



INTERASSOCIATION CONSENSUS:

INDEPENDENT MEDICAL CARE FOR COLLEGE STUDENT-ATHLETES BEST PRACTICES



PURPOSE

The Second Safety in College Football Summit resulted in interassociation consensus recommendations and best practices for four paramount safety issues in collegiate athletics:

1. Independent medical care for college student-athletes.
2. Diagnosis and management of sport-related concussion.
3. Year-round football practice contact for college student-athletes.
4. Preventing catastrophic injury in college student-athletes.

This document addresses independent medical care for college student-athletes for all sports. Following a presentation¹ that delineated how “Interassociation Consensus: Independent Medical Care for College Student-Athletes Guidelines”² became the foundation for NCAA Autonomy legislation on independent medical care, the endorsing organization representatives agreed that the updated consensus on Interassociation Consensus: Independent Medical Care for College Student-Athletes Best Practices should be consistent with the Autonomy legislation.

This document is divided into the following sections:

BACKGROUND

This section provides an overview of the challenges of providing independent medical care for all college student-athletes.

INDEPENDENT MEDICAL CARE FOR COLLEGE STUDENT-ATHLETES BEST PRACTICES

This section provides the final, endorsed recommendations of the medical organizations for revised independent medical care for college student-athlete best practices.

REFERENCES

This section provides the relevant references for this document.

APPENDICES

This section lists the agenda, summit attendees and medical organizations that endorsed this document.



BACKGROUND

Diagnosis, management and return-to-play determinations for the college student-athlete are the responsibility of the institution's primary athletics healthcare providers (team physicians and athletic trainers).³ Even though some have cited a potential tension between health and safety in athletics,⁴⁻⁵ collegiate athletics endeavor to conduct programs in a manner designed to address the physical well-being of college student-athletes (i.e., to balance health and performance).⁶⁻⁹ In the interest of the health and welfare of collegiate student-athletes, a student-athlete's healthcare providers must have clear authority for student-athlete care. The foundational approach for independent medical care is to assume an "athlete-centered care" approach, which is similar to the more general "patient-centered care," which refers to the delivery of health care services that are focused only on the individual patient's needs and concerns.¹⁰⁻¹⁴ The following 10 guiding principles, listed in the "Interassociation Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools

and Colleges,"¹⁴ are paraphrased below to provide an example of policies that can be adopted that help to assure independent, objective medical care for college student-athletes:

1. The physical and psychosocial welfare of the individual student-athlete should always be the highest priority of the athletic trainer and the team physician.
2. Any program that delivers athletic training services to student-athletes should always have a designated medical director.
3. Sports medicine physicians and athletic trainers should always practice in a manner that integrates the best current research evidence within the preferences and values of each student-athlete.
4. The clinical responsibilities of an athletic trainer should always be performed in a manner that is consistent with the written or verbal instructions of a physician or standing orders and clinical management protocols that have been approved by a program's designated medical director.

5. Decisions that affect the current or future health status of a student-athlete who has an injury or illness should only be made by a properly credentialed health professional (e.g., a physician or an athletic trainer who has a physician's authorization to make the decision).
6. In every case that a physician has granted an athletic trainer the discretion to make decisions relating to an individual student-athlete's injury management or sports participation status, all aspects of the care process and changes in the student-athlete's disposition should be thoroughly documented.
7. Coaches must not be allowed to impose demands that are inconsistent with guidelines and recommendations established by sports medicine and athletic training professional organizations.
8. An athletic trainer's role delineation and employment status should be determined through a formal administrative role for a physician who provides medical direction.
9. An athletic trainer's professional qualifications and performance evaluations must not be primarily judged by administrative personnel who lack health care expertise, particularly in the context of hiring, promotion and termination decisions.
10. Member institutions should adopt an administrative structure for delivery of integrated sports medicine and athletic training services to minimize the potential for any conflicts of interest that could adversely affect the health and well-being of student-athletes.

