CENTRE FOR SPORTS SCIENCE (CSS)

STANDARD OPERATING PROCEDURE (SOP)

1. INTRODUCTION

The Centre for Sports Science (CSS) is committed to achieving athletic performance excellence by delivering evidence-based, interdisciplinary sports science services across all stages of an athlete's development.

CSS integrates Physiotherapy, Strength & Conditioning, Biomechanics, and Sports Psychology to provide holistic athlete care, injury prevention, rehabilitation, performance enhancement, and safe return to sport.

2. PURPOSE

To establish standardized, ethical, safe, and scientifically rigorous procedures for delivering integrated sports science services, ensuring:

- Athlete safety
- Performance optimization
- Objective decision-making
- Consistent documentation
- Interdisciplinary collaboration

3. SCOPE

This SOP applies to:

- Sports Physiotherapy Services
- Strength & Conditioning Programs
- Biomechanical Analysis & Testing
- Sports Psychology & Cognitive Performance
- Return-to-Sport (RTS) Decision-Making

Applicable to:

• Elite athletes

• Professional athletes

• Developmental & youth athletes

• General physically active population

4. MULTIDISCIPLINARY TEAM (MDT) STRUCTURE & ROLES

4.1 Sports Physiotherapists

Responsibilities:

• Medical & musculoskeletal screening

• Pain, ROM, and post-injury eligibility checks

• Identification of red flags

• Injury diagnosis (ICD / ICF)

• Rehabilitation & prehabilitation planning

• Clinical interpretation of biomechanical findings

• RTS clearance in coordination with MDT

4.2 Sports Biomechanist

Responsibilities:

• Selection of biomechanical test protocols

• Operation of biomechanical equipment (IMU, force plates, EMG, isokinetics)

• Data acquisition, processing, and analysis

• Kinematic and kinetic interpretation

• Performance and injury-risk profiling

4.3 Strength & Conditioning Coaches

Responsibilities:

• Design of evidence-based training programs

• Load management and progression

• Performance enhancement interventions

• Integration of biomechanical findings into training

• Monitoring and retesting schedules

4.4 Sports Psychologist & Brain Trainer

Responsibilities:

• Psychological assessment & counselling

• Psychological Skills Training (PST)

• Neurofeedback & cognitive training

• RTS psychological readiness evaluation

• Identification of mental barriers to performance

5. VISION

To promote movement optimism through:

• Case-specific assessment

• Standardized testing protocols

• Objective analytics

• Precision-driven interventions

1.0. DEPARTMENT OF PHYSIOTHERAPY & REHABILITATION (SOP)

1.1. PURPOSE

This SOP establishes standardized procedures for physiotherapy assessment, rehabilitation, injury management, and athlete care within the High-Performance Centre to ensure:

- Safe and ethical clinical practice

- Evidence-based assessment and treatment
- Standardized documentation and reporting
- Athlete-centred, multidisciplinary care
- Consistent outcomes and quality assurance

1.2. SCOPE

This SOP applies to all physiotherapy activities involving:

- Elite / sub-elite athletes
- Recreational and developmental athletes
- Return-to-Sport (RTS) rehabilitation
- Preventive and performance physiotherapy
- On-field and clinic-based physiotherapy services

Personnel covered under this SOP include:

- Physiotherapists
- Sports Physicians
- Strength & Conditioning Coaches
- Performance Analysts
- Psychologists
- Nutritionists
- Administrative and Support Staff

1.3. RESPONSIBILITIES

Physiotherapists shall:

1. Conduct **evidence-based assessments**
2. Perform **diagnosis using ICF/ICD framework**
3. Develop individualized **treatment & rehabilitation plans**
4. Provide **prehabilitation (injury-prevention) guidance**
5. Maintain **accurate digital documentation (App/EMR/Excel)**
6. Ensure **clinical safety, hygiene & confidentiality**
7. Safely operate and maintain equipment
8. Provide **education to athletes, coaches & caregivers**
9. Coordinate with MDT for case management and referrals

