4	4.4
20	5	2	5	3	4	3	8	6	2	3	4	4.1
21	5	3	3	1	3	1	8	6	2	3	4	3.5
22	6	0	3	1	2	2	9	6	4	4	3	3.6
23	5	0	3	1	2	2	9	4	4	4	3	3.4
24	5	0	4	1	2	3	9	4	4	4	3	3.5
25	5	0	4	1	5	3	12	4	3	4	4	4.1
26	6	0	5	1	8	3	14	4	3	4	4	4.7
27	5	0	5	1	5	3	11	2	3	4	5	4.0
28	7	3	6	2	5	3	11	2	3	3	4	4.5
29	6	3	4	2	6	4	10	4	3	5	4	4.6
30	6	3	4	3	7	1	10	4	3	5	3	4.5
Average	4.5	1.7	3.5	2.6	4.1	2.8	6.2	3.3	2.7	2.3	3.3	

Over the course of the season across all eleven A-League clubs an average of 3.4 players were unavailable to play for their respective club.



**Figure 2: Seasonal Timing of Injury, A-League Season 2010/2011**



The extent of injury in A-League clubs, particularly towards the end of a season raises questions about the appropriateness of the current minimum number of players on an A-League club's roster. Currently the minimum number of players on an A-League roster is 20. Figure 2 shows that for approximately one-third of the 2010/11 season the average number of injuries at a club was over 4. For A-League clubs which are only filling the minimum number of players on the roster, suffering just the average level of injuries will provide that club with only just enough players available to

fill the team and the bench. However, the average numbers of injuries, is just that, an average. Some teams suffer much higher levels of injuries at different stages of the season.

The clear need to address roster sizes in this context is compounded by the existence of FIFA regulations which impose conditions on the use of replacement players by A-League clubs, in particular conditions which make it difficult for clubs to rely upon long term replacement players. Furthermore, it is not appropriate for clubs to rely extensively upon national youth league players to fill significant injury gaps in

**Figure 2** shows the average number of injuries across all clubs by reference to the stage of the season for 2010/2011. As with many of the previous reports, injury rates increase over the course of a season.

the roster. These players are amateur players who have signed development agreements, not full-time professional contracts. As they are not contracted players in the way that players in the senior roster are contracted, and have a very different set of entitlements to A-League contracted players, they cannot be expected to prepare as full-time professionals. The move to allow clubs to sign up to 3 National Youth League players as full-time professionals on top of the 23 player roster and outside the salary cap is welcome and should be utilised by all clubs across the competition.



## NUMBER, TYPE AND RECOVERY PERIOD FOR INJURIES

**Table 4** details the type of injury and number of the games missed in 2010/2011 and the five previous seasons. The highest averages of matches missed by injury type for the 2010/2011 season were;

*knee (38.7%), hamstring strains (10.8%), ankle sprains (8.8%), groin strains (6.9%).*

These four types of injury for 2010/2011 represent almost two-thirds of all matches missed by A-League players.

**Table 4: Games Missed by Injury Type, Seasons 1 - 6**

	2005/2006*		2006/2007		2007/2008		2008/2009		2009/ 2010		2010/2011	
Type of Injury	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Ankle sprains/ Joint injuries	41	12.0	56	14.0	37	7.7	89	18.0	102	12.0	96	8.8
Lower back	4	1.2	22	5.4	6	1.2	1	0.2	38	4.4	17	1.6
Calf strains	10	3.0	12	2.9	29	6.0	31	6.1	44	5.1	51	4.7
Foot injuries	1	0.3	14	3.4	6	1.2	13	2.6	31	3.6	43	3.9
Groin strains/ Osteitis pubis	38	11.0	84	21.0	21	4.4	57	11.0	53	6.2	75	6.9
Hamstring strains	25	7.5	57	14.0	51	11	48	9.5	111	13.0	118	10.8
Hip injuries	8	2.4	24	5.9	0	0.0	9	1.7	33	3.9	74	6.8
Knee: ACL, MCL, cartilage	93	28.0	81	20.0	140	29.0	145	29.0	299	35.0	424	38.7
Quadriceps strain	3	0.9	10	2.5	63	13.0	21	4.2	71	8.3	17	1.6
Leg	25	7.5	12	2.9	35	7.3	21	4.2	39	4.6	57	5.2
Shin	20	6.0	2	0.5	1	0.2	0	0.0	0	0.0	18	1.6
Hernia	20	6.5	0	0.0	0	0.0	6	1.2	23	2.7	0	0
Fractured Checkbone	14	4.1	0	0.0	0	0.0	0	0.0	5	0.6	0	0
Fractured Collarbone	0	0.0	7	1.7	0	0.0	0	0.0	0	0.0	0	0
Glandular Fever	17	5.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Shoulder	0	0.0	14	3.4	38	7.9	19	3.8	1	0.1	7	0.6
Other	14	4.1	13	3.2	55	11.0	46	9.1	0	0.0	98	9
<b>TOTAL</b>	<b>333</b>	<b>100</b>	<b>408</b>	<b>100</b>	<b>482</b>	<b>100</b>	<b>506</b>	<b>100</b>	<b>855</b>	<b>100</b>	<b>1095</b>	<b>100</b>

