



**ADELAIDE UNIVERSITY
FOOTBALL CLUB INC.**

AUFC Medical Support Services & Injury Flow- chart

HAVE YOU BEEN INJURED?



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of this document.**

1. Hospital - Major/Severe Injuries

All Major or Critical injuries should be sent directly to a major public hospital such as the RAH.

Examples include severe injured to the head, chest, abdomen, pelvis, limbs and any potential spinal injury.

CALL 000

for Ambulance assistance if required!

HOSPITAL LOCATIONS

Royal Adelaide Hospital (RAH)

[Port Road, Adelaide SA 5000](#)

Women's and Children's Hospital

[72 King William Road, North Adelaide SA 5006](#)

The Queen Elizabeth Hospital (TQEH)

[28 Woodville Road, Woodville South SA 5011](#)

Flinders Medical Centre

[Flinders Dr, Bedford Park SA 5042](#)

Lyell McEwin Hospital

[Haydown Rd, Elizabeth Vale SA 5112](#)

Modbury Hospital

[Smart Rd, Modbury SA 5092](#)

2. See a Doctor



32 Payneham Rd, Stepney

Sportsmed Sponsorship

Sportsmed, located in Stepney has agreed to offer AUFC players a reduced gap/out of pocket consultation fee of \$50.

Preferred physicians are:

Dr Damian Newberry

Dr Jack Fuller

*It is recommended to request either of these physicians if available.

Require Surgery? - AUFC Preferred Surgeons

Hip & Knee - Dr Luke Mooney. Orthopaedics 360

Knee - *Dr Justin Webb, Ascent Orthopaedics*

Upper Limb - *Dr Justin Alexander, Sportsmed*

Upper Limb - *Dr Domenic Leonello, Sportsmed*

Foot & Ankle - *Dr Anthony Nguyen, Sportsmed*

Foot & Ankle - *Dr Thomas Fisher, Sportsmed*

These surgeons are not only outstanding physicians, but have also agreed to a maximum gap/out of pocket fee of \$500, resulting in significant savings for AUFC Players (normal consultation fees apply).

Please take your Medicare card and your private health insurance card with you.

3. Medical Imaging

JonesRadiology

32 Payneham Rd, Stepney

Jones Radiology have partnered with Adelaide University Football Club in 2026.

Benefits and Conditions

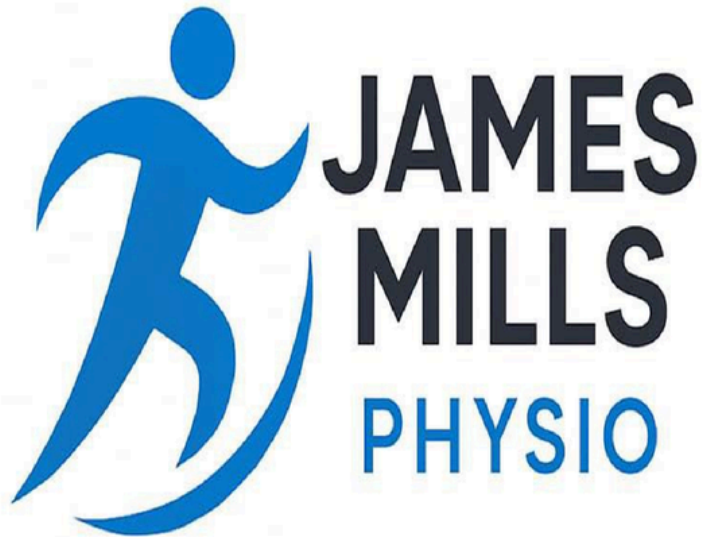
- Referral must be from Sportsmed doctors, who will have a specific request form.
- AUFC players will be bulk-billed by Jones Radiology for any services that are eligible for a medicare rebate.
- No discount will apply to services that are not eligible for a medicare rebate, and will be billed to the player.

Please take your Medicare card and your private health insurance card with you.



