



Checklist for Therapeutic Use Exemption (TUE) Application:

Musculoskeletal Conditions

ADO
logo

*Prohibited Substances: Glucocorticoids by oral, rectal or injectable routes
(for narcotics or cannabis see Pain Management Checklist)*

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 International Standard for TUE 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.

Although prohibited in competition only, *glucocorticoids* taken prior to the competition, and particularly during the washout period ([2022 List Explanatory Note](#)), may result in a positive anti-doping test in-competition. Athletes may apply for TUE retroactively following a positive test.

<input type="checkbox"/>	TUE Application form must include:
<input type="checkbox"/>	All sections completed legibly
<input type="checkbox"/>	All information submitted in [language(s) as per ADO preferences]
<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: symptoms; first or recurrent manifestation including dates; course of disease including disease activity scores, if applicable
<input type="checkbox"/>	Findings on examination
<input type="checkbox"/>	Interpretation of symptoms, signs and test results by the physician
<input type="checkbox"/>	Diagnosis
<input type="checkbox"/>	Medication prescribed including dosage, frequency, administration route; (Note that glucocorticoids are prohibited by some routes and in-competition only)*
<input type="checkbox"/>	Response to other (non-prohibited) treatments, where applicable
<input type="checkbox"/>	Explain why glucocorticoid was the appropriate treatment considering the functional consequences of the injury or disease
<input type="checkbox"/>	Diagnostic test results , if applicable, should include copies of:
<input type="checkbox"/>	Imaging findings (X-ray, CT, ultrasound, MRI). For simple acute injuries (e.g bursitis), it is recognized that imaging may not be necessary or readily available.
<input type="checkbox"/>	Laboratory tests.
<input type="checkbox"/>	Additional information included
<input type="checkbox"/>	[As per ADO specifications]