FIFA Pre-Competition Medical Assessment (PCMA)

Player:

Surname: ____

First name: ____

Date of birth: ______________________ (day / month / year)

National Team: _______________________________________

Local Club: ____

Country of Club: ______________________________________

1. Competition History

Position on the field ☐ goalkeeper ☐ defender ☐ midfielder ☐ striker

Dominant leg ☐ left ☐ right ☐ both

Matches in the last 12 months ______________

2. Medical History

2.1 Present and Past Complaints

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	☐	☐	☐
Diarrhoea illness	☐	☐	☐
Dysmenorrhoea	☐	☐	☐
Amenorrhoea	☐	☐	☐
Allergies to food, insects	☐	☐	☐
Allergies to drugs	☐	☐	☐

Heart and lung	**no**	within the last 4 weeks **at rest**	**during/after exercise**	prior to last 4 weeks **at rest**	**during/after exercise**
Chest pain or tightness	☐	☐	☐	☐	☐
Shortness of breath	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐
Cough	☐	☐	☐	☐	☐
Bronchitis	☐	☐	☐	☐	☐
Palpitations / 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 team mates	☐	☐	☐

Is the player pregnant?

❑ no ❑ yes since when? ....

© F-MARC 2010

Musculoskeletal system

Severe injury leading to more than four weeks of limited participation or absence from play/training:

	right	left		latest occurrence
☐ no	☐	☐	groin strain	when?________ (year)
	☐	☐	strain of m. quadriceps femoris	when?________ (year)
	☐	☐	strain of hamstring	when?________ (year)
	☐	☐	ligament injury of the knee	when?________ (year)
	☐	☐	ligament injury of the ankle	when?________ (year)
	☐	☐	others, please specify:________________	when?________ (year)

For others please provide diagnosis:____

Operations of the musculoskeletal system:

	right	left		latest operation
☐ no	☐	☐	hip joint	when?________ (year)
	☐	☐	groin (due to pubalgia)	when?________ (year)
	☐	☐	knee ligaments	when?________ (year)
	☐	☐	knee meniscus or cartilage	when?________ (year)
	☐	☐	Achilles tendon	when?________ (year)
	☐	☐	ankle joint	when?________ (year)
	☐	☐	other operations	when?________ (year)

For others please provide diagnosis:____

Current complaints, aches or pain:

☐ no ☐ yes, please specify **body parts**

			right	left	
☐ head / face	☐ shoulder		☐	☐	hip
☐ cervical spine	☐ upper arm		☐	☐	groin
☐ thoracic spine	☐ elbow		☐	☐	thigh
☐ lumbar spine	☐ forearm		☐	☐	knee
☐ sternum / ribs	☐ wrist		☐	☐	lower leg
☐ abdomen	☐ hand		☐	☐	Achilles tendon
☐ pelvis / sacrum	☐ fingers		☐	☐	ankle
			☐	☐	foot, toe

Current diagnosis and treatment:

	right	left				
☐ no	☐	☐	pubalgia	☐ rest	☐ physiotherapy	☐ surgery
	☐	☐	hamstring strain	☐ rest	☐ physiotherapy	☐ surgery
	☐	☐	quadriceps strain	☐ rest	☐ physiotherapy	☐ surgery
	☐	☐	knee sprain	☐ rest	☐ physiotherapy	☐ surgery
	☐	☐	meniscus lesion	☐ rest	☐ physiotherapy	☐ surgery
	☐	☐	tendinosis of Achilles tendon	☐ rest	☐ physiotherapy	☐ surgery
	☐	☐	ankle sprain	☐ rest	☐ physiotherapy	☐ surgery
	☐	☐	concussion	☐ rest	☐ physiotherapy	☐ surgery
	☐	☐	low back pain	☐ rest	☐ physiotherapy	☐ surgery

© F-MARC 2010

2.2 Family History (male relatives < 55 years, female relatives < 65 years)

	no	father	mother	sibling	other
Sudden cardiac death	☐	☐	☐	☐	☐
Sudden infant death	☐			☐	☐
Coronary heart disease	☐	☐	☐	☐	☐
Cardiomyopathy	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Recurrent syncope	☐	☐	☐	☐	☐
Arrhythmias	☐	☐	☐	☐	☐
Heart transplantation	☐	☐	☐	☐	☐
Heart surgery	☐	☐	☐	☐	☐
Pacemaker/Defibrillator	☐	☐	☐	☐	☐
Marfan syndrome	☐	☐	☐	☐	☐
Unexplained drowning	☐	☐	☐	☐	☐
Unexplained car accident	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐
Others (arthritis etc.)	☐	☐	☐	☐	☐

2.3 Routine Medication within last 12 months

	no	yes
Non-steroidal anti inflammatory drugs	☐	☐
Asthma medication	☐	☐
Antihypertensive drugs	☐	☐
Lipid lowering drugs	☐	☐
Antidiabetic drugs	☐	☐
Hormonal contraceptive	☐	☐
Psychotropic drugs	☐	☐
Other ______________________________	☐	☐

Does the player use hormonal methods to suppress or delay menstruation during important competitions?