1.4. CLINICAL PROCEDURE

1.4.1 Patient Registration & File Handling

1. Verify athlete identity and complete registration
2. Create / update **physiotherapy case-sheet** (app-based / EMR / Excel)
3. Ensure secure storage as per data governance policy

1.4.2 Initial Assessment

Subjective Evaluation

- Demographic profile
- Chief complaint
- History of present illness / mechanism of injury
- Previous injuries or surgeries
- Medical & medication history
- Menstrual history (where applicable)
- Training load history & sport participation details

Red-Flag Screening

- Neurological / spinal compromise
- Fracture suspicion
- Infection, fever, systemic illness
- Cardiac / breathing distress
- Unexplained weight loss or night pain
- Post-surgical contraindications

Immediate referral is mandatory if red-flags are present.

1.4.3 Clinical Examination

Observation

- Local inspection (swelling, deformity, scar, colour change)
- Segmental alignment
- Posture analysis
- Gait / movement strategy

Palpation

- Local & segmental palpation
- Temperature, tenderness, tissue texture
- Postural and structural palpation

Objective Assessment

- Range of Motion (AROM/PROM)
- Manual Muscle Testing
- Joint Play / Accessory Movements
- Special Orthopaedic Tests
- Neurodynamic Testing (where indicated)
- Functional Movement Screening (FMS / SFMA)
- Differential Diagnosis
- Investigations review (X-ray, MRI, USG etc.)
- Sport-specific performance testing

Findings must be documented immediately in the case-sheet.

1.5. DIAGNOSIS & MANAGEMENT PLANNING

1.5.1 Diagnosis

- Based on **ICF model (Body Function – Activity – Participation)**
- Identify contributing biomechanical, neuromuscular and training factors

1.5.2 Goal Setting

- Short-term goals (pain, ROM, swelling, function)
- Long-term goals (performance, RTS, recurrence prevention)

1.5.3 Rehabilitation Planning

- Prehabilitation & injury-prevention programming
- Evidence-based treatment selection:
    - Manual therapy
    - Exercise therapy
    - Neuromuscular re-education
    - Taping / bracing
    - Electrotherapy & modalities (as indicated)
- Periodized progression based on healing phases

1.5.4 Return-to-Sport Framework

- Functional baseline comparison
- Load tolerance testing
- Sport-specific progression
- Final MDT clearance (Physio + S&C + Coach + Physician)

1.6. TREATMENT DELIVERY PROCEDURE

1. Explain diagnosis & treatment plan to athlete
2. Obtain informed consent
3. Perform session as per protocol
4. Monitor pain, fatigue, vital signs
5. Modify / terminate session if adverse response occurs
6. Provide home-exercise plan & education
7. Document session details in app-based record

1.7. MONITORING & FOLLOW-UP

- Daily rehabilitation progress recording
- Objective KPI tracking (ROM, strength, asymmetry, pain scale)
- Load management and training modification
- Biomechanical correction integration
- Referral to:

- S&C Coach (strength or conditioning progression)
- Nutritionist (healing & recovery support)
- Psychologist (fear-avoidance / adherence issues)
- Sports Physician (medical review)

1.8. SAFETY & HYGIENE PROTOCOLS

- Hand hygiene before/after every session
- Sterile handling of therapy tools & dry-needling equipment
- Regular sanitization of plinths & equipment
- Proper waste disposal & sharps safety
- Emergency response readiness & first-aid SOP compliance

1.9. DOCUMENTATION & REPORTING

Records must include:

- Assessment findings
- Diagnosis & clinical impression
- Treatment plan & session notes
- Progress graphs / functional outcomes
- RTS decisions & discharge summary

Records are stored securely in the **CSS Digital Database** with controlled access.

