



वुशू एसोसिएशन ऑफ इंडिया WUSHU ASSOCIATION OF INDIA

MEMBER : INTERNATIONAL WUSHU FEDERATION
: WUSHU FEDERATION OF ASIA
: SOUTH ASIAN WUSHU FEDERATION
Recognized by : Ministry of Youth Affairs & Sport,
Govt. of India
: Sports Authority of India
Affiliated by : India Olympic Association (I.O.A)



Ref No: 138/WAI/2026-27

Date: 12/09/2026

PRESS STATEMENT

Replacement of Ms. Divyanshi in Women's 60kg Category for Asian Games 2026

New Delhi, 12th September 2026:

The Wushu Association of India (WAI) wishes to clarify the circumstances leading to the replacement of Divyanshi Choudhary in the Women's 60 kg Sanda category for the upcoming Asian Games 2026.

The WAI conducted selection trials for the Asian Games 2026 from 5th to 8th June 2026 at Srinagar where Divyanshi won the trials among 8 participants.

As per the Selection Committee criteria of WAI, Divyanshi was included in the list of selected athletes for the Asian Games 2026 in the Women's 60 kg sanda category.

Her name was subsequently included in the Ministry of Youth Affairs and Sports (MYAS) sanction for participation in the upcoming Asian Games in Aichi-Nagoya, Japan.

Based on the above she was part of the ongoing Asian Games preparatory camp that were held at NIS Patiala campus where she reported on 10th August 2026.

On 14th August 2026, during training, she complained of pain stating it was due to a hamstring issue, and did not train on 14th and 15th August. During training on 17th August, she again complained of hamstring pain and thereafter did light training for the next 2-3 days.

Due to recurrent injury, Coach asked the player and she informed that she had sustained injury during SCO Event in China and she had informed her parents upon return. She spent a month at home and then joined training camp at Patiala.

Your Truly

Vijay Saraf
Secretary

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Email: president@wushuindia.in, wushusecretariat@gmail.com Website : www.indiawushu.com

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On 21st August, she stopped training altogether citing increasing pain and was examined by the woman's physio, who found swelling in knee. It was also conveyed to them that an MRI was required to assess her injury and after obtaining their consent for the same from her parents, an MRI was done on 23rd August privately, under the supervision of two physios at Manipal Hospital.

The MRI report was shown to HPD of Sports Medicine of SAI on 24th August and she referred the athlete to an Orthopaedic doctor at Manipal Hospital for further consultation. Divyanshi's father had also arrived in Patiala on 24 August.

On further clinical examination and review of the MRI by the Orthopaedic Doctor and a medical officer, she was found to have a partial high-grade ACL tear with large effusion.

The risks of participating in competition and training in her current condition were explained to her and she was advised activity modification, rehabilitation exercises and regular follow-up, and to refrain from competitive / full training until recovery. Further, surgery was also advised by the doctors.

Ms. Divyanshi subsequently underwent rehabilitation until 29th August 2026. Keeping the athlete's health, safety and long-term sporting career paramount, the WAI, based on the medical advice and available medical reports, informed the Indian Olympic Association (IOA), Ministry of Youth Affairs and Sports (MYAS), and Sports Authority of India (SAI) through email that the athlete had sustained an injury and had been medically advised to refrain from competitive activity and full training session till her recovery WAI further requested that her name be replaced by N. Roshibina Devi, who was the standby athlete as per the Selection Committee Minutes of WAI.

The Wushu Association of India wishes Divyanshi a speedy and full recovery and extends full support for her rehabilitation. We also wish Roshibina the very best for the Asian Games 2026.