❑ no ❑ yes since when? …………………

© F-MARC 2010

3. GENERAL PHYSICAL EXAMINATION

Height ______ cm/______ inch

Weight ______kg/______ lbs

Thyroid gland ☐ normal ☐ abnormal
Lymph nodes/spleen ☐ normal ☐ abnormal

Lungs
Percussion ☐ normal ☐ abnormal

Breath sounds ☐ normal ☐ abnormal

Abdomen
Palpation ☐ normal ☐ abnormal

Marfan Criteria

☐ no ☐ yes, please specify:
- ☐ chest deformities
- ☐ long arms and legs
- ☐ flat footedness
- ☐ scoliosis
- ☐ lens dislocation
- ☐ other: ________________________

4. BLOOD RESULTS (FASTING)

Haemoglobin	______	mg/dL
Haematocrit	______	%
Erythrocytes	______	mg/dL
Thrombocytes	______	mg/dL
Leukocytes	______	mg/dL
MCV	______	fl
MCHC	______	g/dL
Sodium	______	mmol/L
Potassium	______	mmol/L
Calcium	______	mmol/L
Phosphorus	______	mmol/L
Creatinine	______	µmol/L
Cholesterol (total)	______	mmol/L
LDL Cholesterol	______	mmol/L
HDL Cholesterol	______	mmol/L
Triglycerides	______	mmol/L
Glucose	______	mmol/L
C-reactive Protein	______	mg/L
Ferritin	______	ng/mL

© F-MARC 2010

5. Cardiovascular System

Rhythm	☐ normal	☐ arrhythmic
Heart sounds	☐ normal	☐ abnormal, please specify: ☐ split ☐ paradoxically split ☐ 3rd heart sound ☐ 4th heart sound
Heart murmurs	☐ no	☐ yes, please specify: ☐ systolic - intensity: ____/6 ☐ diastolic - intensity: ____/6 ☐ clicks ☐ changes during Valsalva manoeuvre ☐ changes when abruptly stands up
Peripheral oedema	☐ no	☐ yes
Jugular veins (45° position)	☐ normal	☐ abnormal
Hepato-jugular reflux	☐ no	☐ yes

Blood vessels

Peripheral pulses	☐ palpable	☐ not palpable
Delay in femoral pulses	☐ no	☐ yes
Vascular bruits	☐ no	☐ yes
Varicose veins	☐ no	☐ yes

Heart rate after 5 Minutes rest

_______ /min

Blood Pressure in Supine Position after 5 minutes rest

Right arm	___ / ___ mmHg
Left arm	___ / ___ mmHg
Ankle	___ / ___ mmHg

© F-MARC 2010

5.1 12-LEAD RESTING ECG* IN SUPINE POSITION AFTER 5 MINUTES REST

* Please attach copy

Heart rate _______ /min

Rhythm/Conduction ☐ normal ☐ abnormal, please specify:
- ☐ premature ventricular beats
- ☐ premature supraventricular beats
- ☐ supraventricular tachycardia
- ☐ ventricular arrhythmia
- ☐ atrial flutter/fibrillation
- ☐ delta wave
- ☐ atrio-ventricular block, please specify:
  - ☐ first degree
  - ☐ second degree type I
  - ☐ second degree type II
  - ☐ third degree

Time indices
PQ _______ ms
QRS _______ ms broader in V1, V2
QTc _______ ms

Atrial enlargement ☐ no
☐ yes, left (negative portion of the P wave in lead V1≥0.1mV in depth and ≥0.04 s in duration)
☐ yes, right (peaked P wave in leads II and III or V1≥0.25mV in amplitude)

Depolarisation / QRS complex

Axis ☐ normal ☐ abnormal (≥+120° or -30° to -90°)

Voltage ☐ normal ☐ abnormal

LV hypertrophy ☐ no ☐ yes

Q Waves ☐ normal ☐ abnormal (>0.04 s in duration or >25% of height of ensuing R wave or QS pattern in two or more leads)

Bundle Branch Block ☐ no ☐ yes, please specify:
- ☐ complete (>0.12 s) left
- ☐ complete (>0.12 s) right
- ☐ incomplete left anterior
- ☐ incomplete left posterior
- ☐ incomplete right

R wave ☐ normal ☐ pathologic R or R' wave in lead V1 (≥ 0.5mV in amplitude + R/S ratio ≥1)
☐ others

© F-MARC 2010

Repolarisation (ST-segment, T waves, QT-interval)