The unchallengeable, autonomous authority of primary athletics healthcare providers to determine medical management and return-to-play decisions becomes the linchpin for independent medical care of student-athletes. Importantly, this linchpin in college sports is the team effort of both physicians and athletic trainers, with ultimate medical reporting authority being the team physician.¹⁵ The NCAA Sports Medicine Handbook's Guideline 1B opens with a charge to athletics and institutional leadership to "create an administrative system where athletics healthcare professionals—team physicians and athletic trainers—are able to make medical decisions with only the best interests of student-athletes at the forefront."³ Multiple models

exist for collegiate sports medicine. Primary athletics healthcare providers may report to the athletics department, student health services, the institution's medical school, a private medical practice or a combination thereof. Irrespective of model, the answer for the college student-athlete is established medical decision-making independence for appointed primary athletics healthcare providers.¹³

Athletics healthcare administration is one of the strategic priorities of the NCAA Sport Science Institute.¹⁶ Athletics healthcare administration refers to the manner in which healthcare services are delivered within the athletics department of a member institution. Even if there is an extraordinary medical team in place, medical healthcare delivery will suffer if such care does not have an efficient and well-rehearsed delivery system. To help provide oversight in efficient and well-rehearsed delivery of medical care, member schools should designate a director of medical services. This individual will be generally responsible with administrative oversight of the delivery of student-athlete health care and will ensure an administrative structure that provides independent medical care to student-athletes. This individual should be familiar with healthcare administration but does not need to be a licensed physician. This administrative role may include assuring that schools are compliant with all pertinent NCAA health and safety legislation and with interassociation consensus statements that impact student-athlete health and safety. Because this position is administrative in nature, it does not reflect the normal medical-legal hierarchy of healthcare practitioners. Healthcare practitioners can have dual roles. For example, athletic trainers deliver healthcare under the direction of a licensed physician; however, an athletic trainer could concomitantly serve as the director of medical services in a purely administrative role.



INDEPENDENT MEDICAL CARE FOR COLLEGE STUDENT-ATHLETES BEST PRACTICES

Institutional line of medical authority should be established in the sole interest of student-athlete health and safety. An active member institution should establish an administrative structure that provides independent medical care and affirms the unchallengeable autonomous authority of primary athletics health care providers (team physicians and athletic trainers) to determine medical management and return-to-play decisions related to student-athletes.

In addition to an administrative structure that assures such authority of primary athletics health care provid-

ers, an active institution should designate a director of medical services to oversee the institution's athletic health care administration and delivery.

Note: Upon the suggestion of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, the term "Director of Medical Services" has been changed to "Athletics Health Care Administrator" in the legislative language. This intent of this proposed terminology is to stress the administrative nature of this position, with no change otherwise in the function of this position.

REFERENCES

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2. Burnsed B. New guidelines aim to improve student-athlete safety. <http://www.ncaa.org/about/resources/media-center/news/new-guidelines-aim-improve-student-athlete-safety>. Accessed January 2, 2017.
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10. Opinion 3.06—The American Medical Association. <http://journalofethics.ama-assn.org/2014/07/pdf/coet1-1407.pdf>. Accessed January 2, 2017.
11. Code of Ethics. The National Athletic Trainers' Association. www.nata.org/codeofethics. Accessed January 2, 2017.
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14. Courson R, Goldenberg M, Adams KG, et al. Interassociation consensus statement on best practices for sports medicine management for secondary schools and colleges. *J Athl Train* 2014;49:128-137.
15. Herring SA, Kibler WB, Putukian M. Team Physician Consensus Statement: 2013 update. *Med Sci Sports Exerc*. 2013;45:1618-22.
16. NCAA Sport Science Institute: Strategic Priorities. <http://www.ncaa.org/health-and-safety/sport-science-institute>. Accessed January 2, 2017.

AGENDA

National Collegiate Athletic Association
Safety in College Football Summit

Orlando, Florida

February 10-11, 2016

DAY 1

1. Welcome and summit overview. (Scott Anderson and Brian Hainline)

2. Topic 1: Sensor and clinical data regarding football practice and head exposure.

- a. Campus research. (Stefan Duma, Thomas Druzgal, Jacob Marucci, Jason Mihalik)
- b. Big 12 research. (Scott Anderson, Allen Hardin)
- c. Roundtable discussion and report out.
- d. Referendum: Year-round football practice contact.