Your Truly

Vijay Saraf
Secretary

STATEMENT REGARDING MS. DIVYANSHI TRAINING, INJURY AND REHABILITATION

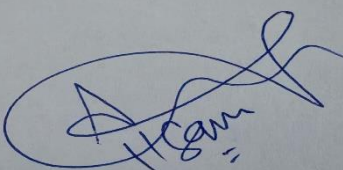
1. Ms. Divyanshi came to the National Coaching Camp at Patiala on 10th Aug 2026.
2. On the 11th, she was doing a little bit limping and having abdominal cramps because of periods.
3. On 13th Aug 2026, we were doing a physical assessment test. She completed 12 min running test in the morning session but declined the 800 mtr running test in the evening session due to periods, and reported Rt Hamstring pain and quadriceps pain during practice
4. On 14th Aug 2026 Pain reported during running (C/C Rt Hamstring and Quadriceps pain in evening training session
5. On 15th Aug 2026, Pain Right hamstring and quadriceps pain reported during ground activities (Rest advice)
6. Player was on rest for 2 days
7. On 18th Rt Hamstring pain and mild left knee mild left knee pain (front and back side of the knee).
8. On 19th and 20th, athletes takes rest and did mild activities under the supervision of camp physios.
9. On 21st Aug in the evening session, because of sudden hyper extension of knee while kicking with the right leg, she had severe sharp pain. After the proper examination by the female physio, she was not able to even walk and stand properly. (Rest advice)
10. On 22nd Aug morning session, she complaint sharp left knee pain and severe swelling in the left knee and ROM restricted.
 - On 23rd Aug, with their parents' consent, the athlete was advised to MRI. On the same day she took MRI and got the reports. Partial to high-grade ACL tear
 - Grade 1 signal posterior horn medial meniscus
 - Large joint effusion with post-traumatic myositis
11. On 24th Aug, we had a consultation with Dr. Jahanvi mam then she advice to meet an arthroscopic surgeon for an opinion on the MRI reports (Manipal Hospital)
12. On the same day, in her father's presence, we visited Manipal Hospital; their Dr Vishav Goyal (Consultant Ortho) advised that the patient needs ACL reconstruction in future and rehabilitation of knee muscles

13. On the same day Dr. Jahanvi advice team physios for isometric exercises and IFT machine to overcome swelling and to improve ROM.
14. Since then the player was on rest for one week and doing her rehab under female Physio.
15. On 31st Aug, her walking improved, and ROM has also improved
16. From 1st Sep, the athlete started doing shadow practice under team physio supervision.
17. On 6th Sep, during mild technical practice, the player fell down again with severe pain in the left knee and was not able to continue practice.
18. Since then, the player has been on mild practice.

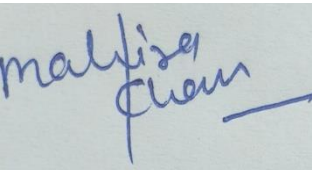
Date:- 12-09-2026



Ami Pal
Camp Coach



Dr Ahsaan Riyaz
Camp Physio Male



Dr Mahira Khan
Camp Physio Female



भारतीय खेल प्राधिकरण
नेताजी सुभाष राष्ट्रीय क्रीड़ा संस्थान
SPORTS AUTHORITY OF INDIA



NETAJI SUBHAS NATIONAL INSTITUTE OF SPORTS

FACULTY OF SPORTS SCIENCES

Department of Sports Medicine

बाह्य चिट Out-Door Prescription

वर्ष नं. Yearly Serial No. 736 दिनांक Date 24/8/26.
नाम Name Divyanshi
विभाग/खेल Deptt/Game Wushu Copper आयु AGE 18y लिंग Sex F
लक्षण/ Diagnosis

तिथि/Date	लक्षण/Signs & Symptoms	उपचार/Treatment
	1/2 Swelling in the knee - 10 days Diffuse. No FL tenderness b/o recurrent locking pain + o/E: Lockman +ve Diffuse swelling ROM - restricted upr - All injury near complete heal.	1. Refer to Arthroscopy for opinion on op. Stc



BILL OF SUPPLY

Hospital No	: MH018929567	OPD No	: O24000364454
Name	: MISS DIVYANSHI	OPD Date	: 24/08/2026
Age/ Sex	: 18/Female	Bill No	: MPP26OCS0067130
Address	: Nis	Bill Date	: 24/08/2026 12:37PM
Payor	: National Institute of Sports	Department	: ORTHOPAEDICS MPP
		Doctor	: DR. VISHAV GOYAL

S.No.	Particulars	Unit	Price	SAC	Amount
1	CONSULTATION ORTHOPAEDICS	1	350.00	999311	350.00

