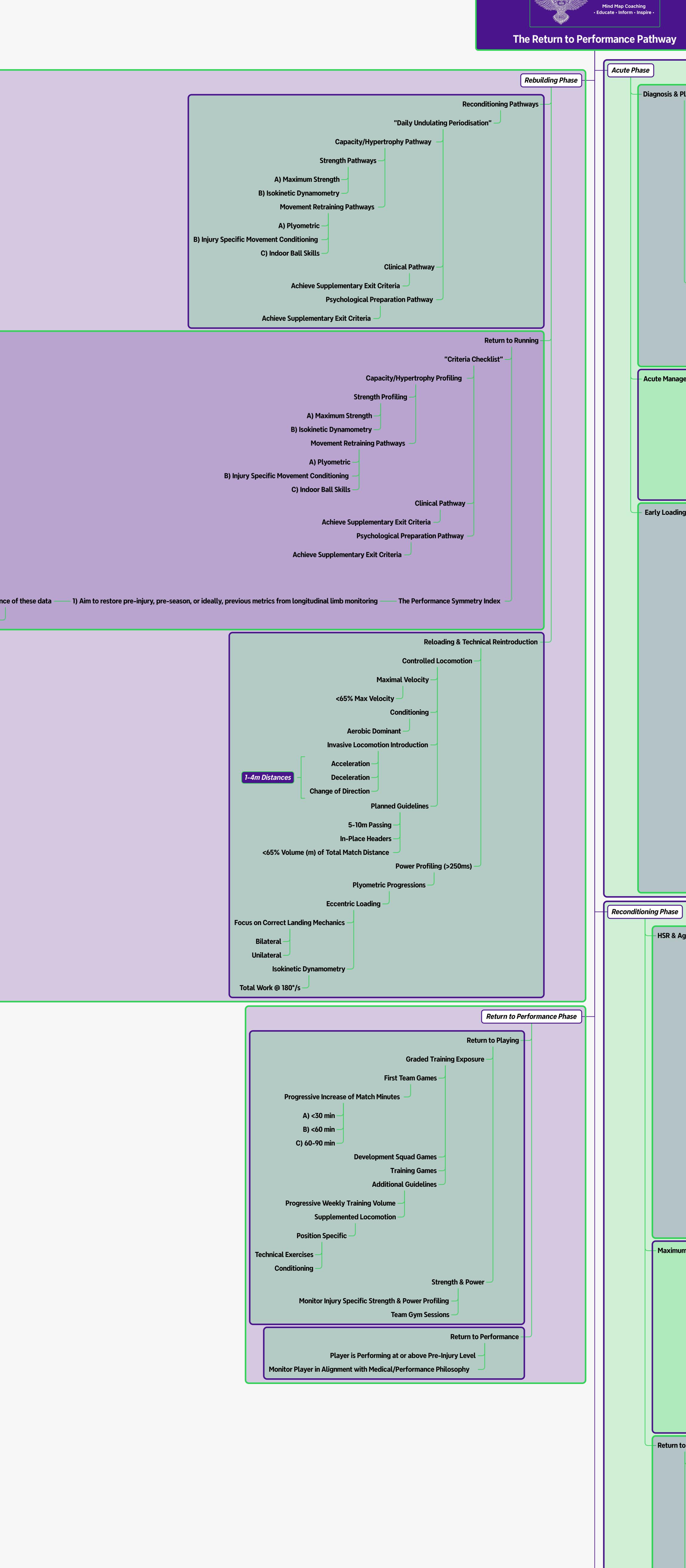
De-conditioning of the contralateral limb during the rehabilitation process – A limb symmetry index may be used with caution due to – Positive adaptation of the contralateral limb during the rehabilitation process  ${}^{igstarrow}$ 

4) In a	Ill cases 3) In the absence of these data 2) In the absence
From a clinical & performance perspective $-$ An individualized & contextual interpretation of the metrics must be considered $-$	Aim to recover normative data from a comparative cohort



- Acute Phase	
Diagnosis & Planning Phase	
Must not experience an increase in injury specific pain $->2-4/10$ on a visual analogue scale	
Clinical – Must not experience an exacerbation of swelling levels — Suggesting excessive loading	
Must not experience fear Must not experience anxiety	
- Psychological -	
Allocated Roles – Utilizing of the global rate scale (0-100%)	
Scale $-\frac{0\% - \text{The feeling of an inability to start the next progression}}{100\% - \text{Complete confidence to start the next progression}}$	
Balance	
Physical — Must demonstrate movement proficiency — Assessed visually to ascertain there is no loss of -	- Explaining the injury & its possible management options - Essential part of the planning phase
Ipsilateral knee valgus Excessive trunk movemen	<ul> <li>Involving the player by providing full transparency about the pathway &amp; stages they will go through — Increases their confidence in the process</li> <li>Educating &amp; involving the player's support team — Essential to foster trust &amp; understanding</li> </ul>
"Communication" —— Supplementary Exit Criteria to Support Each Phase —— Scan & Specialist Input	Intervention Communication — Public News
Physical treatment & psychological support — Vital during the first 24-48hrs	The precision of the vocabulary used in this planning phase aids - Setting expectations Managing media pressure on the player
Treatment & management options can be formulated based on - Severity of injury	
- Underlying medical history	
Psychosocial situation	
- Acute Management & Modified Conditioning	
	Pain
- Enable the formation of scars & healing around the specific structure involved	<ul> <li>Increases player motivation</li> <li>Weakness</li> <li>Maintains team involvement as much as possible</li> </ul>
