

**Pain Management**

Prohibited Substance: Narcotics, cannabinoids (prohibited in-competition only)

This Checklist is to guide the athlete and their physician on the requirements for a TUE application that will allow the TUE Committee to assess whether the relevant ISTUE Criteria are met.

Please note that the completed TUE application form alone is not sufficient; supporting documents must be provided. A completed application and checklist DO NOT guarantee the granting of a TUE. Conversely, in some situations a legitimate application may not include every element on the checklist.

<input type="checkbox"/>	TUE Application form must include:
<input type="checkbox"/>	All sections completed legibly
<input type="checkbox"/>	All information submitted in [language(s) as per ADO preferences]
<input type="checkbox"/>	A signature from the applying physician
<input type="checkbox"/>	The Athlete's signature
<input type="checkbox"/>	Medical report should include details of:
<input type="checkbox"/>	Medical history: Injury or condition (eg dental issue, post-surgery), character of pain, additional pharmacological and non-pharmacological treatment approaches.
<input type="checkbox"/>	Findings on examination
<input type="checkbox"/>	Summary of diagnostic test results relevant to the clinical description of the pain
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by physician (for chronic pain, where available, ideally neurologist, physical medicine or pain specialist)
<input type="checkbox"/>	Diagnosis
<input type="checkbox"/>	Dosage, frequency, administration route of the narcotic or cannabinoid prescribed. Note: the prohibited substances in these classes are explicitly named on the Prohibited List.
<input type="checkbox"/>	Response to treatment
<input type="checkbox"/>	Explain why alternatives (e.g. non-pharmacological approaches, or, in the case of chronic pain, antidepressants, anticonvulsants, tramadol, capsaicin, lidocaine) were not used.
<input type="checkbox"/>	Diagnostic test results should include copies of:
<input type="checkbox"/>	Imaging findings: X-ray, CT or MRI results if applicable
<input type="checkbox"/>	Other test results: electromyography, nerve conduction studies if applicable
<input type="checkbox"/>	Additional information included
<input type="checkbox"/>	Specialist opinion as per specification by the ADO