Total 350.00
Amount Paid 350.00

(Received with thanks a sum of Rupees Three Hundred Fifty only)

Payment Details

Sr No	Mode	Particulars	Receipt Amt.	Amt. Adjusted
1	Cash	-	350.00	350.00
Total			350.00	350.00

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(Shikha)

Manipal Hospital Patiala
Bhupindra Road, Near 22 No. Phatak, Patiala 147 001, Punjab
P 017 5500 0222

Manipal Hospitals Private Limited
(Formerly Columbia Asia Hospitals Private Limited)
CIN: U85110KA2003PTC039055
Regd. Off: The Annex, #98/2, Rustom Bagh, HAL Airport Road, Bengaluru 560 017, Karnataka
P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com



OUTPATIENT RECORD

Hospital No:	MH018929567	Visit No:	O24000364454
Name:	MISS DIVYANSHI	Age/Sex:	18 Yrs/Female
Doctor Name:	DR. VISHAV GOYAL	Specialty:	ORTHOPAEDICS MPP
Date:	24/08/2026 12:36PM		

OPD Notes :

CAME WITH C/O PAIN AND OCCASIONALLY INSTABILITY IN LT KNEE FOR 2-3 MONTHS

LACHMAN TEST -VE

ANTERIOR DRAWYER TEST -VE

RECENT MRI S/O PARTIAL TEAR OF ACL

ADVICE-

PT MIGHT NEEDS ACL RECONSTRUCTION IN FUTURE

KNEE QUARDICEPS EXERCISES/CYCLING /QUARDS STRENGTHENING EXERCISES

REVIEW SOS

*Vishav Goyal***DR. VISHAV GOYAL**

Consultant Orthopedics

MBBS, MS (Orthopedics)

Reg. No.: PMC 50340

Printed User : Javed Khan/mpp35706

Printed Date and Time : 24 Aug 2026 12:59

Consultant Radiologist :

DR. JATIN GARG

M.D. (Radio Diagnosis)

Consultant Radiologist :

DR. RUPALI GARG

M.D. (Radio Diagnosis)

NAME : DIVANSHI

REF.BY: NIS

AGE: 18 YEARS

DATE: 23.8.2026

Patient referred for MRI Scan of left knee joint.

AREA SCANNED : LEFT KNEE

Bones comprising the knee joint are in alignment. Marrow displays normal signal characteristics and bone cortices are intact.

MEDIAL MENISCUS: Posterior horn shows intrameniscal hyperintensity not communicating with any articular surface. Anterior horn displays normal morphology.

LATERAL MENISCUS: displays normal signal intensity in both anterior and posterior horns.

ACL: normal dark signal band of proximal ACL is poorly defined with near complete disruption of fibers.

PCL: Posterior cruciate ligament is normally visualized.

Quadriceps and patellar tendons display normal signal intensity.

MCL: Medial collateral ligament is normally defined.

LCL: Lateral collateral ligament is normally defined.

Large amount of fluid is seen in the joint cavity and suprapatellar bursa.

Ill defined oedema is seen in surrounding muscles more so along posterior aspect with small amount of fluid tracking into intermuscular and intramuscular fat planes.

The gastrocnemius and soleus muscles display normal signal intensity.

IMPRESSION:

- Grade - I signal posterior horn medial meniscus.
- Partial to high grade ACL tear.
- Large joint effusion with post traumatic Myositis.

For clinical correlation & further relevant investigations.

(DR. JATIN GARG)

8, JAGDISH ASHRAM ROAD, PATIALA

PH.: (0175) 2225976, 2202874

PET CT SCAN HOT LINE No.: 0175-2115976, 90562-25976

(A Unit of PLG Diagnostics Private Limited)

Regd. Office : H-5/7-8, Adarsh Colony, Rajpura

CIN : U67120 PB1993 PTC 013428

NOT VALID FOR MEDICO LEGAL PURPOSE

Facilities :
Ultrasound & Color Doppler
Digital X-Ray, Digital OPG

FIBRO SCAN

CBCT

PET CT SCAN

MRI & CT SCAN EMERGENCY : 24 HOURS

SPORTS AUTHORITY OF INDIA
NETAJI SUBHAS NATIONAL INSTITUTE OF SPORTS : PATIALA
DEPARTMENT OF SPORTS MEDICINE
(HEALTH CENTRE)

