



USTA LEAGUE NTRP MEDICAL APPEALS

Philosophy Statement:

While USTA 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, 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 the Chairman of the appropriate Medical Review Committee as designated by his/her USTA Section. 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 Chairman of the appropriate Medical Review Committee as designated by the player's Section.
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.
4. Ratings are valid for three years for individuals 59 and under, and for two years for individuals 60 years and older.

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 Review Committee for further consideration. If the Section Medical Review Committee or its designee denies the appeal, their decision is final and binding. If the appeal is referred to the USTA League National Medical Review Committee, that committee will make the final decision to either approve or deny the appeal. All decisions of the USTA League National Medical Review 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 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.***

Prior to filing a Medical Appeal please go to www.ustageorgia.com and read NTRP Medical Appeal Procedures

Date:		USTA Number:	
Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:	Fax:	
Date Of Birth:	Age:	Gender: select one	
Current NTRP Rating: select one	Date Rating Published:	Level of Play When Rating Published: select one	
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 permanent 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 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:	

Return Appeal form and documentation to David Bain	
Email	Bain@ustageorgia.com
Fax	(404) 255-5403
Address	USTA Georgia 2849 Paces Ferry Rd., Suite 625 Atlanta, GA 30339

Signature of Player Submitting this Form:	Date Signed:
---	--------------

Name of Chair of Section Medical Review Committee or designee who received this form:	Date Received:
---	----------------

Name of Chair of National Medical Review Committee or designee who received this form:	Date Received:
--	----------------