4. Physiotherapy

James Mills Physiotherapy



- James is the Head Physiotherapist of the AUFC, overseeing the Men's A-grade.
- Attend's Tuesday and Thursday trainings 5:30pm - 7:30pm Attend's Saturday Men's A and B grade matches.
- James Mills is a preferred provider of physiotherapy for the Blacks.
- Players under James' care will require his medical clearance to be considered for selection.

Mobile 0423760 799 - Text first as he may be busy.

For physiotherapy to be claimed on AU Sport Insurance all physio services must first have a medical referral (can be referred by Sportsmed or your regular doctor).

Please take your private health insurance card with you.

5. Player Insurance

Primary Source of Player Insurance:

Adelaide Footy League (AdFL) Bronze Level

- Provided as part of the 'National Risk Protection Program', supported by 'Marsh Insurance' and the 'AFL'.
- Coverage up to 60% of non-medicare billed expenses.
- Reimbursement Limit of \$2,000 per claim.
- Excess of \$100.
- For more information see [here](#).

Start an **AdFL** Claim!



Secondary Source of Player Insurance:

Adelaide University Sport & Fitness (AUSF)

Start an **AUSF** Claim!



- Claims must be made within 30 days of injury.
- Claimant must be a paid member of AUSF (included in AUFC Subs).
- Excludes all services affected by Medicare rebate.
- Coverage level varies depending on injury type.
- Some loss of income can be claimed with eligible claims.
- For more information see [here](#).

Head to the [AUFC Website](#) for more information.

NOTE - AUFC cannot cover the financial costs of player injuries. Private Health cover is highly recommended for participating players.

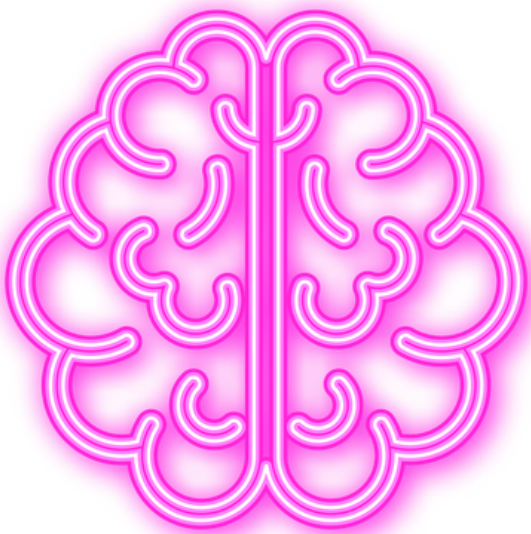
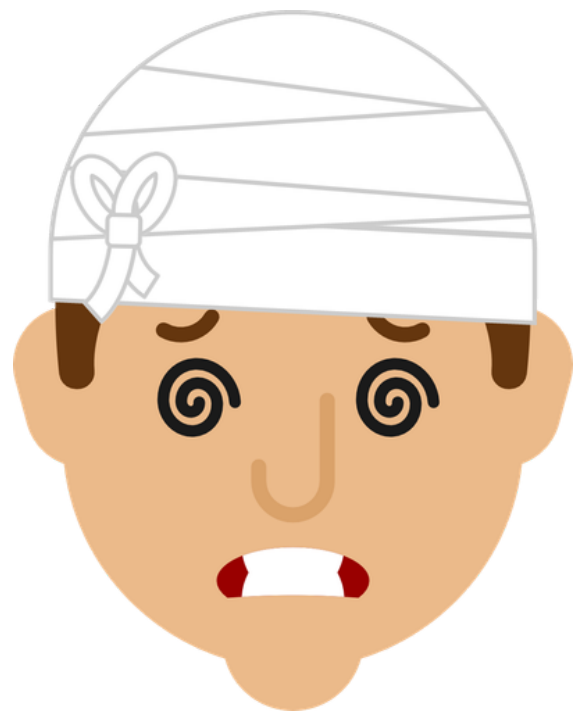
6. Concussion

See below for Concussion Recognition Tool 5 (CRT 5) on the day of injury.