(PHYSIOTHERAPY CARD)

S No. _____

Name Dipanshi

DOB 19/12/2003 Sex F MF

Father's Name Sunil Kumar Sarda

Discipline Wrestling - Sanda

Date	Diagnosis	Physiotherapy modality prescribed	Sign of the Doctor	Physiotherapy treatment administered	Sign of Physiotherapist	Sign of Camper	Prognosis and Remarks
14-Aug-26	Biceps strain G, (Rt) swelling pain	IFT, Release.		IFT, Release dorsal,	Mohan		Patient is suffering from injury while practice. - Patient had played S.C China last month with Silver medal.
18-Aug-26	Biceps strain G, (Rt) swelling pain	IFT, dorsal Pneumatic compression		IFT, Release dorsal	Mohini		
19-Aug-26	Biceps strain G, (Rt) swelling pain	IFT, Release dorsal Pneumatic compression		IFT, Release dorsal	Mohini		- Patient is having pain in the biceps.
30-Aug-26	Biceps strain G, (Rt) swelling pain	IFT, dorsal.		IFT, Release dorsal, Strengthening exercises.	Mohini		- Patient is much better.
31-Aug-26	Biceps strain G, (Rt) swelling pain	dorsal, IFT.		Biceps, Strengthening exercises.			- Patient had done Socle, 40 mins Morning yesterday.

Date	Diagnosis	Physiotherapy modality prescribed	Sign of the Doctor	Physiotherapy treatment administered	Sign of Physiotherapist	Sign of Camper	Prognosis and Remarks
24/08/26	ACL high Grade Tear (L)	Laser, IFT	Dr. Johana	Laser, IFT	Museu malisa	D	Bot injury as suddenly while playing had done MRI on Sunday and reported of All Tear (L).
25/08/26	ACL high Grade Tear (L)	IFT, Icing	Dr. Johana	IFT, Icing, Transdermal Nitrate	Museu malisa	D	- weight bearing notable properly. - Swelling (+)
27/08/26	ACL high Grade Tear (L)	IFT, Icing	Dr. Johana	IFT, Icing, Isometric, VMO exercise	Museu malisa	D	Swelling is decreasing Improving in walking
31/08/26	ACL high Grade Tear (L)	IFT, Icing	Dr. Johana	IFT, Icing, Isometric, VMO exercise	Museu malisa	D	Swelling is Improving in walking
01/09/26	ACL high Grade Tear (L)	IFT, Icing	Dr. Johana	IFT, Icing, Transdermal Nitrate	Museu malisa	D	Swelling is Improving in walking
01/09/26	ACL high Grade Tear	IFT, Icing	Dr. Johana	IFT, Icing	Museu malisa	D	Swelling is Improving in walking

भारतीय खेल प्राधिकरण
नेताजी सुभाष राष्ट्रीय क्रीड़ा संस्थान पटियाला
(खेल औषधि विभाग)
Medical Report

Confidential

Dated: 27.08.2026

Ms Divanshi, F/18years, Wushu camper reported to the Dept. of Sports Medicine on 24/08/26 with a history of left knee injury and diffuse swelling, pain and restricted range of motion. She was examined clinically and MRI (done on 23/08/26) revealed partial to high grade ACL tear with large effusion. She was referred for orthopedic consultation and he advised exercises and opined possibility to perform ACL reconstruction in future.

The management options, risk of participation in competition and training in her current state were explained to the athlete. She is advised activity modification, rehabilitation exercises, regular follow ups and to refrain from competitive / full training till her recovery.

जान्हवी दण्डे

डॉ. जान्हवी दण्डे / Dr. Jahnavi Dande
उच्च प्रदर्शन निर्देशक / High Performance Director
खेल औषधि / Sports Medicine

To

DD (National Camp)

Copy to:-

1. SO to Sr. E.D (A) for kind information please
2. Coach I/C Wushu camp