

# Accountability and Transparency in Intercollegiate Athletics

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# Inter-Association Foundation

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**consensus statement**

## Inter-Association Consensus Statement on Best Practices for Sports Medicine Management for Secondary Schools and Colleges

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## Safety in College Football Summit



Wednesday, January 22<sup>nd</sup>, 2014

8a.m. – 12p.m.	NCAA Concussion Task Force
12:00 p.m.	Lunch
1:00 p.m.	Welcome, Overview, and Objectives <b>Scott Anderson ATC</b>
1:15 p.m.	Today's NCAA <b>Brian Hainline MD</b>
1:45 p.m.	2005 - Today <b>Ron Courson ATC</b>
2:05 p.m.	Less Contact...Less Injury...Time to Change <b>Coach Grant Teaff</b>
2:25 p.m.	Concussions in Football: The Legal Landscape and Defense Considerations <b>Steve Pachman</b>
3:05 p.m.	Break
3:25 p.m.	History of the Army Head Trauma Protocol <b>General Peter Chiarelli</b>
3:40 p.m.	Practice Contact <b>Scott Oliaro ATC &amp; Scott Trulock ATC</b>
4:00 p.m.	Ivy League Football Practice Standards <b>Brant Berkstresser ATC</b>
4:20 p.m.	Legislating Player Safety: Recent Rules Committee Results <b>Rogers Redding</b>
4:40 p.m.	Subconcussive Impact <b>Julian Bailes MD</b>
5:00 p.m.	Discussion & Consensus: Contact Limitations
5:45 p.m.	Adjourn

Thursday, January 23<sup>rd</sup>, 2014

7:30 a.m.	Breakfast
8:00 a.m.	Innovation: Independent Collegiate Athletics Medical Care <b>Commissioner Britton Banowsky</b>
8:30 a.m.	Best Practices <b>Ron Courson ATC</b>
8:50 a.m.	A Conflict-of-Interest Free Environment <b>Brian Hainline MD</b>
9:20 a.m.	Break
9:40 a.m.	Standardized Assessment and Return to Play <b>Kevin Guskiewicz PhD, ATC</b>
10:10 a.m.	Changing the Culture <b>Jeff Kutcher MD</b>
10:40 a.m.	Discussion & Consensus: Collegiate Athletics Medical Care & Concussion Management
11:40 p.m.	Parting Pearls of Wisdom <b>Coach Bill Curry</b>
12:00 p.m.	Next-Steps & Adjourn



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# 10 Guiding Principles

1. The physical and psychosocial welfare of the individual student-athlete must always be the highest priority of the athletic trainer and the team physician.
2. Any program that delivers athletic training services to student-athletes must always have a designated medical director.
3. Sports medicine physicians and athletic trainers must always practice in a manner that integrates the best current research evidence within the preferences and values of each student-athlete.

# 10 Guiding Principles (cont.)

4. The clinical responsibilities of an athletic trainer must 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 must 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 must be thoroughly documented.

# 10 Guiding Principles (cont.)

7. To minimize the potential for occurrence of a catastrophic event or development of a disabling condition, 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 inherent conflict of interest exists when an athletic trainer's role delineation and employment status are primarily determined by coaches or athletic program administrators, which should be avoided 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 athletes.

# Athlete-Centered Medicine

Thank you for the privilege of serving.