1.10. QUALITY ASSURANCE

- Internal case audits & peer reviews
- Inter-therapist reliability checks
- Periodic protocol updates based on latest research
- Continuous professional development & training

1.11. DOCUMENT CONTROL

- Superseded versions archived securely
- Revisions approved by HOD & Centre Director
- All staff must acknowledge updates

2.0. BIOMECHANICS & SPORTS SCIENCE DEPARTMENT (SOP)

2.1. PURPOSE

This SOP establishes standardized procedures for conducting biomechanical assessment, movement analysis, and performance testing of athletes. The objective is to ensure:

- Scientific accuracy and test reliability
- Athlete safety and ethical practice
- Uniform testing standards across practitioners
- Meaningful performance and injury-risk insights

- Data privacy and secure report management

2.2. SCOPE

This SOP applies to all biomechanical assessments conducted for:

- Elite, sub-elite, and developmental athletes
- Return-to-Sport (RTS) assessments
- Performance enhancement programs
- Injury risk screening and monitoring
- Research and institutional collaborations

The SOP shall be followed by:

- Biomechanists
- Sports Scientists & Strength Coaches
- Physiotherapists
- Performance Analysts
- Interns under supervision

2.3. PRINCIPLES OF BIOMECHANICAL ANALYSIS

2.3.1 Kinematic Analysis (Movement Quality)

Assesses *motion without reference to forces*, including:

- Joint angles and range of motion
- Segment coordination and timing
- Posture and movement control
- Velocity and acceleration patterns

2.3.2 Kinetic Analysis (Force & Load Assessment)

Assesses *forces acting on the body*, including:

- Ground reaction forces
- Rate of force development
- Muscular torque and strength
- Load distribution and asymmetry

Testing must remain **evidence-based, athlete-specific, and sport-relevant**.

2.4. EQUIPMENT USED

2.4.1 Kinematic Assessment Tools

- Anthropometry tools
- Skinfold calipers
- Bioelectrical Impedance Analyzer

- Kinetisense 3D / Motion Capture
- XSENS IMU Sensors
- Open Cap AI Motion Analysis
- High-speed video systems

2.4.2 Kinetic Assessment Tools

- KINVENT 3D Force Plates
- AMTI Force Platforms
- Isokinetic Dynamometer
- Hand-held & Grip Dynamometers
- EMG Systems
- Activ5 / M-Body muscle force tools

All equipment must undergo **routine calibration and maintenance** per manufacturer guidelines.

2.5. PURPOSES OF TESTING

Biomechanical testing may be conducted for:

- Performance profiling & benchmarking
- Injury risk screening
- Monitoring training adaptations
- RTS decision-making
- Talent identification & development planning
- Technical and skill-efficiency analysis

2.6. CONTRAINDICATIONS FOR TESTING

Biomechanical testing **must NOT be performed** when any of the following are present:

- Acute injury or inflammation
- Pain intensity > 5/10
- Restricted or painful ROM
- Severe fatigue, illness, fever, or dehydration
- Immediate post-surgery period
- Very young children (<10 years) unless clinically justified

Testing must be **postponed and referred to physiotherapy** where required.

2.7. RED FLAG SCREENING

2.7.1 Medical/Systemic Red Flags

- Recent surgery or fractures
- Cardiac, neurological, or respiratory conditions
- Dizziness, syncope, chest pain
- Fever, infection, or systemic illness

2.7.2 Local / Musculoskeletal Red Flags

- Swelling, warmth, effusion
- Open wounds or skin infection
- Recent local injections
- Severe asymmetry or deformity

Presence of red flags requires **immediate clinical referral**.