Players who have been concussed, or suspected to have been concussed:

ARE REQUIRED to make an appointment with their GP or Sportsmed (as above) to get a medical clearance to return to play.

See the return to play schedule in the following pages.



The current AFL recommendation is that a minimum of 21 days of non-contact activity post documented concussion be observed.

Note also that the player must be completely asymptomatic even before returning to even non contact training.

CONCUSSION RECOGNITION TOOL 5[©]

To help identify concussion in children, adolescents and adults



FIFA[®]

Supported by



FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

FIGURE 3.

STAGES OF GRADED RETURN TO PLAY

STAGE 1: RELATIVE REST			1
ACTIVITY Relative rest Gentle day-to-day activities - as guided by symptoms. Minimise screen time (TV, computer/homework/work, phone/social media and gaming)	DURATION 1-2 days	CRITERIA TO PROGRESS Nothing specific - should progress after 1-2 days	
STAGE 2: RECOVERY			2
ACTIVITY i. Daily activities that do not provoke symptoms Increase day-to-day activities - as guided by symptoms. Include short walks. Limit screen time (TV, computer/homework/work, phone/social media and gaming) -duration depends on symptoms No team training drills. No resistance training.	DURATION Minimum 1 day	CRITERIA TO PROGRESS Progress if concussion-related symptoms resolved or not worsened from their previous level (either during activity or by the next day)	
ii. Light aerobic exercise Start light activity e.g., walking, jogging or cycling at a slow to medium pace. Aim for about 50-60% maximum heart rate (can carry a conversation when exercising) No team training drills. No resistance training.	DURATION Minimum 1 day	CRITERIA TO PROGRESS Progress if concussion-related symptoms resolved or not worsened from their previous level (either during activity or by the next day)	
iii. Moderate aerobic exercise Start moderate aerobic exercise e.g., walking, jogging or cycling at a medium pace. Aim for about 60-80% maximum heart rate. May continue with moderate aerobic exercise over a number of days/ sessions if still has symptoms related to concussion. No team training drills. No resistance training.	DURATION Minimum 2 days	CRITERIA TO PROGRESS Progress if concussion-related symptoms resolved or not worsened from their previous level (either during activity or by the next day)	
iv. High intensity aerobic exercise Start high-intensity aerobic exercise (e.g. running or cycling at high intensity) Up to maximum heart rate. No team training drills. Can commence gentle resistance training (50-75% of usual loads)	DURATION Minimum 2 days	CRITERIA TO PROGRESS Progress if a) Complete recovery of all concussion-related symptoms and signs at rest and with high intensity training; b) Have returned to school or work (without any need for modifications);	
STAGE 3: GRADED LOADING PROGRAM			3
ACTIVITY i. Non-contact training Return to full team training sessions - <u>non-contact activities only</u> Minimum of 2-3 training sessions with no consecutive days of football training (to allow for rest and recovery)	DURATION Minimum 7 days	CRITERIA TO PROGRESS Progress if remaining completely free of any concussion-related symptoms*	
ii. Limited contact training Full team training allowed -able to participate in drills with incidental and/ or controlled contact (including tackling) <u>No consecutive days of training (i.e. must have 'non-contact activity' days in between training sessions)</u>	DURATION Minimum of 7 days to progress through graded contact training	CRITERIA TO PROGRESS Progress if: a) Remaining completely free of any concussion-related symptoms* b) Player is confident to return to full contact training c) Player has medical clearance to return to full contact training	
iii. Full contact training		CRITERIA TO PROGRESS Progress if: a) Remaining completely free of any concussion-related symptoms* b) Player is confident to return to play	
STAGE 4: UNRESTRICTED RETURN TO PLAY			4

*If concussion-related symptoms reappear at any time in stage 3 (Graded loading program) then the player should go back to the previous symptom-free step in stage 2 (Recovery) and seek medical review from a doctor.

FOR FURTHER INFO: <https://play.afl/clubhelp/resources/afl-community-concussion-guidelines#article-0>