	oorly healed structures that pose clinical problems —— Safe exercising of the contralateral limb should also be encouraged —— Modified Conditioning is advocated
Restoring range of movement     Minimizing atrophy	<ul> <li>Provides cross education that affects the injured limb to enhance recovery</li> <li>Maintains the physical qualities of the contralateral limb — Will decline if not used</li> </ul>
Regaining neuromuscular control	
Early Loading & Normal Movement	
"Off-feet to On-feet Progressions"	
C Vertical	
Pushing - Vertical Horizontal - Rotation	Catching
- Pulling - Vertical - Anti-Rotation	- Throwing
- Pulling - Horizontal - Bracing	- Grasping
Injury Specific Athletic Motor Skill Competency Training — Upper-body — Lower-body — Core	
Concentric Concentric	- Landing
Eccentric Eccentric Eccentric	- Jumping - Rebounding
- Isometric - Vielding Overcoming - Isometric - Vielding Overcoming - Overcoming	
Bilateral — Hip Dominant — Knee Dominant — Ankle Dominant	
- Eccentric	
- Sometric - Yielding	
Overcoming Concentric Concentric	
Eccentric Eccentric Eccentric	
- Isometric - Yielding	
Overcoming	ning
Unilateral —— Hip Dominant —— Knee Dominant —— Ankle Dominant	
Concentric	
- Eccentric	
Isometric - Overcoming	
Reconditioning Phase	
HSR & Agility Conditioning	
HSR & Agility Conditioning Acceleration	
Acceleration Deceleration	
Acceleration Deceleration Re-Acceleration - <i>&lt;18-m Distances @ &lt;85% Max</i>	
Acceleration Deceleration	
Acceleration Deceleration Re-Acceleration Re-Acceleration Agility Change of Direction Perception	
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Acceleration         Deceleration         Re-Acceleration         Agility         Change of Direction         Agility         Perception         Intensive/Extensive Locomotion         Maximal Velocity         Conditioning         Intensive/Extensive Locomotion         Maximal Velocity         Conditioning         Aerobic Capacity         Anaerobic Capacity         Solution to Contact         velocity         Plyometric Progressions         Eccentric Loading         Low-Intensity High-Velocity         High-Intensity High-Velocity         Plyometric Progressions <td></td>	
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