2.8. STANDARD ASSESSMENT PROCEDURE

Step 1 – Client Intake

- Registration & informed consent
- Demographic & sport profile
- Injury and training history
- Clarification of testing objectives

Step 2 – Pre-Screening

- Pain-free status confirmation
- ROM and movement readiness
- Familiarization with test tasks
- Physiotherapy clearance (where applicable)

Step 3 – Assessment Planning

- Sport-specific demands analysis
- Selection of valid, evidence-based tests
- Fatigue-sensitive test sequencing (NSCA guidelines)
- RTS & clinical decision-support framework (if relevant)

Step 4 – Equipment Preparation

- System calibration
- Surface verification and safety checks
- Trial run and signal validation

Step 5 – Athlete Preparation

- Explanation of procedures & risks
- Structured warm-up
- Demonstration & practice trials

Step 6 – Data Collection

- Standardized repetitions
- Real-time quality verification

- Pain and fatigue monitoring
- Modify or terminate test if necessary

Step 7 – Data Processing

- Automated + manual validation
- Symmetry indices & comparative metrics
- Force–time curve analysis
- IMU and kinematic output processing

Step 8 – Interpretation & MDT Review

- Identification of performance limitations
- Detection of risk indicators or asymmetry
- Alignment with athlete goals and training phase
- Multidisciplinary Team (MDT) case discussion (Physio, S&C, Coach, Sport Psych, Biomechanist)

Step 9 – Reporting & Communication

Reports shall include:

- Athlete profile & test environment
- Methods & protocol description
- Results (tables, indices, graphs)
- Non-technical explanation for athlete & coach
- Evidence-based recommendations
- RTS status and progression timelines (if applicable)

Report Delivery

- Secure email + hard copy (within 2–3 working days)
- Digital record stored in CSS Performance Database
- Access restricted to authorized personnel only

2.9. SAFETY, ETHICS & DATA GOVERNANCE

- Athlete confidentiality must be strictly maintained
- Verbal and written consent required
- Data shall not be shared externally without approval
- Only trained staff may operate equipment
- Emergency response protocols must be available onsite

2.10. QUALITY ASSURANCE

- Routine internal audits and inter-tester reliability checks
- Annual training for biomechanics staff
- Continuous protocol review based on research evidence

2.11. DOCUMENT CONTROL

- Superseded versions archived securely
- Updates must be approved by Centre Director & HOD
- Staff shall be notified of revisions immediately

3.0. STRENGTH & CONDITIONING COACH

3.1. Purpose

This SOP defines the roles, responsibilities, workflows, and safety standards for Strength & Conditioning (S&C) Coaches in Centre for Sports Science. It ensures:

- Evidence-based athlete training
- Performance enhancement and injury risk reduction
- Standardized programming and documentation
- Ethical and safe coaching practices
- Interdisciplinary coordination with sports science and medical teams

3.2. Scope

This SOP applies to all S&C coaches working with:

- Elite, professional, and developmental athletes
- Team and individual sports
- Return-to-Sport (RTS) and post-rehabilitation programs
- Youth long-term athlete development (LTAD) programs

It covers activities including:

- Training program design & implementation
- Testing & athlete profiling
- Load monitoring and performance tracking
- Injury prevention & RTP integration
- Facility and equipment management

3.3. Roles & Responsibilities of S&C Coach

3.4. Core Responsibilities

The S&C Coach shall:

1. Conduct baseline physical assessments & performance profiling
2. Design sport-specific and athlete-centered training programs
3. Implement periodized strength, power, speed, agility & conditioning plans
4. Coordinate with physiotherapists, biomechanics & medical teams
5. Track workloads, wellness, RPE, and training adaptations
6. Maintain training safety and facility discipline
7. Educate athletes on correct techniques & recovery practices

8. Maintain accurate documentation and training logs

3.5. Athlete Intake & Screening Protocol

Before training begins, the S&C Coach must ensure:

1. **Medical Clearance**
    - Pre-participation screening by physician/physio
    - Identification of injury history & risk factors
2. **Baseline Testing**
    - Movement screening (FMS/Y-Balance/ROM)
    - Strength & power testing
    - Speed & agility tests
    - Aerobic/Anaerobic fitness tests
3. **Athlete Profile Creation**
    - Sport demands
    - Position-specific requirements
    - Training age & experience
    - Competition schedule
4. **Consent & Data Confidentiality**
    - Athlete consent form
    - Data privacy acknowledgement

No athlete trains **without screening & clearance**.

