



Checklist for Therapeutic Use Exemption (TUE) Application:



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.

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|--------------------------|--|
| <input type="checkbox"/> | TUE Application form must include: |
| <input type="checkbox"/> | All sections completed legibly |
| <input type="checkbox"/> | All information submitted in English, French or German |
| <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 |