☐ normal ☐ abnormal, please specify:

	Lead I	II	III	aVR	aVL	AVF	V1	V2	V3	V4	V5	V6
ST-depression	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
ST-elevation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T-wave flattening	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T-wave inversion	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Summarising assessment of ECG ☐ normal ☐ abnormal

5.2 ECHOCARDIOGRAPHY (normal values of general population)

* Please provide CD-rom/DVD with loops

Body surface area (BSA):______ m^2

Left ventricle (LV)

End-diastolic diameter ______ cm
(normal values: ♀ <3.2 cm/m^2, ♂ <3.1cm/m^2)

End-systolic diameter ______ cm

End-diastolic interventricular septum thickness ______ cm
(normal values: ♀ <0.9 cm/m^2, ♂ <1.0cm/m^2)

End-diastolic posterior wall thickness ______ cm
(normal values: ♀ <0.9 cm/m^2, ♂ <1.0cm/m^2)

LV Diastolic volume ______ ml
(normal values: ♀, ♂ <75 ml/m^2)

LV Systolic volume ______ ml
(normal values: ♀, ♂ <30 ml/m^2)

LVMMI (LV mass/BSA; linear method) ______ g/m^2
(normal values: ♀ <95 g/m^2), ♂ <115 g/m^2)

Systolic function

Mitral anterior movement ______ mm

Ejection fraction (Simpson biplane or area length method) ______ %
(normal value: ≥ 55%)

Regional wall motion ☐ normal ☐ abnormal

© F-MARC 2010

Diastolic function	E Wave		_______ cm/s
	A Wave		_______ cm/s
	(E/A ratio)		_______
	Deceleration time		_______ ms
	E' (Tissue Doppler)	septal	_______ cm/s
		lateral wall	_______ cm/s
		E/E'	_______

Left atrium

Diameter (M-mode, parasternal long axis) _______ cm

Area (4-chamber view) _______ cm²
(normal value: <20 cm²)

Right atrium/Inferior vena cava

Area (4-chamber view) _______ cm²
(normal: <20 cm²)

IVC diameter _______ cm

Respiratory variability of the IVC ☐ >50% ☐ <50%

Right ventricle

Mid-RV diameter (4-chamber view, RVD 2) _______ cm (normal value: < 3.3 cm)

Base-to-apex length (4-chamber view, RVD 3) _______ cm (normal value: <7.9 cm)

Fac (fractional area change) _______ % (normal value: > 32%)

TAM (tricuspidal anterior motion) _______ mm

Systolic RV/RA gradient _______ mmHg

Regional wall motion ☐ normal ☐ abnormal

Local aneurysm ☐ no ☐ yes

Hypertrophy ☐ no ☐ yes

Free wall thickness _____ cm (normal: < 0.5 cm)

© F-MARC 2010

Cardiac valves

Aortic valve	☐ normal	☐ abnormal
Mitral valve	☐ normal	☐ abnormal
Tricuspid valve	☐ normal	☐ abnormal
Pulmonal valve	☐ normal	☐ abnormal

Specify abnormalities: ____

Aortic root diameter (AoD, Sinus Valsalva) _______ cm

Aorta ascendens _______ cm

Summarising assessment of echocardiography ☐ normal ☐ abnormal

Comments:

____

____

____

____

____

____

____

____

____

____

6. MUSCULOSKELETAL SYSTEM

6.1 SPINAL COLUMN AND PELVIC LEVEL

Spine form	☐ normal	☐ flat ☐ hyperkyphosis ☐ hyperlordosis ☐ scoliosis		
Pelvic level	☐ even	_____cm lower	☐ right	☐ left
Sacroiliac joint	☐ normal	☐ abnormal		

Cervical rotation

right	______°	painful	☐ no	☐ yes
left	______°	painful	☐ no	☐ yes

Spinal flexion

Distance fingertips to floor _____cm

6.2 EXAMINATION OF HIP, GROIN AND THIGH

Flexibility of the hip

Flexion (passive)

right	☐ normal	☐ limited ______°	painful	☐ no	☐ yes
left	☐ normal	☐ limited ______°	painful	☐ no	☐ yes

Extension (passive)

right	☐ normal	☐ limited ______°	painful	☐ no	☐ yes
left	☐ normal	☐ limited ______°	painful	☐ no	☐ yes

Inward rotation (in 90° flexion)

right	______°	painful	☐ no	☐ yes
left	______°	painful	☐ no	☐ yes

Outward rotation (in 90° flexion)

right	______°	painful	☐ no	☐ yes
left	______°	painful	☐ no	☐ yes

Abduction

right	______°	painful	☐ no	☐ yes
left	______°	painful	☐ no	☐ yes

Tenderness on groin palpation

right	☐ no	☐ pubis	☐ inguinal canal
left	☐ no	☐ pubis	☐ inguinal canal

© F-MARC 2010

Hernia

right	☐ no	☐ yes, please specify________________________
left	☐ no	☐ yes, please specify________________________

