Accountability and Transparency in Intercollegiate Athletics

Brian Hainline, MD
NCAA Chief Medical Officer
Clinical Professor of Neurology
NYU Langone Medical Center

Ron Courson, ATC, PT, NREMT-I, CSCS (Co-Chair)*; Michael Goldenberg, MS, ATC (Co-Chair)*†; Kevin G. Adams, CAA‡; Scott A. Anderson, ATC§; Bob Colgate; Larry Cooper, MS, LAT, ATC*; Lori Dewald, EdD, ATC, MCHES, F-AAHE¶; R.T. Floyd, EdD, ATC*; Douglas B. Gregory, MD, FAAP#; Peter A. Indelicato, MD**; David Klossner, PhD, ATC††; Rick O’Leary, MS, ATC, AT/L*; Tracy Ray, MD‡‡; Tim Selgo, MEd§§; Charlie Thompson, MS, ATC*; Gary Turbak, DHSc, ATC¶¶

*National Athletic Trainers’ Association; †The Lawrenceville School; ‡National Interscholastic Athletic Administrators Association; §College Athletic Trainers’ Society; ¶National Federation of State High School Associations; #$American College Health Association; #American Academy of Pediatrics; **American Orthopaedic Society for Sports Medicine; ††National Collegiate Athletic Association; §§American Medical Society for Sports Medicine; §§§National Association of Collegiate Directors of Athletics; ¶¶¶National Association of Intercollegiate Athletics
Safety in College Football Summit

Wednesday, January 22nd, 2014

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

Thursday, January 23rd, 2014

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