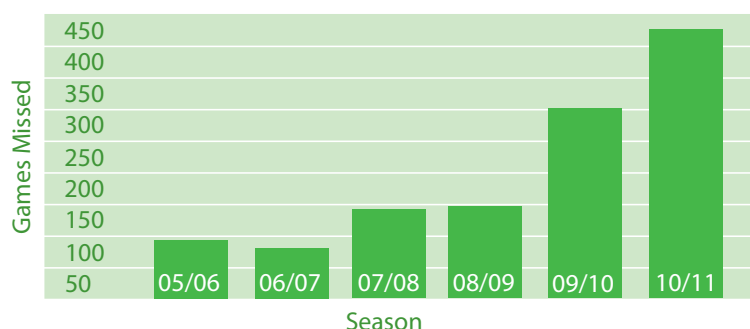
Non-contact injuries such as hamstring strains are the injuries which are most capable of being prevented with sound injury management practices. However, over the last three seasons there has been a significant increase in the games missed as a consequence of knee injuries: from 145 games in

2008/2009 to 299 in 2009/2010 and 424 in 2010/2011. The very serious nature of knee injuries and the long recovery times, can mean that the injury can be suffered in the year prior to the injury report, but still impact the club the following year.

In all A-League seasons, knee injuries have been responsible for the greatest number of games missed. Newcastle Jets had 4 players who sustained season ending knee injuries, whilst Adelaide United and CC Mariners had 3.

**Figure 3** details the number of matches missed due to knee injuries for the last 6 seasons.

**Figure 3: Knee Injuries 2005 - 2011**



## FINANCIAL COST OF INJURY

In the 2009-10 injury report the PFA provided calculations outlining the extent to which injuries cost clubs. These figures show that savings on medical and physiotherapist costs are a false economy. An assessment of the costs caused to clubs by injuries can be calculated using the following formula:

$$\text{Cost of Injury} = \frac{\text{Salary Cap}}{(\text{No. of Games} \times 15 \text{ (i.e. No. Players on Team Sheet)})}$$

This value is conservative as it does not contemplate:

- 1) The losses from the Finals Series;
- 2) The cost of payments outside the salary cap, such as to marquee and replacement players; or
- 3) The cost of medical care and treatment to injured players.

Since the A-League's creation, A-League clubs have incurred direct salary costs in excess of \$20,000,000 (**Table 5**) due to injuries.

Players are a club's number one asset. Clubs invest substantially in the on-field performance of the players and player payments form a substantial part of overall club expenditure.

A previous PFA survey of A-League members conducted in 2010 indicated that one-third of the members did not agree that their club provided good medical facilities, personnel and treatment during training.

**Table 5: Cost of A-League Injuries, 2005/2006 - 2010/2011**

	Season Average	Total
Adelaide United	\$461,015	\$2,766,095
Brisbane Roar	\$293,198	\$1,759,190
Central Coast Mariners	\$426,656	\$2,559,936
Melbourne Heart	\$407,333	\$407,333
Melbourne Victory	\$278,402	\$1,670,412
Newcastle Jets	\$478,288	\$2,869,729
New Zealand Knights	\$327,460	\$654,920
Perth Glory	\$413,991	\$2,483,951
Sydney FC	\$353,491	\$2,120,951
Wellington Phoenix	\$254,412	\$1,017,650
Gold Coast United	\$624,111	\$1,248,222
North Queensland Fury	\$616,832	\$1,233,665
Total	n/a	\$20,792,054

Approximately 40% of all A-League injuries have been soft-tissue injuries. Accordingly, the cost of preventable injuries within the A-League can be said to have exceeded \$8,000,000 over the last 6 seasons. It should be noted, however, that the PFA does not assert that all soft tissue injuries would be prevented through better injury management.





## INCIDENCE OF INJURY

**Table 6: Incidence of Injury, 2010/2011**

**Table 6** shows the number of players who were injured at each club, how many separate injuries occurred per club and the total number of matches that were missed.

A number of players were injured more than once during the season. Newcastle Jets had a total of 28 injuries to 19 players.

Among the four teams with the fewest players injured were the two Grand Finalists, Brisbane and Central Coast.