Muscles

Adductors

right	☐ normal	☐ shortened	painful:	☐ no	☐ yes
left	☐ normal	☐ shortened	painful:	☐ no	☐ yes

Hamstrings

right	☐ normal	☐ shortened	painful:	☐ no	☐ yes
left	☐ normal	☐ shortened	painful:	☐ no	☐ yes

Iliopsoas

right	☐ normal	☐ shortened	painful:	☐ no	☐ yes
left	☐ normal	☐ shortened	painful:	☐ no	☐ yes

Rectus femoris

right	☐ normal	☐ shortened	painful:	☐ no	☐ yes
left	☐ normal	☐ shortened	painful:	☐ no	☐ yes

Tensor fascia latae muscle (iliotibial band)

right	☐ normal	☐ shortened	painful:	☐ no	☐ yes
left	☐ normal	☐ shortened	painful:	☐ no	☐ yes

6.3 Examination of Knee

Knee joint axis

right	☐ normal	☐ genu varum	☐ genu valgum
left	☐ normal	☐ genu varum	☐ genu valgum

Flexion (passive)

right	☐ normal	☐ limited ______°	painful	☐ no	☐ yes
left	☐ normal	☐ limited ______°	painful	☐ no	☐ yes

Extension (passive)

right	☐ 0°	☐ limited ______°	painful	☐ no	☐ yes
		☐ hyper-extension ______°			
left	☐ 0°	☐ limited ______°	painful	☐ no	☐ yes
		☐ hyper-extension ______°			

Lachman test

right	☐ normal	☐ +	☐ ++	☐ +++
left	☐ normal	☐ +	☐ ++	☐ +++

Anterior drawer sign (knee joint in 90° flexion)

right	☐ normal	☐ +	☐ ++	☐ +++
left	☐ normal	☐ +	☐ ++	☐ +++

© F-MARC 2010

Posterior drawer sign (knee joint in 90° flexion)

right	☐ normal	☐ +	☐ ++	☐ +++
left	☐ normal	☐ +	☐ ++	☐ +++

Valgus stress, in extension

right	☐ normal	☐ +	☐ ++	☐ +++
left	☐ normal	☐ +	☐ ++	☐ +++

Valgus stress, in 30° flexion

right	☐ normal	☐ +	☐ ++	☐ +++
left	☐ normal	☐ +	☐ ++	☐ +++

Varus stress, in extension

right	☐ normal	☐ +	☐ ++	☐ +++
left	☐ normal	☐ +	☐ ++	☐ +++

Varus stress, in 30° flexion

right	☐ normal	☐ +	☐ ++	☐ +++
left	☐ normal	☐ +	☐ ++	☐ +++

6.4 Examination of Lower Leg, Ankle and Foot

Tenderness of Achilles tendon

right	☐ no	☐ yes
left	☐ no	☐ yes

Anterior drawer sign

right	☐ normal	☐ +	☐ ++	☐ +++
left	☐ normal	☐ +	☐ ++	☐ +++

Dorsi flexion

right	______°	painful	☐ no	☐ yes
left	______°	painful	☐ no	☐ yes

Plantar flexion

right	______°	painful	☐ no	☐ yes
left	______°	painful	☐ no	☐ yes

Total supination

right	☐ normal	☐ decreased	☐ increased
left	☐ normal	☐ decreased	☐ increased

Total pronation

right	☐ normal	☐ decreased	☐ increased
left	☐ normal	☐ decreased	☐ increased

Metatarsophalangeal joint

right	☐ normal	☐ pathological
left	☐ normal	☐ pathological

7. Summarising Assessment

Medical history

- ☐ normal
- ☐ eligible for football, follow up need, specify:___________________
- ☐ play not recommended

please specify: ____

Clinical examination

- ☐ normal
- ☐ eligible for football, follow up need, specify:___________________
- ☐ play not recommended

please specify: ____

12-lead resting ECG

- ☐ normal
- ☐ eligible for football, follow up need, specify:___________________
- ☐ play not recommended

please specify: ____

Echocardiography

- ☐ normal
- ☐ eligible for football, follow up need, specify:___________________
- ☐ play not recommended

please specify: ____

Other findings

- ☐ normal
- ☐ eligible for football, follow up need, specify:___________________
- ☐ play not recommended

please specify: ____

Eligibility for competitive Football

☐ **yes** ☐ **no**

8. Examining Physician and Institution

Name of the examining physician: ____

Address: ____

____

Phone No.: ______________________________ Fax No: ________________________________

Email ____

Date:________________________ Signature: ____________________________________

© F-MARC 2010