3.6. Training Program Design Protocol

The S&C Coach must follow an evidence-based approach:

3.7. Planning Framework

- Needs analysis (sport + position + individual profile)
- Load tolerance & injury history review
- Periodization plan
    - Macrocycle (season plan)
    - Mesocycle (monthly phase)
    - Microcycle (weekly structure)

3.8. Program Components

Each program must include:

- Warm-up & mobility
- Movement preparation / activation
- Strength & power training
- Speed, agility & plyometrics
- Conditioning / energy system development
- Recovery & cooldown

3.9. Special Considerations

- Youth / LTAD principles
- Female athlete training needs
- Tactical athletes (military/police)
- High-risk or RTS athletes — modified loads only

All programs must be **reviewed with the physiotherapy & medical team when required**.

3.10. Training Session Execution

3.11. Pre-Session Checklist

- Attendance and wellness check
- RPE / readiness / fatigue indicators
- Equipment safety inspection
- Clarify session objectives

3.12. During Session

The S&C Coach must:

- Maintain coach-to-athlete ratio ≤ 1:10
- Enforce lifting technique & safety protocols
- Monitor loads, sets, reps, velocities, modifications
- Identify fatigue, compensations, and injury signs
- Provide real-time coaching feedback

3.13. Post-Session Tasks

- Collect RPE / RIR & training load data
- Record session notes and adaptations
- Report issues to physio / medical team if needed

3.14. Athlete Testing & Monitoring

3.14.1. Testing Categories

- Anthropometry & body composition
- Strength & power assessments
- Speed & acceleration tests
- Aerobic / anaerobic capacity tests
- Movement quality & biomechanics

3,14.2. Testing Frequency

- Baseline – Start of program
- Progress testing – Every 8–12 weeks
- RTP checkpoints – Stage based

3.14.3 Data Handling

- Record in athlete management software
- Maintain backups & secure access
- Share reports with MDT only

3.15. Injury Prevention & Return-to-Sport Integration

Prevention Responsibilities

- Prehab routines & mobility stability programs
- Load management & fatigue control
- Movement quality supervision

RTS Procedure

1. Medical & Physio clearance
2. Strength benchmarks & functional tests
3. Gradual load re-integration
4. Sport-specific training exposure
5. Final MDT approval

No athlete progresses **outside protocol**.

9. Communication & MDT Coordination

Daily

- Physio & medical check-in
- Review athlete flags / RPE / load trends

Weekly

- MDT meeting
- Training modifications & athlete status review

Monthly

- Performance progress report
- Program audit & development review

3.16. Safety & Emergency Protocols

The S&C Coach must ensure:

- Proper footwear & dress code
- Clean & organized training area
- Spotters for heavy lifts

- No damaged equipment use

Emergency Response

- CPR & first-aid trained
- First-aid kit access
- Incident report filed within 24 hours

3.17. Facility & Equipment Management

- Daily equipment inspection
- Monthly maintenance checklist
- Calibration every 3 months
- Inventory records maintained

3.18. Documentation & Reporting

The S&C Coach must maintain:

- Training plans & session logs
- Assessment reports
- Load monitoring sheets
- RTS progress records

All documents must be stored in the **CSS Data Base**.

4.0. SPORTS PSYCHOLOGY, MENTAL TRAINING (SOP)

4.1. PURPOSE

This SOP establishes standardized protocols for delivering **sports psychology services, mental conditioning, cognitive training, and neurofeedback-based brain training** to athletes within the High-Performance Center.