Club	No. of Players Injured per Club	No. of Injuries per Club	Total Number of Matches Missed
Adelaide United	13	21	136
Brisbane Roar	11	16	51
Central Coast Mariners	11	13	104
Gold Coast United	15	26	122
Melbourne Victory	11	17	84
Newcastle Jets	19	28	187
North Queensland Fury	14	18	99
Perth Glory	12	16	81
Sydney FC	9	13	70
Wellington Phoenix	11	14	98
Melbourne Heart	13	20	78
<b>TOTAL</b>	<b>139</b>	<b>202</b>	<b>1,110</b>



The key findings in this report see:

- The total number of games missed through injury for all A-League clubs increased by 29.82% from 855 to 1,110 in 2010/2011 although the total number of played matches only increased by 22.22%.
- Newcastle Jets recorded the highest number of matches missed through injury for the season with 187. This is the highest number ever recorded by an A-League team. A total of 19 players missed matches because of injury.
- The number of matches missed through injury increased at all but four of the clubs during the 2010/2011 season. Wellington Phoenix had the highest increase from 35 to 98 (180%).
- 2010/11 A-League Champion Brisbane Roar had the best injury record of all teams as well as the greatest decrease in injuries compared to the previous season from 89 to 51 (42.7% less).
- Newcastle Jets had the highest average with 6.2 injured players per round. Adelaide had the second highest average with 4.5.
- A-League Champion Brisbane Roar had the lowest weekly injury rate of 1.7. The Club went six consecutive matches without an injury.
- The Newcastle Jets had between 10 and 14 players unavailable through injury in rounds 25 to 30, up to more than half of the club's playing roster. The injury of 14 players in round 26 was the highest for the season of any club and the highest in A-League history.
- Injury rates continued to increase as the season continued.
- There was another significant increase in knee injuries.
- The total direct cost of player injuries to A-League clubs since the A-League's creation, excluding the cost of medical treatment and payments outside the salary cap, has exceeded \$20,000,000.

The continuing number of injuries in the A-League highlighted the reason for the introduction of minimum medical standards which have been mandated for each club for 2011/12. Effective injury prevention and management practices are essential for clubs to successfully fulfill their responsibilities,

as well as for the continued growth and success of the league.

Minimum medical standards, in themselves are not enough and should not be necessary. Ultimately, the A-League and each of its clubs must embrace a high performance environment.

In the immediate term, thought must be given to the appropriate size of club rosters in the light of the persistently high number of players that are, on average, unavailable to be selected by A-League clubs. The number of players unavailable to be selected continues to impact on the ability of clubs to field competitive teams and forces them to rely upon replacement or National Youth League players as though they are full-time professionals.

As better medical treatment is highly correlated with on-field success, A-League clubs which do not provide their players with the best medical services will frequently pay for this on the park as well as financially.



### 1. Medical Testing

Prior to commencement of each season, each Club shall complete a Medical Assessment (incorporating the Lausanne Recommendations) on all players in their squad. No contracted player may participate in training or matches unless he has undergone a complete Medical Assessment in connection with the relevant season and has been signed off by the Club's Physician as being fit to play.

### 2. Club Physician

Each Club will have a specialist sports physician, certified by the Australasian College of Sports Physicians, or a sports doctor, certified by Sports Doctors Australia, as one of its Club physicians.

If a Club physician advises a coach or other Club representative of a player's physical condition that adversely affects the player's performance or health, the physician will also advise the player.

If the player suffers from a condition that could be significantly aggravated by continued performance, the physician will advise the player and the Club of such fact before the player is again allowed to perform on-field activity.

A different physician is required for both the home team and the away team in an A-League match. Each team is responsible for ensuring that its team's physician is present and on duty.

The home team in an A-League match shall ensure that first aid supplies and medications appropriate for the types of injuries that may be sustained during a match are provided.

There shall be an ambulance available at each match.

### 3. Club Trainers

All trainers shall hold a Sports Trainer Level 2 certification from Sports Medicine Australia or a tertiary qualification in Sports Conditioning.

Any current trainer who does not hold the necessary certificates shall have two years in which to obtain the necessary certification. Trainers hired from overseas shall have comparable certification and shall complete the applicable Sports Trainer course within 2 years of the date hired.

### 4. Club Physiotherapists

Each club shall have a registered physiotherapist available to players immediately prior to, during and after training and at all matches.

### 5. Player Medical Records

Club doctors, physiotherapists, and trainers shall keep accurate records of players' injuries, illnesses, physical complaints, diagnostic tests, medical advice provided and treatment.

These records shall meet the requirements of confidentiality required by law and shall be available to the player to review and to copy upon request.

Club doctors, physiotherapists, and trainers shall provide all information and fully assist players in obtaining any and all insurance injury benefits to which players may be entitled.

### 6. Player's Right to a Second Opinion

A player will have the right to a second medical opinion by a medical practitioner of his choosing. In the event of a difference between the first and second opinions, an independent medical practitioner shall be selected by the Club and Player to resolve the difference.

### 7. Players' Right to a Surgeon of His Choice

A player will have the right to choose the surgeon who will perform surgery provided that:

(a) if possible, the player will consult with the Club physician, and

(b) the player will give due consideration to the Club physicians' recommendations.

All costs for any such surgery that are not covered by either medicare or the player's health insurance will be at the Club's expense; provided, however, that a) the surgery has been approved in writing by the Club's doctor, which approval shall not be unreasonably denied and b) the Club will not be responsible for or incur any liability (other than the cost of the surgery) related to the adequacy or competency of such surgery.





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