3. Topic 2: Catastrophic injury in football.

- a. Traumatic. (Kevin Guskiewicz)
- b. Non-traumatic. (Scott Anderson, Doug Casa)
- c. Roundtable discussion and report out.
- d. Referendum: Action plan for mitigating catastrophic injury in football.

4. Topic 3: Diagnosis and management of sport-related concussion guidelines.

- a. Guidelines overview. (Brian Hainline, Scott Anderson).
- b. Concussion diagnosis and management update: New data from CARE Consortium. (Steven Broglio, Thomas McAllister, Michael McCrea)
- c. Re-examining concussion treatment: Agreements from the TEAM meeting? (Anthony Kontos)
- d. Roundtable discussion and report out.
- e. Referendum: Diagnosis and management of sport-related concussion.

DAY 2

1. Opening remarks. (Scott Anderson and Brian Hainline)

2. Topic 4: Independent medical care. (Scott Anderson and Brian Hainline)

- a. Roundtable discussion and report out.
- b. Referendum: Independent medical care.

3. Topic 5: Interassociation consensus statements.

- a. Year-round football practice contact.
- b. Catastrophic injury in football.
- c. Diagnosis and management of sport-related concussion.
- d. Independent medical care.

4. Closing remarks.

SAFETY IN COLLEGE FOOTBALL SUMMIT PARTICIPANTS

- Jeff Allen**, Head Athletic Trainer, University of Alabama (attending on behalf of Nick Saban)
- Scott Anderson**, College Athletics Trainers Society, University of Oklahoma
- Doug Aukerman**, Pacific 12 Conference
- Julian Bailes**, MD, Congress of Neurological Surgeons, American Association of Neurological Surgeons
- Stevie Baker-Watson**, Director of Athletics, DePauw University
- Brad Bankston**, Commissioner, Old Dominion Athletic Conference
- Karl Benson**, Commissioner, Sun Belt Conference
- Bob Boerigter**, Commissioner, Mid-America Intercollegiate Athletics Association
- Bob Bowlsby**, Commissioner, Big 12, Chair, Football Oversight Committee
- Matthew Breiding**, Centers for Disease Control and Prevention
- Steve Broglio**, MD, Principal Investigator CARE Consortium, University of Michigan
- William Bynum**, President, Mississippi Valley State University
- Jeff Bytowski**, DO, American Osteopathic Academy of Sports Medicine
- Carolyn Campbell-McGovern**, Ivy League
- Doug Casa**, Ph.D., Consortium Director, Division on Exertional Injury, National Center for Catastrophic Sport Injury; Chief Executive Officer, Korey Stringer Institute; Director, Athletic Training Education, University of Connecticut
- Bob Casmus**, CSMAS, Catawba College
- Scott Caulfield**, National Strength & Conditioning Association
- Randy Cohen**, National Athletic Trainers' Association
- Bob Colgate**, National Federation of State High School Associations
- Dawn Comstock**, Associate Professor, University of Colorado, Denver
- Julie Cromer Peoples**, Senior Woman Administrator, University of Arkansas Fayetteville
- Kevin Crutchfield**, MD, American Academy of Neurology
- Ty Dennis**, Division II Student-Athlete Advisory Committee, Minnesota State University, Mankato
- Jon Divine**, MD, President, American Medical Society for Sports Medicine
- Tom Dompier**, Ph.D., President, Datalys
- Jason Druzgal**, MD, Neuroradiologist, University of Virginia
- Stefan Duma**, Ph.D., Director, School of Biomedical Engineering and Sciences, Virginia Polytechnic University
- Ruben Echemendia**, Ph.D., President, Sports Neuropsychology Society
- Brent Feland**, MD, Collegiate Strength & Conditioning Coaches' Association
- Scott Gines**, Director of Athletics, Texas A&M University-Kingsville
- Kevin Guskiewicz**, Ph.D., University of North Carolina, Chapel Hill
- Allen Hardin**, Senior Associate Athletics Director, University of Texas
- Steven Hatchell**, President, National Football Foundation
- Bill Heinz**, Chair, Sports Medicine Advisory Committee, NFHS
- Jamie Hixson**, Associate Commissioner, Mountain West Conference
- Peter Indelicato**, American Orthopaedic Society for Sports Medicine
- Nick Inzerello**, Senior Director, Football Development, USA Football
- Jay Jacobs**, SVPC, Auburn University
- Chris Jones**, Division I Football Oversight Committee (proxy), University of Richmond
- Kerry Kenny**, Assistant Commissioner, Public Affairs, Big Ten Conference
- Zachary Kerr**, Director, Datalys

