NETBAL NEDERLAND RETURN TO PLAY POLICY

High Performance Programme | Athlete welfare and safe participation

1.0 PURPOSE

This policy provides a consistent, athlete-centred process for returning an athlete safely to training and competition following injury, illness, concussion, surgery, pregnancy or another physical or psychological health condition. Safety takes priority over selection, competition deadlines and team need.

This is an operational policy and not a substitute for diagnosis or individual medical advice. Clinical decisions must be made by an appropriately qualified healthcare professional acting within their scope of practice.

2.0 SCOPE

This policy applies to athletes in the Senior National Programme, Development National Squad, trials, camps, training groups and representative teams, and to coaches, team managers, strength and conditioning personnel, medical practitioners and other support staff working on their return.

3.0 CORE PRINCIPLES

- **No pressure to return:** an athlete must not be selected, trained or played against medical advice or while unable to participate safely.
- **Shared decision-making:** the athlete, treating clinician and relevant NNL leads will contribute within their respective roles.
- **Need-to-know confidentiality:** health information will only be shared where necessary for safe participation and with an appropriate lawful basis.
- **Progressive exposure:** return normally moves from rehabilitation to modified training, full training and competition.
- **Individualised decisions:** calendar time alone is not evidence of readiness; the demands of the athlete's position, programme and competition must be considered.
- **No selection guarantee:** medical clearance permits consideration for selection but does not guarantee selection.

4.0 REPORTING AND IMMEDIATE MANAGEMENT

Athletes must promptly report any injury, illness, significant change in symptoms, medication change or health concern that may affect safe participation to the Team Manager, Head Coach or Performance Director. In an emergency, staff must prioritise emergency care and venue procedures.

An athlete must be removed from activity and referred urgently for appropriate care where there is suspected serious injury or illness, including loss of consciousness, significant head or neck injury, breathing difficulty, chest pain, collapse, severe bleeding, rapidly worsening symptoms or acute risk to the athlete or another person.

5.0 ROLES AND DECISION-MAKING

Role	Responsibility
Athlete	Reports honestly; follows medical and rehabilitation advice; communicates symptom changes; maintains appropriate insurance.
Treating clinician	Diagnoses and treats the condition; defines restrictions; provides clearance or recommendations within professional competence.
Performance Director	Owns the process, resolves operational issues and confirms eligibility to re-enter selection processes.
Head Coach	Adjusts technical and tactical load and makes selection decisions once the athlete is medically available.
S&C practitioner	Plans and records physical reconditioning within agreed clinical restrictions.
Team Manager	Coordinates documentation, communication and practical arrangements.

6.0 RETURN TO PLAY PROCESS

1. Report and triage — remove the athlete from activity where required and arrange appropriate assessment.
2. Clinical assessment — establish diagnosis, risks, restrictions, treatment and whether written medical clearance is required.
3. Return plan — agree measurable progression criteria, permitted activity, monitoring, responsibilities and review points.
4. Rehabilitation and reconditioning — restore relevant movement, strength, power, conditioning, skill exposure and confidence.
5. Modified netball training — introduce position-specific movement, ball work, decision-making and controlled team exposure.

6. Full training — complete unrestricted training and tolerate an appropriate training load without unacceptable symptoms or loss of function.
7. Competition clearance — confirm medical availability, programme readiness and any ongoing monitoring before selection.
8. Post-return review — monitor the athlete after training and competition and adjust load if symptoms or risk factors recur.

Progression may pause or move back a stage if symptoms increase, function deteriorates, the athlete cannot tolerate load, or the clinician or athlete raises a safety concern.

7.0 MINIMUM RETURN CRITERIA

Before unrestricted training or competition, the following should be evidenced as relevant to the condition:

1. Required medical clearance has been received and any restrictions are understood.
2. Symptoms are absent or acceptably managed at rest and under relevant netball load.
3. Movement quality, strength, power, conditioning and balance meet agreed functional criteria.
4. The athlete can complete role-specific acceleration, deceleration, change of direction, jumping, landing, contact and ball-skill demands.
5. The athlete has tolerated an appropriate progression of training volume and intensity.
6. The athlete understands ongoing management and demonstrates confidence to return.
7. There is no unresolved risk that cannot be reasonably managed in the NNL environment.

8.0 CONCUSSION AND SUSPECTED CONCUSSION

Any athlete with a suspected concussion must be removed from play immediately, must not return on the same day, and must be assessed by an appropriately qualified healthcare professional. If in doubt, the athlete sits out.

Return following concussion must use an individual, graduated progression. A typical pathway is:

1. Relative rest and symptom-limited daily activity.
2. Light aerobic exercise.
3. Individual sport-specific exercise without contact or avoidable head-impact risk.
4. Non-contact team training with increasing cognitive and physical demand.
5. Full-contact or unrestricted training only after the required clinical clearance.
6. Return to competition.

Each stage should normally last at least 24 hours. If symptoms recur, activity must stop, the athlete must return to the previous symptom-free stage after recovery, and further clinical

advice must be obtained where appropriate. Youth athletes and complex or prolonged cases may require a slower process and coordination with school, work or family.

9.0 OTHER HEALTH CIRCUMSTANCES

1. **Infectious illness:** return must consider symptoms, fever, energy, hydration, risk to others and public-health advice.
2. **Surgery or significant injury:** written restrictions and clearance should be obtained from the treating clinician or appropriate specialist.
3. **Pregnancy and post-partum return:** participation must be individualised with appropriate clinical advice, consideration of symptoms and physical recovery, and respect for the athlete's choices and privacy.
4. **Psychological health:** return plans may include workload, travel, communication and environmental adjustments. Immediate safety concerns must be escalated to appropriate professional or emergency support.
5. **Medication and anti-doping:** athletes remain responsible for checking medication and any Therapeutic Use Exemption requirements under the NNL Anti-Doping Policy and Athlete Agreement.

10.0 RECORDS, CONSENT AND PRIVACY

NNL will record only the information reasonably required to manage participation safely. Detailed clinical records remain with the treating practitioner. NNL operational records may include clearance status, restrictions, progression, review dates and agreed actions. Information will be stored securely and handled under the Dutch AVG/GDPR and NNL data-protection requirements.

11.0 COSTS AND INSURANCE

Unless NNL agrees otherwise in writing, athletes are responsible for their personal healthcare, rehabilitation and insurance costs. NNL may require evidence of suitable insurance for programme or international activity.

12.0 NON-COMPLIANCE AND DISAGREEMENT

NNL may restrict participation where required information or clearance has not been provided, where restrictions are not followed, or where staff reasonably believe participation presents an unacceptable risk. Where clinical opinions conflict, NNL may request an independent assessment before permitting return. Selection appeals remain governed by the NNL Selection Appeals Procedure and cannot be used to overturn a clinical safety restriction.

13.0 REVIEW

This policy will be reviewed annually and may be updated sooner following material changes to medical guidance, law, governance requirements or programme delivery.

DOCUMENT HISTORY

Version 1.0: Initial policy formation.

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