The objectives are to:

- Ensure **uniform, ethical, safe, and evidence-based practice**
- Provide **structured psychological & cognitive development pathways**
- Enable **measurable performance enhancement and mental well-being**
- Promote **interdisciplinary collaboration across coaching & medical teams**
- Maintain **standardized documentation and data integrity**

4.2. SCOPE

This SOP applies to all:

- Psychological counselling & performance psychology sessions
- Psychological Skills Training (PST)

- Mental Toughness & Emotional Regulation Training
- Neurofeedback & brain-computer interface sessions
- Cognitive & sensory-motor performance training
- VR-based perception, reaction & decision-making training
- Athlete mental performance profiling & assessments
- Return-to-play psychological readiness assessments
- Athlete education workshops and team consultations

Applies to:
Athletes across **all sports, age groups, and performance levels** (grassroot, elite, para-athletes).

4.3. DEFINITIONS

4.3.1 Neurofeedback

A real-time neuromodulation method that trains self-regulation of brain activity using EEG-based feedback to optimize focus, arousal regulation, and cognitive control.

4.3.2 Cognitive Performance Training

Scientific training targeting **attention, working memory, decision-making, visual processing speed, inhibitory control, coordination, and reaction efficiency**.

4.3.3 Psychological Skills Training (PST)

Structured training including:

- Imagery & visualization
- Goal setting & action planning
- Self-talk re-framing
- Relaxation & breathing regulation
- Pre-performance routines
- Stress & anxiety management
- Focus & attentional control
- Resilience & coping strategies

4.3.4 Session Record

A standardized record including **session objectives, tools, duration, athlete response, metrics, observations, and follow-up plan**.

4.4. ROLES & RESPONSIBILITIES

4.4.1 Lead Sports Psychologist

- Conduct comprehensive psychological assessments
- Design individualized mental training plans
- Provide counselling, PST & crisis intervention
- Maintain athlete confidentiality & ethics

- Coordinate with coaches, physiotherapists, S&C, physicians
- Approve neurofeedback training protocols
- Maintain clinical documentation and progress reports

4.4.2 Cognitive & Brain Training Specialist

- Operate neurofeedback, VR, and cognitive training systems
- Ensure **device calibration, safety & hygiene**
- Collect quantitative performance metrics
- Track improvement trends and training loads
- Report findings to Sports Psychologist & coaching staff

4.4.3 Program Coordinator (if applicable)

- Session scheduling and athlete communication
- Maintain documentation, logbooks, and consent forms
- Coordinate workshops and athlete education sessions

4.5. PROCEDURE

4.5.1 Athlete Intake & Onboarding

Step 1: Registration & Consent

- Athlete profile & demographic details
- Medical & psychological history
- Training load & injury background
- Informed consent (parental consent for minors)

Step 2: Baseline Assessment Battery

- Psychological screening / wellbeing rating
- Cognitive performance tests
- Stress & sleep screening
- Neurofeedback baseline recording
- Sport-specific mental demands analysis

Mandatory Documentation

- Intake form
- Baseline assessment report
- Consent & confidentiality form

4.5.2 Individualized Mental Training Plan Development

Step 1: Needs Identification

- Performance goals
- Psychological barriers & strengths

- Coach inputs & competition schedule

Step 2: Intervention Selection

- Counselling
- PST module
- Neurofeedback protocol
- Cognitive training module
- Mixed session approach

Step 3: Session Scheduling

- Frequency & duration plan
- Load progression roadmap
- Review checkpoints

4.5.3 Psychological Counselling & PST Session Protocol

Step 1: Check-In

- Mood & readiness scale
- Review since last session

Step 2: Review Previous Strategies

- Homework adherence
- Match/competition reflections

Step 3: Core PST Intervention
(May include one or multiple components)

- Imagery rehearsal
- Goal-mapping & performance planning
- Relaxation / breathing / HRV regulation
- Self-talk reframing & thought monitoring
- Focus shifting & attentional control
- Stress-coping strategy rehearsal

