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# Return to Play in Football

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Volker Musahl • Jón Karlsson  
Werner Krutsch • Bert R. Mandelbaum  
João Espregueira-Mendes  
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Editors

# Return to Play in Football

An Evidence-based Approach

 Springer



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## Foreword

Many recent innovations, particularly in the field of biotechnology, informatics, artificial intelligence, nanotechnology, and cognitive sciences, create a new vision upon the different aspects of football medicine.

They find their applications as well in the prevention, the diagnosis, and the therapy.

But at the end of all that comes the most difficult decision: the return to play.

Our English friends say: “The proof of the pudding is the eating.”

In my experience, “return to play” decisions are among the most difficult challenges for us, football doctors, whereby we must, of course, make good use of the classical criteria, without underestimating our clinical judgment and our personal experience.

The “return to play” moment is an important moment, in the first place for the player himself, reaching the end of a dark medical tunnel, but also for his medical and technical surrounding.

The surgeon, the team doctor, and the physiotherapist are concerned: they take the responsibility of giving the green light to the player, being under a constant pressure of coaches, directors, and fans, who consider every rehabilitation as too long, but knowing that the most frequent reason for a new injury is an old injury.

Also concerned is the technical staff, particularly the fitness coach, responsible for a progressive evolution of the intensity and pressure of trainings and matches.

The “return to play” moment opens the door of the medical and paramedical infrastructure and allows the player, at last, to enjoy again the smell of the grass.

It is the moment where medical and technical collaborators join their efforts, proving that only their perfect symbiosis reaches the best result.

Michel d’Hooghe  
Medical Committee of UEFA and FIFA, Nyon, Switzerland

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