Anthony Kontos, Ph.D., Assistant Research Director, Sports Medicine Concussion Program, University of Pittsburgh Medical Center

William Lawler, Southeastern Conference

Josephine Lee, Board Member, College Athletics Trainers Society

Donald Lowe, Board Member, College Athletics Trainers Society

Jack Marucci, Louisiana State University

Thomas McAllister, MD, Principal Investigator, CARE Consortium

Michael McCrea, Ph.D., Principal Investigator, CARE Consortium

William Meehan, MD, American Academy of Pediatrics

Jason Mihalik, Ph.D., University of North Carolina, Chapel Hill

Bob Murphy, Board Member, College Athletics Trainers Society

Bob Nielson, Chair, NCAA Rules Committee

Scott Oliaro, Board Member, College Athletics Trainers Society

Kene Orjioke, Division I Student-Athlete Advisory Committee (SAAC), University of California, Los Angeles

Steve Pachman, JD, Montgomery McCracken

Sourav Poddar, MD, American College of Sports Medicine

Kayla Porter, Division III Student-Athlete Advisory Committee, Frostburg State University

Rogers Redding, Secretary Rules Editor, NCAA Football Rules Committee

Yvette Rooks, Board Member, College Athletics Trainers Society

Eric Rozen, Board Member, College Athletics Trainers Society

Scott Sailor, President, National Athletic Trainers' Association

Jon Steinbrecher, Commissioner, Mid-American Conference

Ken Stephens, National Operating Committee on Standards for Athletic Equipment

Edward Stewart, Senior Associate Commissioner, Big 12 Conference

Michael Strickland, Senior Associate Commissioner, Atlantic Coast Conference

Grant Teaff, Executive Director, American Football Coaches Association

Buddy Teevens, Coach, Dartmouth University

James Tucker, MD, Board Member, College Athletics Trainers Society

Steve Walz, Associate Director of Athletics, University of South Florida

Alfred White, Senior Associate Commissioner, Conference USA

STAFF PARTICIPANTS

Brian Burnsed, Associate Director, Communications

Dawn Buth, Associate Director, Sport Science Institute

Cassie Folck, Coordinator, Sport Science Institute

Brian Hainline, Chief Medical Officer, NCAA

Kathleen McNeely, Chief Financial Officer, NCAA

Terrie Meyer, Executive Assistant, Sport Science Institute

John Parsons, Director, Sport Science Institute

Chris Radford, Associate Director, Public & Media Relations

Stephanie Quigg, Director, Academic & Membership Affairs

ENDORISING MEDICAL ORGANIZATIONS

American Academy of Neurology (Affirmation of Value)
American Association of Neurological Surgeons
American College of Sports Medicine
American Medical Society for Sports Medicine
American Orthopaedic Society for Sports Medicine
American Osteopathic Academy of Sports Medicine
College Athletic Trainers' Society
Collegiate Strength and Conditioning Coaches Association
Competitive Safeguards and Medical Aspects of Sports
Congress of Neurological Surgeons
Korey Stringer Institute
National Athletic Trainers' Association
National Operating Committee on Standards for Athletic Equipment
National Strength and Conditioning Association
Sports Neuropsychology Society