Step 4: Reflection & Counselling Dialogue

Step 5: Homework Task Assignment

- Journaling / breathing / visualization / routine practice

Step 6: Document Observations & Progress

4.5.4 Neurofeedback Training Procedure

Step 1: Safety & Device Preparation

- Symptom screening (fatigue, dizziness, eye strain)
- Sensor sanitization & electrode positioning
- Baseline calibration

Step 2: Training Execution

- Select validated training protocol
- Monitor physiological & psychological response
- Record events, discomfort or anomalies

Step 3: Cooldown Phase

- Guided breathing / grounding (2–3 min)

Step 4: Data Processing

- Save & export session metrics
- Log progress trends

4.5.5 Cognitive & Sensory-Motor Training Protocol

(Using NeuroTracker, Senaptec, VR, Reflex systems etc.)

Step 1: Warm-Up

- Eye-hand activation
- Breathing reset

Step 2: Targeted Modules

- Attention & sustained focus drills
- Perceptual awareness & depth processing
- Decision-making under pressure
- Reaction time & inhibition tasks
- Sensory-motor coordination circuits

Step 3: Load Progression

- Increase task complexity gradually
- Monitor fatigue indicators

Step 4: Cooldown & Feedback Review

Step 5: Record Performance Metrics

4.5.6 Session Completion & Follow-Up

After every session:

- Update athlete mental training log
- Save cognitive & neurofeedback data
- Provide **brief athlete feedback summary**
- Update progress dashboard
- Schedule next session

4.6. QUALITY CONTROL & PERFORMANCE MONITORING

- Weekly **device functionality & calibration checks**
- Daily session documentation completion
- Monthly athlete performance progress reports
- Quarterly interdisciplinary review meetings
- Athlete feedback collection every **8 sessions**
- Training-load and burnout risk monitoring

Key Performance Indicators (KPIs):

- Improvement in reaction time / attention metrics
- Reduction in stress or anxiety markers
- Increased consistency in performance behaviors
- Athlete adherence & engagement rate
- Coach feedback and competition outcomes (non-confidential)

4.7. SAFETY & ETHICAL COMPLIANCE

4.7.1 Physical Safety

- Stop session if athlete reports discomfort, dizziness, visual strain
- Maintain hygiene & sanitization of equipment
- Ensure ergonomic posture & safe environment

4.7.2 Psychological Safety

- Maintain strict confidentiality
- Use **athlete-appropriate content**
- Avoid triggering or traumatic stimuli
- Immediate referral to **clinical psychologist / psychiatrist** when:
    - Indications of depression, trauma, self-harm risk, severe anxiety
    - Medication or psychiatric complications

4.7.3 Ethical Practice Standards

- Follow **ISSP / APA / IOC psychological ethics**
- Clear professional boundaries
- No coercion or performance pressure

4.8. DATA MANAGEMENT & PRIVACY

- Store all records in **password-protected, encrypted systems**

- Access restricted to authorized staff only
- Share **only performance-relevant insights with coaches**
- Weekly secure server backup
- Athlete rights to access personal psychological records

4.9. INTER-DEPARTMENT COLLABORATION

The Mental Training Department works in coordination with:

- Strength & Conditioning
- Sports Medicine & Physiotherapy
- Nutrition & Recovery Science
- Coaching & Performance Analysis Teams

5.0. ETHICS & PROFESSIONAL BEHAVIOR

5.1. Purpose

This SOP establishes clear standards for ethical conduct and professional behavior to ensure athlete safety, fairness, trust, and high-quality service delivery. All team members are required to understand, follow, and uphold these standards at all times.

