



USTA LEAGUE NTRP MEDICAL APPEALS

Philosophy Statement:

While USTA League acknowledges that a medical appeal process is necessary and should be available, it should be understood that:

Very few medical appeals should be granted, as it is usually better to let the computer determine the NTRP Skill Level based on actual match play.

Rationale:

- If injury or illness is not permanently disabling, an appeal *cannot* be granted even if treatment, recovery and/or rehabilitation may take a year or longer.
- Individuals respond to injuries and/or illnesses in different ways so it is hard to predict the impact on their skill level.
- Many illnesses, such as osteoarthritis, are chronic, progressive, permanent conditions. However, the rate of progression of the illness, resulting symptoms and degree of impairment, as well as reaction to medication and treatment, varies in different people.
- Most individuals actually play better after knee, hip and shoulder surgery due to decrease in pain and possible increase in mobility from their pre-operative status.
- Most individuals who have heart disease, cancer, etc., if medically released to play tennis, will probably be able to play at their previous skill level.
- If medically released to play tennis, potential pain, shortness of breath and risk of injury should not be factors in determining NTRP skill level, as these could occur no matter what NTRP level playing.
- Endurance issues may occur at any skill level and vary from individual to individual. More energy may be exerted at the lower skill levels than the higher skill levels depending on the player's style of play, court position and placement of the ball. Therefore, the amount of energy exerted while playing tennis varies in individuals and cannot be accurately predicted.

A medical appeal may be requested by a player for reconsideration of his/her NTRP rating based on a permanently disabling injury or illness that has occurred since the player generated the year-end or early-start NTRP Rating.

Only the player may appeal his/her computer-generated rating DUE TO MEDICAL REASONS. To file a medical appeal, the player must submit a written request for reconsideration of his/her rating, the *USTA League NTRP Medical Appeal Form* and the *Attending Physician's Statement* via email, fax or mail to his/her USTA Section League Coordinator who will forward to the Chair of the designated Medical Review Committee. When possible, forms should be submitted via email.

The following are criteria for completing the *USTA League NTRP Medical Appeal*:

1. The permanently disabling injury or illness must have occurred after the year-end or early start rating was established.
2. The Medical Appeal request and completed *USTA League NTRP Medical Appeal Form* must be submitted in writing to the player's USTA Section League Coordinator who will forward to the Chair of the designated Medical Review Committee.
3. The Medical Appeal must be accompanied by an attending physician's current, written evaluation of the injury or illness, and include all substantiating information, including prognosis for recovery with a timeline.

Medical Review Committee Procedure:

A player's League NTRP Medical Appeal will be reviewed and considered by the appropriate Medical Review Committee as designated by the player's Section who will either deny the appeal, or refer it to the USTA League National Medical Appeal Committee for further consideration. If the Section's designated Medical Review Committee denies the appeal, their decision is final and binding. If the appeal is referred to the USTA League National Medical Appeal Committee, that committee will make the final decision to either approve or deny the appeal. All decisions of the USTA League National Medical Appeal Committee will be final and binding.



USTA LEAGUE NTRP MEDICAL APPEAL FORM

THE FOLLOWING INFORMATION MUST BE COMPLETED FULLY.
THIS MEDICAL APPEAL CANNOT BE CONSIDERED IF ANY PART OF THE APPEAL FORM IS INCOMPLETE.

This form must be accompanied by a current Attending Physician's Statement (physician who is actually treating the patient for the described illness or injury) that is dated, written on the physician's letterhead stationery or on the provided APS form and includes an evaluation of the player's current condition. Specific information from the physician must include:

- (1) date of onset of the player's illness or injury***
- (2) diagnosis***
- (3) extent of the illness or injury that specifically defines what the player can or cannot physically do (i.e., cannot lift arm above head, cannot see out of left eye, etc.)***
- (4) player's prognosis: how long will injury or illness last, what permanent limitations will the player have, will player eventually have full recovery?***
- (5) medical release to play tennis which includes date when player may resume play***

****Additional medical information may be submitted but will not be accepted in lieu of an Attending Physician's Statement.***

Date:		USTA Number:	
Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:	Fax:	
Date Of Birth:	Age:	Gender: select one	Forehand: select one
Current NTRP Rating: select one	Date Rating Published:	Level of Play When Rating Published: select one	
What are the dates of the next League season for which you plan to register?			
Information on Last USTA League Played:			
Date:	Location:	NTRP Level: select one	Division: select one
Have you played tennis since you received your current NTRP Rating? select one			
If yes, describe:			
Briefly describe other USTA Leagues in which you have participated in the past including years played:			
Have you previously filed a Medical Appeal? select one			
If yes, what year and with whom was it filed and for what injury or illness?			

Medical Condition(s)	
Describe the permanently disabling injury or illness (include the date of onset of the injury or illness):	
Have you had any surgery related to this condition? select one	
If yes, date and type of surgery:	
In detail, describe in your own words how this permanent injury or illness impacts your ability to play tennis:	
What treatments have you received for this condition?	
Are the treatments ongoing? select one	How long do you anticipate receiving treatments?
Has your physician ordered any kind of physical restrictions related to this medical condition? select one	
If yes, please describe:	
How long do you anticipate the restrictions will be in place?	
Has your physician released you to play tennis?	
Are you currently playing tennis? select one	How often?
Additional Comments:	

This form, along with any and all supporting documentation and the Attending Physician's Statement, must be submitted to your Section League Coordinator who will forward to the Chair of the designated Medical Review Committee.

For additional Medical Appeal information, please refer to the USTA League NTRP Medical Appeal Procedures- Question and Answers, available at www.usta.com

Signature of Player Submitting this Form: <i>By signing this form, I authorize a USTA League Section Designated Medical Review Committee and the National Medical Appeal Committee to review, for the purpose of evaluating my medical appeal, any protected health information, including my medical records, that I have provided as part of this appeal.</i>	Date Signed:
Name of Chair of Section's Designated League Medical Review Committee who received this form:	Date Received:
Name of Chair of National League Medical Appeal Committee who received this form:	Date Received:



USTA LEAGUE NTRP MEDICAL APPEAL DECISION FORM

Name:		USTA Number:	
Address:			
City:	State:	Zip:	
Phone:	Email:	Fax:	

NTRP Rating Appealed: _____ USTA Section: _____ USTA District/State: _____

Decision of Section's Designated League Medical Review Committee:			
USTA Section:		USTA District/State:	
<input type="checkbox"/>	Refer to National Medical Appeal Committee for further review and consideration.		
<input type="checkbox"/>	Deny. This decision is final and binding.		
Comments:			
Section's Designated League Medical Review Committee:			
Chair			
Member			
Member			
Date			

Decision of National League Medical Appeal Committee:	
<input type="checkbox"/>	Grant to play at _____ NTRP Level. * Please be aware that by granting this medical appeal, you will be assigned a 0.0 start level and be subject to self-rate grievances and dynamic disqualification.
<input type="checkbox"/>	Deny. This decision is final and binding.
Comments:	
National League Medical Appeal Committee:	
Chair	
Member	
Member	
Date	