5.2. Scope

This SOP applies to:

- All professionals, interns, trainees, and staff working under CSS
- Support and administrative personnel
- Contractors and volunteers
- Any individual representing the program in a professional capacity

5.3. Core Ethical Principles

All team members must act in accordance with the following principles:

- Integrity and honesty
- Respect for athletes and colleagues
- Fairness and impartiality
- Accountability and responsibility
- Commitment to athlete welfare and safety

5.4. Athlete Confidentiality

5.4.1 Confidential Information

Confidential information includes, but is not limited to:

- Medical records and injury status

- Performance data and testing results
- Personal details (age, address, contact information)
- Psychological, emotional, or behavioral concerns

5.4.2 Confidentiality Rules

- Athlete information must only be shared with authorized personnel on a **need-to-know basis**.
- Discussions about athletes must occur in private, professional settings.
- No athlete information may be discussed in public areas (e.g., hallways, gyms, travel settings).
- Written and digital records must be stored securely.
- Verbal or written consent is required before sharing athlete information with third parties.

5.4.3 Breach of Confidentiality

Any breach—intentional or accidental—must be reported immediately to a supervisor. Disciplinary action may follow.

5.5. Anti-Harassment & Safeguarding

5.5.1 Zero Tolerance Policy

Harassment, abuse, or misconduct of any kind is strictly prohibited, including:

- Verbal, physical, emotional, or psychological harassment
- Sexual harassment or inappropriate behavior
- Bullying, intimidation, or coercion
- Discrimination based on gender, race, religion, ability, or background

5.5.2 Appropriate Boundaries

- Maintain professional boundaries at all times.
- Avoid one-on-one situations in private or unobservable settings when possible.
- Physical contact must be **necessary, appropriate, explained, and consent-based**.
- Never engage in behavior that could be misinterpreted as inappropriate.

5.5.3 Reporting Concerns

- All safeguarding concerns must be reported immediately.
- Failure to report suspected misconduct is considered a violation of this SOP.
- Reports will be handled confidentially and without retaliation.

5.6. Evidence-Based Practice

5.6.1 Professional Standards

- Training methods must be based on current, credible scientific evidence.
- Avoid unsafe, unverified, or extreme practices.

- Stay within your scope of practice and qualifications.

5.6.2 Continuous Education

- Team members are expected to stay updated through continuing education.
- When uncertain, consult senior staff or reliable scientific sources.
- Personal opinions must not override athlete safety or established best practices.

5.7. No Favoritism or Bias

5.7.1 Equal Treatment

- All athletes must be treated fairly and respectfully.
- Decisions regarding training, attention, and feedback must be performance- and need-based.
- Personal relationships must not influence professional decisions.

5.7.2 Bias Awareness

- Team members must actively recognize and minimize personal bias.
- Language, tone, and behavior must remain inclusive and respectful.
- Discriminatory behavior of any kind is unacceptable.

5.8. Professional Conduct

5.8.1 Behavior Standards

Team members must:

- Act professionally in all work-related environments.
- Use respectful language at all times.
- Follow schedules, policies, and instructions.
- Be punctual, prepared, and appropriately dressed.

5.8.2 Communication

- Communicate clearly, honestly, and respectfully with athletes and colleagues.
- Provide feedback constructively and without humiliation.
- Avoid shouting, sarcasm, or degrading language.

5.8.3 Conflict of Interest

- Disclose any potential conflicts of interest immediately.
- Do not exploit professional relationships for personal gain.

5.9. Representation & Public Conduct

- Team members represent the organization at all times during professional duties.

- Public behavior must align with professional standards.
- Avoid actions that could damage trust, credibility, or reputation.

5.10. Compliance & Accountability

10.1 Responsibility

- Every team member is responsible for understanding and complying with this SOP.
- Ignorance of the policy does not excuse misconduct.

5.10.2 Violations

Violations may result in:

- Verbal or written warnings
- Mandatory retraining
- Suspension or removal from duties
- Termination or further disciplinary action

6.0. SOP Review & Quality Assurance

- SOP reviewed annually
- Updated as per new science & technology
- Approved by High-Performance Center Management

Team,

Centre For Sports Science